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Abstract

This qualitative study explored beliefs about the cognitive, emotional, and social effects of social exclusion in older adults with Autism Spectrum Disorder (ASD), alongside perceived strategies for mitigation. Using a vignette-based semi-structured interview, data from two participants were analysed using reflexive thematic analysis. Four overarching themes were identified: lack of understanding and societal perception; emotional and cognitive consequences of social exclusion; behavioural responses and adaptation; and mitigation through support and awareness. Findings suggest that participants largely attributed exclusion to misinterpretation and stigma, and anticipated emotional distress, cognitive cycles of negative thinking, and behavioural withdrawal in older adults with ASD. However, responses also reflected variability in perceived outcomes and recognition of individual differences, including the possibility of solitude as a preferred and adaptive state—suggested mitigations centred on increased awareness, informal support networks, and community-based inclusion. Overall, the findings suggest that while participants demonstrated empathetic understanding of exclusionary processes, their interpretations were largely individualized and relatively less attentive to structural and life-course determinants. The study highlights the importance of integrating structural, developmental, and neurodiversity-informed perspectives in understanding social exclusion in ageing autistic populations.

Introduction

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition characterised by persistent differences in social communication and social interaction, alongside restricted and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2013). Contemporary understandings of ASD emphasise neurodiversity, framing autism as a variation in human cognition rather than solely a deficit-based disorder (Kapp et al., 2013). However, despite increasing awareness, much of the empirical literature and public discourse has historically centred on children and younger adults, with comparatively limited attention to the experiences of older adults on the autism spectrum (Happé & Charlton, 2012; Lever & Geurts, 2016).

As autistic individuals age, they encounter a unique constellation of challenges that intersect with broader processes of ageing, including declines in physical health, reduced mobility, shrinking social networks, and life transitions such as retirement (Geurts & Vissers, 2012). For older adults with ASD, these age-related changes may interact with pre-existing social communication differences, potentially increasing vulnerability to social exclusion and isolation (Roestorf et al., 2019). Importantly, many older adults with ASD grew up in periods when autism was poorly understood or underdiagnosed, meaning they may have experienced decades of misunderstanding, stigma, and limited access to support (Brugha et al., 2011).

Social exclusion is a multidimensional construct referring to processes by which individuals or groups are systematically excluded from rights, opportunities, and resources that are ordinarily available to members of society (Levitas et al., 2007). It encompasses not only economic marginalisation but also reduced participation in social, cultural, and civic life. Within psychological research, social exclusion is closely linked to constructs such as loneliness, social isolation, and perceived rejection (Williams & Carter-Sowell, 2009). While these constructs are related, it is important to distinguish between them: social isolation refers to an objective lack of social contact, whereas loneliness reflects a subjective perception of dissatisfaction with one's social relationships (Cacioppo & Hawkley, 2009). Individuals with ASD may experience both forms, though the relationship between them is complex and may be moderated by individual differences in social preference (Mazurek, 2014).

A substantial body of research indicates that social exclusion has profound psychological consequences. The need to belong has been identified as a fundamental human motivation (Baumeister & Leary, 1995). When this need is thwarted, individuals may experience a range of adverse outcomes, including anxiety and depression, reduced self-esteem and self-regulation, and heightened feelings of social disconnection (Baumeister et al., 2005; Williams & Carter-Sowell, 2009). Experimental studies have demonstrated that even brief episodes of social exclusion can lead to decreased cognitive performance and increased emotional distress, including reduced intelligent thought and self-regulatory capacity (Baumeister et al., 2005). Over time, chronic exclusion may contribute to maladaptive cognitive schemas, such as beliefs of personal inadequacy or unworthiness (Beck, 1967; Beck, 2011).

For individuals with ASD, these effects may be particularly pronounced. Difficulties in interpreting non-verbal cues, understanding implicit social norms, and engaging in reciprocal interaction can increase the likelihood of social misunderstandings (American Psychiatric Association, 2013). The concept of the double empathy problem (Milton, 2012) reframes these difficulties as bidirectional, suggesting that communication breakdowns arise from mismatches in perspective between autistic and non-autistic individuals. Nevertheless, in predominantly neurotypical environments, autistic individuals are often expected to adapt to social norms that may not align with their natural communication styles.

One consequence of this mismatch is social camouflaging, in which autistic individuals consciously or unconsciously modify their behaviour to appear more socially typical (Hull et al., 2017). While camouflaging may facilitate short-term social acceptance, it is associated with increased psychological distress, exhaustion, and reduced well-being over time (Cage & Troxell-Whitman, 2019). In older adults, the cumulative effects of decades of camouflaging and social effort may contribute to burnout, withdrawal, or avoidance of social situations altogether.

Social exclusion in ASD is also closely linked to stigma and societal attitudes. Stigma can be defined as a socially constructed process in which certain characteristics are devalued, leading to discrimination and marginalisation (Goffman, 1963). Research suggests that limited public understanding of autism contributes to negative stereotypes and misinterpretations of autistic behaviour (Gray, 2002). For example, behaviours such as reduced eye contact or atypical communication may be incorrectly perceived as rudeness or disinterest, leading to negative social responses. Over time, repeated

experiences of stigma may lead to internalised stigma, in which individuals adopt negative societal beliefs about themselves (Botha & Frost, 2020).

In older adulthood, these issues may be compounded by age-related stereotypes and structural barriers. Older adults are often perceived as less socially active or less capable, which may intersect with autism-related stigma to create additional layers of exclusion (North & Fiske, 2012). Furthermore, services and interventions for autism are frequently designed with children or younger adults in mind, leaving older individuals with limited access to appropriate support (Roestorf et al., 2019). This gap highlights the importance of understanding the specific experiences and needs of older adults with ASD.

Despite these challenges, it is important to recognise that responses to social exclusion are not uniform. Individual differences, including personality, coping strategies, support networks, and life experiences, play a significant role in shaping outcomes (Lazarus & Folkman, 1984). Some individuals with ASD may prefer solitude or find social interaction inherently demanding, meaning that reduced social contact is not always experienced negatively (Mazurek, 2014). This underscores the need for a nuanced approach that distinguishes between unwanted isolation and chosen solitude.

Qualitative research is particularly well-suited to exploring these complexities, as it allows for in-depth examination of subjective experiences, beliefs, and meanings (Willig, 2013). While quantitative studies provide valuable insights into prevalence and correlations, they may overlook the nuanced ways in which individuals interpret and respond to social exclusion. By examining beliefs and opinions about the experiences of

older adults with ASD, qualitative approaches can contribute to a richer understanding of the mechanisms underlying social exclusion and its effects.

The present study adopts a qualitative design to explore beliefs and opinions relating to the cognitive, emotional, and social effects of social exclusion on older adults with ASD, as well as potential strategies for mitigating these effects. Using a vignette-based semi-structured interview, the study aims to elicit detailed responses regarding how individuals conceptualise the experiences of an older adult with ASD in a socially exclusionary context.

Specifically, the study seeks to address the following aims: (1) to explore perceived emotional, cognitive, and behavioural consequences of social exclusion in older adults with ASD; (2) to examine beliefs about the role of societal understanding and stigma in shaping these experiences; and (3) to identify perceived strategies for ameliorating the negative effects of social exclusion. In doing so, the study contributes to the growing body of literature on ageing and autism, while also highlighting the importance of inclusive, context-sensitive approaches to support and intervention.

Method

Participants

The study participants consisted of two psychology students from the University of Wales Trinity Saint David. Participant “L” was a female aged 26–33 years, and participant “T” was a female aged 26–33 years. Both participants took part in a

semi-structured interview and responded to a vignette involving “Alan,” a 58-year-old man with Autism Spectrum Disorder (ASD) experiencing social exclusion. The vignette provided a standardised context to support consistent interpretation while allowing participants to express individual beliefs and attitudes. Pseudonyms were used to ensure confidentiality, and all identifying information was removed from transcripts.

Data Collection

Data were collected using a semi-structured, in-person interview conducted by the researcher. The interview comprised nine open-ended questions (see Appendix F) exploring participants’ perceptions of social exclusion in older adults with ASD, including emotional, cognitive, behavioural, and mitigating factors. A vignette featuring “Alan,” a 58-year-old man with ASD experiencing social exclusion, was used to provide a consistent reference point while allowing flexible interpretation and elaboration. The semi-structured design facilitated depth of response and enabled participants to draw on both personal reasoning and broader societal understandings. The interview was audio-recorded with consent, transcribed verbatim, and fully anonymised, with pseudonyms applied to ensure confidentiality.

Data Analysis

Thematic analysis was used to interpret the data, following Braun and Clarke’s (2006, 2019) reflexive thematic analysis framework. Transcripts were read repeatedly to ensure familiarity and immersion in the dataset. Inductive coding was then conducted, supported by reflexive notes to capture analytically relevant features of participants’

accounts. Codes were reviewed for conceptual patterns and clustered into potential themes, which were refined through iterative comparison against coded extracts and the full dataset. Each theme was then clearly defined and named to ensure coherence and distinctiveness. The analysis concluded with the organisation of themes into a structured framework and the selection of illustrative quotations to support interpretation.

Results

The analysis generated four overarching themes and 10 subthemes, capturing how participants constructed meanings of social exclusion in older adults with ASD and its perceived emotional, cognitive, and behavioural consequences, alongside suggested forms of mitigation. While accounts were broadly empathetic, they often relied on generalised psychological explanations and tended to individualise distress, paying less attention to structural and life-course determinants of exclusion. The findings, therefore, reflect a partial but coherent understanding of autistic ageing, shaped by both lay psychological reasoning and limited engagement with systemic factors. A summary of themes, subthemes, and supporting quotations is presented in Table 1.

Table 1.

Themes, Sub-Themes, And Supporting Quotes.

Overarching Theme	Subtheme	Supporting Quotations
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1. Lack of Understanding and Societal Perception	1.1 Misinterpretation of behaviour	“I think people do not have an understanding of Alan and ASD, so their perceptions of Alan may be different.” (T; Lines 22-23).
2. Emotional and Cognitive Consequences of Social Exclusion	2.1 Self-blame and internalisation	“They might blame themselves for being different... they may feel quite self-critical.” (T, Lines 61-63).
	2.2 Anxiety and cognitive cycles	“It may worsen the thought process... and then it is kind of like a vicious loop.” (T, Lines 79-80).
	2.3 Role of life-course experiences	“It depends on how they have experienced social situations throughout their life.” (T, Lines 152-153).
3. Behavioural Responses and Adaptation	3.1 Withdrawal as protection	“Alan might withdraw or become quite isolated... he might not actually want to go outside and socialise.” (T, Lines 39-42).
	3.2 Emotional expression and frustration	“More snappy, more frustrated... shouting or aggression.” (T, Lines 217-218).
	3.3 Solitude as preference	“It could actually be a positive thing... they may actually enjoy being alone.” (T, Lines 242-243).
4. Mitigation Through Support and Awareness	4.1 Support networks and accessibility	“There are options out there... support groups... just someone to chat to.” (T, Lines 192-195).
	4.2 Awareness and societal responsibility	“Society could do more to raise awareness... there should be more opportunities around older people.” (T, Lines 257-269).

4.3
Community-based
inclusion

“Gardening groups... baking
classes... creative arts.” (T, Lines
270-272).

Findings and Discussion

The analysis generated four overarching themes: (1) Lack of understanding and societal perception, (2) Emotional and cognitive consequences of social exclusion, (3) Behavioural responses and adaptation, and (4) Mitigation through support and awareness. Collectively, these themes indicate that participants primarily constructed social exclusion in older adults with ASD as the outcome of interpersonal misunderstanding, with subsequent emotional, cognitive, and behavioural consequences. While accounts were consistently empathetic, they were characterised by a tendency to individualise distress and to rely on generalised psychological explanations. Structural, systemic, and life-course determinants of exclusion were comparatively underdeveloped within participants’ narratives.

This pattern may reflect the influence of dominant psychological frameworks, particularly those emphasising individual cognition, emotion, and behaviour (e.g., cognitive-behavioural models), which can orient individuals toward intrapersonal explanations of distress. As both participants were psychology students, their accounts may be shaped by disciplinary norms that privilege individual-level analysis over structural or sociological perspectives. Consequently, the findings can be understood not only as perceptions of autistic ageing but also as indicative of how psychological

knowledge frameworks shape interpretations of social phenomena. To meet the word count requirements, only Themes 1 and 4 are discussed in detail.

Theme 1: Lack of Understanding and Societal Perception

A central theme across participants' accounts was that social exclusion arises from a lack of societal understanding of ASD. This was positioned as a primary mechanism through which exclusion occurs, as illustrated by the statement:

“I think people do not have an understanding of Alan and ASD, so their perceptions of Alan may be different.” (T, Lines 22-23).

This framing aligns with existing literature suggesting that autistic behaviours are frequently misinterpreted within neurotypical social contexts (Gray, 2002); however, participants' emphasis on “lack of understanding” risks oversimplifying the processes underpinning exclusion. While informational deficits may contribute, research on stigma indicates that exclusion is also maintained through entrenched social norms, implicit biases, and power relations that are not necessarily resolved through increased awareness alone (Botha & Frost, 2020).

Participants' accounts implicitly reflected the double empathy problem (Milton, 2012), recognising that communication breakdowns are reciprocal. However, their interpretations tended to position responsibility for change at the level of individual attitudes rather than broader social structures. This reflects a common tension within autism discourse between calls for greater societal accommodation and the persistence of normative expectations that autistic individuals adapt to neurotypical standards.

Subtheme 1.1: Misinterpretation of Behaviour

Participants described how behaviours associated with ASD may be misread, leading to exclusionary responses. This aligns with research on social camouflaging, where autistic individuals modify their behaviour to avoid negative evaluation (Hull et al., 2017). However, the participants did not explicitly engage with the potential long-term consequences of camouflaging, including psychological exhaustion and diminished well-being (Cage & Troxell-Whitman, 2019).

This omission is noteworthy, as it reflects a broader limitation within participants' accounts: a focus on immediate interpersonal dynamics without consideration of cumulative, life-course effects. For older adults with ASD, decades of navigating misinterpretation and adapting to social expectations may contribute to burnout, withdrawal, and disengagement. By not engaging with these temporal dimensions, participants' explanations remain relatively proximal and do not fully capture the structural and developmental context of autistic ageing.

Theme 4: Mitigation Through Support and Awareness

Participants identified several strategies for mitigating the effects of social exclusion, primarily centred on support networks, increased awareness, and community-based activities. While these suggestions reflect an empathetic and solution-oriented perspective, they were often articulated in broad, idealised terms, with limited consideration of practical or structural constraints.

Subtheme 4.1: Support Networks and Accessibility

“There are options out there... support groups... just someone to chat to.” (T, Lines 192-195).

This reflects an understanding of the buffering role of social support (Cohen & Wills, 1985). However, participants’ accounts assume the availability and accessibility of such support, without acknowledging potential barriers. These may include underdiagnosis in older populations, stigma associated with help-seeking, limited age-appropriate services, and structural inequalities in access to care (Botha & Frost, 2020; Roestorf et al., 2019).

The absence of these considerations suggests that support is conceptualised as an individual resource rather than a structurally mediated one. As such, responsibility for mitigating exclusion is implicitly placed on the individual’s ability to access or engage with support, rather than on systems to provide inclusive and accessible services.

Subtheme 4.2: Awareness and Societal Responsibility

“Society could do more to raise awareness... there should be more opportunities around older people.” (T, Lines 257-269).

The emphasis on awareness aligns with public health approaches to stigma reduction. However, participants’ reliance on awareness as a primary solution reflects a limited conceptualisation of social change. While increasing knowledge may reduce overt misunderstanding, it does not necessarily address deeper structural issues such as institutional exclusion, service provision gaps, or entrenched social hierarchies (Botha & Frost, 2020).

This suggests that participants conceptualise social problems as arising from deficits in knowledge rather than embedded systemic inequalities. Consequently, their proposed solutions may be insufficient to address the complexity of exclusion experienced by older adults with ASD.

Subtheme 4.3: Community-Based Inclusion

“Gardening groups... baking classes... creative arts.” (T, Lines 270-272).

Participants highlighted structured, interest-based activities as a means of facilitating inclusion. This aligns with strengths-based approaches that emphasise accessibility and reduced social demands. However, these suggestions again assume the availability of such opportunities and do not account for potential barriers, including geographic limitations, financial constraints, or a lack of autism-informed programme design.

Moreover, these accounts implicitly assume that increased social participation is inherently beneficial. While this may be true for some individuals, it overlooks the distinction between unwanted isolation and chosen solitude (Mazurek, 2014). The failure to fully engage with this distinction risks reinforcing normative assumptions about social engagement, rather than recognising diverse preferences and needs within the ageing autistic population.

Taken together, the findings suggest that participants demonstrated a coherent and empathetic understanding of social exclusion in older adults with ASD, particularly in relation to emotional and behavioural consequences. However, their accounts were

shaped by a tendency to individualise both the causes and solutions of exclusion, with limited engagement with structural, systemic, and life-course factors.

This pattern can be interpreted as reflecting broader epistemological tendencies in psychology, in which individual-level explanations are often foregrounded. As a result, social exclusion is conceptualised primarily as an interpersonal or cognitive phenomenon, rather than as a structurally produced and maintained condition.

The findings, therefore, highlight the importance of integrating individual, social, and structural perspectives when examining social exclusion in autistic ageing. In this way, individualised accounts of exclusion risk not only misrepresenting the experiences of older adults with ASD, but also perpetuating the very conditions that produce such exclusion.

Conclusion

This study highlights that social exclusion in older adults with ASD is not solely an individual psychological experience, but a socially and structurally embedded phenomenon. While the participants demonstrated a nuanced understanding of the emotional and behavioural consequences, their responses also reflected a tendency to individualise distress, underemphasising the role of systemic barriers and societal expectations.

The findings support the existing literature, which suggests that reciprocal misunderstandings, stigma, and cumulative life experiences shape exclusion.

Importantly, the distinction between chosen solitude and enforced isolation emerged as a critical consideration, challenging dominant assumptions that increased social participation is universally beneficial.

From an applied perspective, the findings suggest that interventions should move beyond awareness-raising alone and instead focus on structural inclusion, accessibility of age-appropriate services, and the creation of environments that accommodate neurodiversity. This includes recognising the diversity of preferences among older adults with ASD and avoiding one-size-fits-all approaches to social engagement.

A key limitation of the study is the use of only two participants and a vignette-based methodology, which may limit generalisability. Future research should incorporate larger, more diverse samples and prioritise the voices of older adults with ASD themselves, rather than relying solely on third-person perceptions.

Overall, this study contributes to a growing recognition that addressing social exclusion in ASD requires an integrated approach that considers individual, social, and structural dimensions simultaneously.

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Appendices

Appendix A

APPLICATION FOR ETHICAL APPROVAL

For research to result in benefits and minimize the risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: “creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications”. As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the “principal researcher”.

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity.
Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Hannah-Lee Rhodes				
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐	
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student	

3	Institute/Academic Discipline/Centre:	Institute of Education and Humanities: Psychology and Counselling
4	Campus:	Swansea IQ Campus
5	E-mail address:	Hannah-lee Rhodes (1901657@student.uwtsd.ac.uk) Kayleigh Jones (2404358@student.uwtsd.ac.uk) Kavan Graham (2500328@student.uwtsd.ac.uk) Noah Finney (2405255@student.uwtsd.ac.uk)
6	Contact Telephone Number:	N/A
For students:		
7	Student Number:	Hannah-lee Rhodes (1901657), Kayleigh Jones (2404358), Kavan Graham (2500328), Noah Finney (2405255)
8	Programme of Study:	BSc Psychology / BSc Psychology and Counselling / BSc Psychology and Criminology
9	Director of Studies/Supervisor:	Dr Judith Marshall

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
				Date	
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
Institute Research Committee		☐			
Other (write in) Module lead; Dr Judith Marshall		☒	05/01/2026		

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3	BPS Code of Ethics and Conduct	☒
4	BPS Code of Human Research Ethics	☒

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution	N/A			
2	Contact person name				
3	Contact person e-mail address				
4	Is your research externally funded?	YES	☐	NO	☐
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO ☐
7		Employed	YES	☐	NO ☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO ☐
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO ☐

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☒
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	Qualitative Report: Students' beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, and how negative effects might be improved.			
2	Proposed start date:	26/01/26	Proposed end date:	29/04/27	

Introduction to the Research

Social inclusion is widely recognised as an important factor in emotional well-being and quality of life. However, autistic people, particularly in later adulthood, often experience ongoing social exclusion due to misunderstanding, stigma, and a lack of inclusive community environments. While much existing research focuses on autistic children or younger adults, relatively little attention has been paid to how autism is perceived in older age or to how social exclusion may affect this group. Understanding public perceptions is important because these views influence attitudes, behaviour, and community responses.

Purpose of the Research Activity

The purpose of this research is to explore how undergraduate university students perceive the risk of social exclusion for older people with autism and how they believe the negative effects of exclusion might be reduced within communities.

Proposed Research Question

How do undergraduate students perceive the risk of social exclusion for older people with autism, and how do they think negative effects might be improved?

Aims of the Research Activity

The aim of this study is to gain insight into university students' understanding of social exclusion in older autistic adults and to explore their ideas about improving inclusion and well-being at a community level.

Objectives of the Research Activity

The objectives are to:

Explore students' perceptions of social exclusion in older autistic adults

Identify perceived emotional and social impacts of exclusion

Examine students' views on how communities could become more inclusive
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Existing Research and Contribution

Previous research indicates that autistic adults experience higher levels of loneliness and social isolation across the lifespan, often with negative emotional consequences. However, there is limited research examining how non-autistic individuals, particularly students in psychology-related fields, understand these issues. This study will add to existing knowledge by highlighting current perceptions among future practitioners and professionals. By identifying gaps, assumptions, or areas of awareness, the research addresses an important issue in promoting social inclusion and improving community responses to older autistic adults.

Purpose of Research Activity

The purpose of this research activity is to explore how undergraduate university students perceive the risk of social exclusion experienced by older people living with autism, and to understand how they believe the negative effects of such exclusion might be reduced within communities. By examining students' views, the research aims to gain insight into levels of awareness, understanding, and attitudes toward autism in later adulthood. This information can help identify gaps in knowledge and highlight areas where greater education or community-based inclusion efforts may be needed. The study does not focus on clinical interventions but instead seeks to contribute to a broader understanding of social inclusion and the role of community attitudes in shaping the well-being of older autistic adults.

Cognitive – regarding people with autism in the older generation, social exclusion can affect their cognitive development. For example, they may experience cognitive decline and inadequate cognitive functions such as critical processing (Baumeister, 2002). Social exclusion for older people with autism has also been linked to the development of cognitive issues such as dementia and communication issues. A lack of support from friends and family can impact their cognitive abilities and amplify the decay of these processes that already happen with ageing (Yarar 2021).[\[K\(1\)\]](#)

Research was done into the experiences that people over 50 who possess autism spectrum disorder (ASD) to understand their lived experiences. Hickey et al (2017) conducted semi structured interviews with 13 participants who were over 50 with ASD, asking questions about their social support, and their experiences after their diagnosis. As these participants were diagnosed later into their lives, it prompted what Hickey called, a "life review". They looked back on the events of their lives and found overlapping categories for each persons lived experiences. They all blamed ASD in relation to any of the negative events in their lives, any loneliness, isolation inability to understand social situations, and a lack of connection to others, were all attributed to them developing ASD. Hickey then compared it to data found with younger people with ASD and found that they also had similar lived experiences. The final takeaway that they developed was that there needs to be a greater support for people with ASD so that they feel supported and understood, failure to do so could lead to the development of depression and increased social isolation. This would lead to the symptoms Baumeister (2002) and Yarar (2021) found.

This research is supported by French et Al's (2026) study on the lives of people with later diagnosis of Autism and ADHD. Their study also included 13 participants with 5 having ASD, 5 having ADHD and 3 having both. The results of their semi structured interview boiled down to three points. Later diagnoses of ASD can leave to many negative cognitive impacts, however, having a late diagnosis is not always negative. It

relies on having good relationships, strong support and making sure they don't believe that it's a label or a burden. If all these criteria are met, then many of the negative cognitive impacts can be mitigated. This further reinforces the need for social support for those with ASD to make sure they don't feel lost or isolated.

Emotional[K(2)] - Social exclusion can have profound and cumulative emotional consequences across the lifespan for individuals with autism spectrum disorder (ASD), with effects that are often intensified in later adulthood. For a 58-year-old autistic man, long-standing experiences of exclusion may reflect decades of social misunderstanding, stigma, and limited opportunities for reciprocal connection. Autistic adults consistently report higher levels of loneliness, emotional isolation, and feeling misunderstood compared to neurotypical peers, experiences that frequently begin in childhood and persist into later life (Müller et al., 2008; Howlin & Moss, 2012).

Emotionally, chronic social exclusion is associated with persistent feelings of sadness, low self-worth, and emotional fatigue. Repeated experiences of rejection or social failure can erode confidence and contribute to a sense of invisibility or non-belonging. In later adulthood, these emotional burdens may be compounded by age-related transitions such as retirement, bereavement, or reduced social networks, increasing vulnerability to depression and anxiety (Happé & Charlton, 2012). Over time, many autistic men may adopt emotional withdrawal as a protective coping strategy—not due to lack of desire for connection, but to reduce the pain associated with repeated social exclusion.

Loneliness and social isolation are also linked to heightened emotional stress and reduced emotional resilience. In the general population, chronic loneliness is associated with dysregulated stress responses and increased mortality risk, effects that may be amplified in autistic individuals who face additional barriers to emotional expression and mental health support (Holt-Lunstad et al., 2015). Limited access to meaningful social roles can further reinforce feelings of purposelessness and emotional disconnection in later life.

Importantly, these emotional consequences are not intrinsic to autism itself but arise from social and structural exclusion. Research highlights that autistic adults experience improved emotional wellbeing when they feel accepted, valued, and able to participate authentically in social contexts (Milton & Sims, 2016). Addressing social exclusion in older autistic men is therefore essential for promoting emotional health, dignity, and quality of life across the lifespan.

Social – The older autistic generation has experienced a high level of social exclusion due to social stigma and a lack of community support that should have been provided for them at a young age. Due to society's beliefs of what the norm should be, the elderly generation have suffered from incorrect ideology on autism and how to support those who are autistic. Additionally, this has caused a lack of support due to severe masking from a young age, hiding their true personalities to conform to the standards that were expected of those times, leading to exhaustion and loneliness from a lack of authentic relationships with their peers.

Research has shown that “autistic people are also more likely to experience bullying, social exclusion and interpersonal victimisation” (Williams, 2025), with the article continuing that “for autistic adults without co-occurring learning disabilities, the leading cause of early death was found to be suicide in one large Swedish population study” showing the difficulties that older autistics have. Due to the camouflaging and masking, many also feel misunderstood or excluded due to communication issues or social behaviour that may not let them fit in with others, which in turn, causes them to feel unaccepted and isolated (Marsh, 2024). As well as this, according to one article, many studies on autism and ageing are based on children and young adults and rarely ever feature elderly or middle-aged participants, which shows a clear limitation in autism research and a lack of understanding of those experiences from those over the age of +30 (Leroux, 2025), with Stewart et al. (2024) adding that autistic women were recorded as being lonelier than the men, the men showed an increase in social isolation and loneliness as they aged.

Roestorf et al. (2019) states that “some individuals may be unable to take part in research because of limited verbal or cognitive ability”, showing another limitation, as well as a need for more information on how autism affects the older generation and how, as the new generation grows, society can help them feel accepted and safe within their own community.

Provide a Reference section

Cognitive Refs -

Zivrali Yarar, E., Howlin, P., Charlton, R., & Happé, F. (2021). Age-Related Effects on Social Cognition in Adults with Autism Spectrum Disorder: A Possible Protective Effect

on Theory of Mind. *Autism research: official journal of the International Society for Autism Research*, 14(5), 911–920.

Baumeister, R. F., Twenge, J. M., & Nuss, C. K. (2002). Effects of social exclusion on cognitive processes: anticipated aloneness reduces intelligent thought. *Journal of personality and social psychology*, 83(4), 817.

Hickey, A., Crabtree, J., & Stott, J. (2018). ‘Suddenly the first fifty years of my life made sense’: Experiences of older people with autism. *Autism*, 22(3), 357-367.

French, B., & Cassidy, S. (2026). “Going through life on hard mode”—the experience of late diagnosis of autism and/or ADHD: a qualitative study. *Autism in Adulthood*, 8(1), 127-136.

Emotional Refs -

Happé, F., & Charlton, R. A. (2012). Aging in Autism Spectrum Disorders: A Mini-Review. *Gerontology (Basel)*, 58(1), 70–78.

<https://doi.org/10.1159/000329720>

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237.

<https://doi.org/10.1177/1745691614568352>

Howlin, P., & Moss, P. (2012). Adults with Autism Spectrum Disorders. *Canadian Journal of Psychiatry*, 57(5), 275–283.

<https://doi.org/10.1177/070674371205700502>

Milton, D., & Sims, T. (2016). How is a sense of well-being and belonging constructed in the accounts of autistic adults? *Disability & Society*, 31(4), 520–534.

<https://doi.org/10.1080/09687599.2016.1186529>

Müller, E., Schuler, A., & Yates, G. B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism : The International Journal of Research and Practice*, 12(2), 173–190.

<https://doi.org/10.1177/1362361307086664>

Social Refs –

Leroux, M.-P. (2025, August 5). *Where Are the Autistic Elders? Exploring Aging and Autism*. Socially Spicy.

<https://www.sociallyspicy.com/post/where-are-the-autistic-elders-exploring-aging-and-autism>

Marsh, E. (2024, November 21). *Friendship, Loneliness and Belonging in Autistic People - Reframing Autism*. Reframing Autism.

<https://reframingautism.org.au/friendship-loneliness-and-belonging-in-autistic-people/>

Roestorf, A., Bowler, D. M., Deserno, M. K., Howlin, P., Klinger, L., McConachie, H., Parr, J. R., Powell, P., Van Heijst, B. F. C., & Geurts, H. M. (2019). “Older Adults with ASD: The Consequences of Aging.” Insights from a series of special interest group meetings held at the International Society

	for Autism Research 2016–2017. <i>Research in Autism Spectrum Disorders</i>, 63, 3–12. https://doi.org/10.1016/j.rasd.2018.08.007 Stewart, G. R., Luedecke, E., Mandy, W., Charlton, R. A., & Happé, F. (2024). Experiences of social isolation and loneliness in middle-aged and older autistic adults. <i>Neurodiversity</i>, 2. https://doi.org/10.1177/27546330241245529 Williams, G. (2025, September 12). <i>Making it to older age against the odds</i> NDTi. NDTi. https://www.ndti.org.uk/resource/making-it-to-older-age-against-the-odds/ (this box should expand as you type)
4	Research Question How do undergraduate students perceive the risk of social exclusion on older people with autism, and how do they think negative effects might be improved? Research shows that undergraduate students see the exclusion of older people with autism as having a ‘double stigma’ due to ableism and agism. History has shown that the older generation severely lacked the diagnosis of autism, as it was seen as shameful for someone to be seen as different and not the norm, as society deemed normal. Instead of help and assistance given to the children in need, they were instead hidden away, some to asylums that were dedicated to their care, and other care facilities used their lack of knowledge to abuse and experiment on the children. Students see that the older generation was severely lacking in care and having the right facilities to help those deemed as abnormal, and the services that were provided were increasing in those growing up and falling into poverty, and a feeling of loneliness, which in turn, has caused them to grow up with more difficulties, such as camouflaging to hide their disability, leading to social withdrawal. One way to improve this negative effect is to educate a new generational mentor scheme, one that understands the needs of the older generation with autism and how to meet their requirements. Including the elderly autistic patients within training may also be beneficial as it allows the students to learn how to understand both children and older patients who have autism. Having a more inclusive space may also allow elderly autistic people to feel included and accepted within their community and allow them to understand that the stereotype and shame they were subjected to as children is not tolerated within the new generation.[H(3)] [K(4)] (this box should expand as you type)

5	Aims of Research Activity The aims of this research activity are to explore undergraduate students' perceptions of social exclusion experienced by older people living with autism and to examine how students believe the emotional and social consequences of this exclusion could be reduced within communities. The study aims to develop a clearer understanding of how future professionals in psychology and counselling conceptualise social exclusion in later adulthood and to identify common themes in their views regarding inclusion, support, and community responsibility. (this box should expand as you type)
6	Objectives of Research Activity The objective of this research activity is to gather qualitative data from undergraduate psychology and counselling students to examine their understanding of social exclusion in older people living with autism, the perceived emotional and social impacts of this exclusion, and their views on how these negative effects might be improved through community-based approaches.

Proposed methods (maximum 600 words)

Methods

Study Design

This research will adopt a qualitative study design to explore undergraduate students' perceptions of the risks of social exclusion for older autistic adults and how negative effects might be improved within communities. A qualitative approach is appropriate for capturing subjective views, meanings, and interpretations expressed by participants in their own words.

Method to Be Used

The study will employ semi-structured interviews, with data analysed using thematic analysis. Semi-structured interviews allow flexibility while ensuring that key topics relevant to the research question are consistently addressed across participants.

Group and Individual Activities

All data will be collected through individual interviews. No group-based data collection methods (e.g., focus groups) will be used. Conducting interviews individually is intended to allow participants to speak openly and reflectively without influence from peers.

Participants

Participants will be Level 5 undergraduate students enrolled in Psychology and Counselling programmes at UWTSD. Participants will be recruited using convenience sampling methods, such as university email invitations or course announcements. Inclusion criteria will be enrolment at Level 5 and being aged 18 years or over. Participation will be voluntary.

Materials

The following materials will be required:

- Participant Information Sheet
- Informed Consent Form
- Semi-structured interview guide
- Debrief Form
- Audio recording device or secure online recording software (e.g., encrypted video-conferencing platform)
- Secure data storage (password-protected files)

Example Interview Questions

The interview guide will include open-ended questions such as:

- “How do you think social exclusion affects older people living with autism?”
- “What emotional or psychological impacts do you think long-term social exclusion might have?”

- “In your view, are older autistic adults at particular risk of being excluded socially?”
- “What factors do you think contribute to social exclusion for older people with autism?”
- “What changes within communities might help reduce social exclusion for older autistic adults?”

Follow-up prompts may be used to encourage clarification or elaboration.

Procedure for Data Collection

Following ethical approval, participants will be provided with an information sheet outlining the study aims, procedures, and their rights. Written informed consent will be obtained prior to participation. Interviews will be scheduled at a mutually convenient time and will last approximately 15 minutes.

Interviews may be conducted in person or online, depending on participant preference and availability. At the start of each interview, participants will be reminded of their right to withdraw at any time and to decline to answer any question. Interviews will be audio-recorded with participant consent. No identifying information will be included in the recordings.

Following the interview, participants will be debriefed and provided with researcher contact details and information about student support services, should the discussion raise any concerns or discomfort.

Method of Analysis

Interview recordings will be transcribed verbatim. Data will be analysed using thematic analysis, following a systematic process of familiarisation with the data,

	generation of initial codes, identification of themes, review of themes, and definition and naming of final themes. Analysis will focus on patterns in how participants conceptualise social exclusion, perceived risks for older autistic adults, and suggested community-based improvements. All data will be anonymised prior to analysis, and pseudonyms will be used in transcripts and reporting. Location of Research Activity Research activity will take place either: · At the University of Wales Trinity Saint David, In the psychology labs, IQ Building, Swansea Campus · Online, using a secure video-conferencing platform approved by the university All data storage and analysis will be conducted on password-protected university or personal devices in accordance with data protection and ethical guidelines.
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research, then please state this.

9	N/A <i>(this box should expand as you type)</i>
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10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☒	☐
15	A more equal Wales	☒	☐
16	A Wales of cohesive communities	☒	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	The proposed research will provide information relating to attitudes towards climate change. As such the resulting report should allow for commentary and proposals relating to health, equality, and the cohesiveness of society within Wales that links to wider global responsibility. <i>(this box should expand as you type)</i>		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☐	☒
2	Use of interviews?	☒	☐

3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
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1	Students or staff at the University?	☒	☐
2	Adults (over the age of 18 and competent to give consent)?	☐	☒
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups: (this box should expand as you type)		

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	3-4 participants for a module-based group research project. Students will analyse 2 transcripts each (this box should expand as you type)
11	Who will the participants be?	Level five students within the Developmental Psychology and Individual Differences Module. (this box should expand as you type)
12	How will you identify the participants?	Students enrolled on the Developmental Psychology and Individual Differences Module will all take part as both researchers and participants. (this box should expand as you type)

	Information for participants:	YES	NO	N/A
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13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	<i>(this box should expand as you type)</i>			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	<i>(this box should expand as you type)</i>			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.		
	If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	☐
		No	☒
2	Risks to participants		
	For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		

	1) Emotional discomfort or distress Participants may experience mild emotional discomfort when discussing topics such as social exclusion, loneliness, discrimination, or ageing. These topics may prompt reflection on personal experiences or beliefs, which could be unsettling for some individuals. 2) Unanticipated personal reflection Some participants may recognize parallels between the research topic and their own experiences of exclusion, neurodivergence, or marginalisation, leading to unexpected emotional responses. 3) Discomfort expressing opinions Participants may feel uneasy articulating their views on autism, aging, or social exclusion due to concerns about being perceived as insensitive, uninformed, or socially unacceptable.	1) Informed consent Participants will be provided with a detailed information sheet outlining the purpose of the study, the nature of participation, potential risks, and their rights. Written informed consent will be obtained prior to participation, in accordance with the British Psychological Society's Code of Human Research Ethics (BPS, 2021). 2) Right to withdraw without penalty Participants will be informed that participation is entirely voluntary and that they may withdraw from the study at any time without providing a reason and without negative consequences. This aligns with the BPS principle of Respect for the Autonomy and Dignity of Persons (BPS, 2021). 3) Minimising psychological distress Interview questions will be non-leading, open-ended, and phrased sensitively to reduce the likelihood of distress. Participants will not be required to disclose personal experiences. This reflects the BPS guidance on avoiding harm and minimising risk (BPS, 2021).
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	4) Fear of judgement or evaluation Despite reassurance, participants may worry that their responses will be judged by the researcher, particularly if their views differ from perceived social norms or academic expectations. 5) Confidentiality concerns In qualitative research (e.g., interviews or focus groups), participants may be concerned about whether their views can be traced back to them, especially if discussing personal beliefs or experiences. 6) Cognitive fatigue Reflective qualitative questioning may cause mild fatigue or concentration difficulties, particularly during longer interviews or discussions.	4) Participant control during data collection Participants will be reminded that they may decline to answer any question or pause the interview at any point. This helps maintain participant comfort and agency, consistent with BPS ethical standards regarding participant welfare. 5) Confidentiality and anonymity All data will be anonymised using pseudonyms, and any identifying information will be removed from transcripts. Data will be stored securely in accordance with BPS guidance on confidentiality and data protection, as well as GDPR requirements. 6) Safe handling of sensitive topics The researcher will adopt a neutral, non-judgmental stance during data collection to reduce participant anxiety about expressing opinions. This approach aligns with the BPS emphasis on integrity and respect in research relationships. 7) Debriefing procedures Participants will receive a debrief sheet after participation, summarising the study's aims and providing contact details for the researcher. Where
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		appropriate, participants will also be signposted to university wellbeing or support services, in line with BPS recommendations on post-participation care. 8) Focus group safeguards (if applicable) If focus groups are used, participants will be reminded to respect the confidentiality of others' contributions. While confidentiality cannot be fully guaranteed in group settings, this limitation will be clearly communicated beforehand, following BPS ethical guidance. 9) Researcher competence and supervision The researcher will conduct the study under appropriate academic supervision and within their level of training and competence, consistent with BPS guidance on researcher responsibility and accountability.
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
	N/A <i>(this box should expand as you type)</i>	

4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest
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| | <ul style="list-style-type: none">· Emotional impact
Engaging repeatedly with discussions about social exclusion, loneliness, and marginalisation may have an emotional impact on the investigator, particularly if the researcher has personal or professional interest in the topic.· Emotional labour and fatigue
Conducting and transcribing qualitative interviews can be emotionally and cognitively demanding, potentially leading to fatigue, stress, or reduced well-being over time.· Managing participant distress
Although the study does not involve vulnerable participants, some interviewees may become emotionally affected during discussion. Responding appropriately without providing therapeutic support may place pressure on the investigator.· Role boundary challenges
As the investigator is a psychology or counselling student, participants may assume a supportive or advisory role. Managing professional boundaries may present a challenge. | |
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	· Time and workload pressure Scheduling, conducting, transcribing, and analysing interviews within academic deadlines may increase stress levels. · Data protection responsibility The investigator is responsible for securely handling sensitive qualitative data. Errors in data management could lead to ethical or academic consequences. · Reputational or academic risk Failure to adhere to ethical guidelines, confidentiality requirements, or methodological standards could impact academic standing or project approval.	
5	University/institutional risks For example: adverse publicity, financial loss, data protection	

1. Ethical Risks

- **Participant distress or harm:** Discussions about social exclusion can trigger emotional distress for participants, particularly older adults with autism who may have experienced trauma or isolation. The university is responsible for ensuring participants are protected.
- **Informed consent issues:** Ensuring participants fully understand the study, its purpose, and their rights can be challenging, especially if communication differences exist. Missteps could constitute ethical violations.
- **Power dynamics:** If students are conducting the interviews, there's a risk of unintentional coercion, miscommunication, or bias, which could be seen as ethical lapses.

2. Legal / Regulatory Risks

	· Data protection and privacy breaches: Collecting, storing, and processing sensitive personal data about adults with autism requires compliance with laws like GDPR (in the EU/UK) or institutional policies on data handling. · Mandatory reporting obligations: If participants disclose abuse, neglect, or serious mental health risks, the institution may have a legal obligation to act. Mishandling such disclosures could lead to liability. · Consent capacity: If participants have varying cognitive abilities, the university may be legally accountable for ensuring valid consent is obtained, or for involving guardians where necessary. 3. Reputational Risks · Negative public perception: If the study is perceived as exploitative, insensitive, or poorly conducted, it could damage the university's	
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	reputation for ethical research. · Participant complaints: Poor handling of interviews, confidentiality, or follow-up could lead to formal complaints, which may escalate to regulatory bodies or media scrutiny. 4. Operational / Research Risks · Student training and competence: Inexperienced interviewers may inadvertently bias responses, misinterpret data, or mishandle sensitive topics, which could compromise research integrity. · Data quality and reliability: Poorly conducted interviews can lead to low-quality or unusable data, which could impact the credibility of publications or reports linked to the institution. · Resource liability: If participants require follow-up support (e.g., counselling due to distress during interviews), the	
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	university may need to provide resources.	
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to environment:</i> <i>(this box should expand as you type)</i>

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
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	Participants will receive a debrief sheet after participation, summarising the study's aims and providing contact details for the researcher and their research supervisor. Where appropriate, participants will also be signposted to university wellbeing or support services, in line with BPS recommendations on post-participation care. <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Participants will be provided with a detailed information sheet outlining the purpose of the study, the nature of participation, potential risks, and their rights. Written informed consent will be obtained prior to participation, in accordance with the British Psychological Society's Code of Human Research Ethics (BPS, 2021). <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	All data will be anonymised using pseudonyms, and any identifying information will be removed from transcripts. Data will be stored securely in accordance with BPS guidance on confidentiality and data protection <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	YES	NO
1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☒	☐
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	Age and gender data will be collected. These are basic data elements and could inform the analysis. <i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☒	☐
	If YES, provide a description of the special category data and explain why this data needs to be collected:		

4	Students are required to explore participants' beliefs and opinions of issues around issues relating to social exclusion as part of the research study. No questions regarding special category data will be asked. However, it is recognised that aspects such as religious beliefs or political opinions could be offered by the participant voluntarily. <i>(this box should expand as you type)</i>
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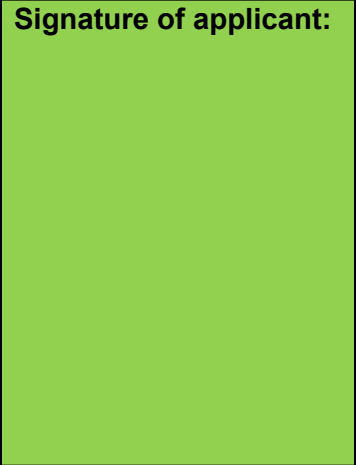
	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☒	☐
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation: Students will be allocated a specific and unique number that is assigned to them; this ensures that their data is safe and secure within their ID used for this study. <i>(this box should expand as you type)</i>		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒

16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	Uploading of audio recordings to the student's OneDrive account. <i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	Dr Judith Marshall Names of students within each group Hannah-Lee Rhodes Kayleigh Jones Kavan Graham Noah Finney <i>(this box should expand as you type)</i>		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Names of students in group Hannah-Lee Rhodes Kayleigh Jones Kavan Graham Noah Finney Accessible by Dr Judith Marshall <i>(this box should expand as you type)</i>		

24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	Raw data will not be stored in tandem with the agreement that after the data has been collected and analysed, it will be deleted when the study is fully complete and only the analysed data will remain. <i>(this box should expand as you type)</i>		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	No, this is data collected for a taught module that will not meet thresholds for publication and so will not be stored in the university repository. <i>(this box should expand as you type)</i>		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application, I hereby confirm that I undertake to ensure that the above-named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant: 	Names of students in the research group Hannah-Lee Rhodes Kayleigh Jones Kavan Graham Noah Finney	Date:

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For STUDENT Submissions:

2	Director of Studies/Supervisor:	Dr Judith Marshall	Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtSD.ac.uk , with the title 'Ethical Approval' followed by your name. You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages:

<https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/>

[K(1)]@Noah Finney (2405255)

[K(2)]@Kavan Graham (2500328)

[H(3)]add references

[K(4)]@Kayleigh Jones (2404358)

Appendix B

ECPS5014: Developmental Psychology and Individual Differences Scenario:
Component 2 Assessment

ALAN: Older man with Autism Spectrum Disorder

Alan is a 58-year-old man with autism spectrum disorder. When he was young there was little support for him and his parents to access, and his difference was not always responded to appropriately, either in or out of school. Alan has always lived in his parents' house, and he continues to live with his father following the death of his mother seven years ago. He has always relied on his parents to make important decisions on his behalf, as he gets overwhelmed when faced with serious choices. Alan's neighbours are familiar with his lack of face-to-face interaction, and they have settled into a routine of merely saying "hello" to him, with no further interaction. Alan's intelligence level is slightly below average, and he has been able to obtain employment in roles that require the completion of repetitive tasks that he can learn the required range of responses to. For the past fourteen years he has held a data entry post that allows him a quiet work environment and clear, specific step-by-step instructions for completing his day-to-day tasks. He works quickly and accurately and he has been praised for his work by the manager. Alan likes this environment, as he can become upset by loud noises and many people talking at once. He feels that being employed is an important part of adult life and feels he contributes financially at home. He takes pride in striving to be a reliable and productive employee, attending work on time and focusing on his tasks. However, while Alan undertakes his routine tasks to the required standard, his social skills are much poorer. Alan finds it difficult to understand the unspoken social rules of different relationships, and he also has difficulty adjusting his behaviour to that appropriate for different social situations. Alan tends to not notice, or not understand nonverbal cues relating to people's feelings, such as facial expressions, particularly when there are several people around as this overwhelms his senses. This results in him taking literally what people say, for example, not understanding sarcasm and

teasing in conversations. At school, this made him an easy target for mockery, and it continues to do so in his current workplace, as do his tics and hand-flapping in response to anxiety resulting from new situations or those he does not understand. Conversely, a lack of attention to signs of emotional responses means that Alan does not always realise when his own behaviour might have upset someone else. This upset can be caused by him switching off his attention and showing a lack of awareness of the presence of others who were speaking to him if the topic does not interest him. Since childhood, his own behaviours, and those of others, have resulted in Alan struggling to make friends and, although he has had some brief work-related friends in the past, He has not developed any deep and enduring relationships. Alan's colleagues do not invite him out after work or even to sit with them at lunch time, as they find him effortful to attempt to talk with. Alan finds attempting to mimic their behaviours to fit in can make him feel anxious and exhausted, and both childhood and adult social experiences have led him to avoid unnecessary social interactions. With no experience of romantic relationships, Alan prefers to spend time with his father, who understands his special interests and hobbies, particularly the model-building club he has belonged to for 17 years. Alan is currently experiencing changes in several areas of his life. A new senior manager has taken over at work with the aim of re-structuring and streamlining operations. Alan has a strong need to know the facts of what is happening but instead is overhearing a lot of rumour at work. He knows that there has been an influx of young employees recently and he is afraid to ask the manager for the facts, in case he is told he is no longer needed. He now finds his workplace unwelcoming and has become suspicious of conversations. He has begun to spend time rocking in his chair instead of completing his work. His tics have got worse, and he often becomes irritable at home and work. At home, Alan's elderly father has become ill and is requiring an increasing amount of support from Alan to look after himself. He is no longer able to drive Alan to the shops or to his clubs, so, the lack of an informal support network mean that Alan has become more solitary and has begun to feel tired and unwell all the time. Alan's father has suggested contacting Social Services to ask for support, particularly with accessing healthcare and dealing with finances. However, Alan has become very afraid that other people will decide to separate him and his father. Consequently, he is now trying to cope with potentially serious changes at home and in work, when he has relied upon a routinised life, with others taking the various decision-making responsibilities. As a consequence of his father's illness and infirmity, Alan now spends most of his time at home alone, as well as working alone in work, and he is experiencing reduced mental stimulation and few opportunities for social connections.

Appendix C

SA1 Campus

Swansea



Study Information Sheet

This document provides key information about the study and details what will be expected of you as a participant. Therefore, please read this information carefully before providing consent to take part.

The purpose of this study is to explore students' beliefs and opinions about the cognitive, emotional, and social effects of social exclusion on older people. The aim of the study is to determine how the negative effects might be improved

During this study, you will be asked to do the following:

Take part in an interview in the psychology laboratory, which takes place in room 211

At the end of the interview, you will receive the study debrief.

If you have any questions or concerns about this study, please contact the researchers available:

Hannah-lee Rhodes (1901657@student.uwtsd.ac.uk)

Kayleigh Jones (2404358@student.uwtsd.ac.uk)

Kavan Graham (2500328@student.uwtsd.ac.uk)

Noah Finney (2405255@student.uwtsd.ac.uk)

If you are happy to take part in this study, please click the button below to direct you to the consent form for the study.

If you feel you want to leave the study, you can do so at any time, notifying the researcher if you are taking part in this study in the Psychology labs. Once the study has ended, you will be

asked whether you would like your audio recording saved. If you agree, your data will be anonymised and therefore untraceable, and will be deleted later.

Appendix D



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Seicoleg a Cwnsela Psychology and Counselling

Study Consent Form

I understand that this research is being carried out to collect data for a group of 2nd-year Psychology students' research report. I understand that taking part in this study will involve a 1-to-1 interview, and responses will be recorded through a voice recorder.

This study will take approximately 15-20 minutes to complete.

I understand that participation in this study is voluntary, and I am free to withdraw my participation at any time during or before the end of the study without giving a reason and without penalty.

I understand that once I complete the study, I will not be able to withdraw my data, as it will be anonymized and the researcher will be unable to trace my data back to me.

I am aware that if I have any questions or concerns about the study, I can contact the research supervisor, Judith Marshall, at any time before, during or after the study on judith.marshall@uwtsd.ac.uk.

You can download a copy of this consent form by clicking here: [Consent Form](#)

Please tick all boxes below to confirm your consent to participate in this study:

“ I am 18 years of age or over

“ I understand I can withdraw at any time without penalty by closing the browser

“ I understand my data will be held confidentially and my identity will remain anonymous

“ I understand all the above information on this consent form

“ I consent to taking part in this study

Appendix E

Demographics

Gender			
☐ Male	☐ Female	☐ Non/Binary	☐ Other

Age				
☐ 18-25	☐ 26-33	☐ 34 - 40	☐ 41- 49	☐ 50+

Demographics

Gender			
☐ Male	☐ Female	☐ Non/Binary	☐ Other

Age				
• 18-25	• ~~26~~ 33	• 34 - 40	• 41 - 49	• 50+

Appendix F

Interview Questionnaire

- **Introduce Alan – the case study (brief summarization)**

- Alan is a 58-yr old man with ASD who has historically relied on a highly structured, routinised life, supported by his parents.
- While he's a productive and reliable employee in his data entry role, which suits his preference for quiet, repetitive tasks, he struggles with the social interaction and communication required by this routine.
- He finds it difficult to deal with and to interpret the nonverbal cues or unspoken social rules, which often leads to anxiety, exhaustion from 'mimicking' others and has a history of being targeted for mockery by others.

- **Bearing Alan in mind: Cognitive, emotional and behavioural**

1. Why do you think people respond to Alan in the way they do?
2. How do you think being excluded might make people behave?
3. How do you think this may affect those with autism emotionally?
4. Do you think social exclusion may affect people cognitively, and if so, how?
5. Being socially excluded affects us all differently. How do you think social exclusion makes older people with ASD feel?
6. How could this affect the ways that older people with ASD think about social situations?
7. How do you think being socially excluded might affect the ways that older people with ASD resolve problems and issues on a day-to-day basis?
8. Social exclusion affects us all differently; how do you think this could affect the behaviour of older people with ASD?
9. What ways do you think society could include older people with autism more?

Appendix G



Seicoleg a Cwnsela Psychology and Counselling

Study Debrief Sheet

How do undergraduate students perceive the risk of social exclusion for older people with autism, and how do they think negative effects might be improved?

This study was conducted to explore how undergraduate students perceive the risk of social exclusion for older people with autism and to examine how they believe the negative effects of social exclusion may be mitigated.

As a reminder, your data will be used solely for this research and will not be traceable to you; the data submitted will remain confidential and anonymous for your safety.

If you wish to withdraw all your data from this study, then you must tell the researcher now.

If you have any queries or concerns about taking part in this study, please email the following researchers;

Hannah- Lee Rhodes (1901657@student.uwtsd.ac.uk),

Kayleigh Jones (2404358@student.uwtsd.ac.uk),

Kavan Graham (2500328@student.uwtsd.ac.uk),

Noah Finney (2405255@student.uwtsd.ac.uk), or the academic supervisor, Judith Marshall (judith.marshall@uwtsd.ac.uk)

If you feel that your participation has caused any distress, a range of support is available on the MyTSD app; alternatively, you can fill out the support request form or scan the QR code for additional Wellbeing Support.

Thank you for taking part in this study and for your contribution to our data.

University of Wales Trinity Saint David

Appendix H

	1	K - Okay, so we've started. So, here are the questions if you just want to
	2	read them whilst we go.
	3	
	4	<i>T - Okay.</i>
	5	
	6	K - Now, Alan is a 58-year-old man with ASD who's historically relied on a
	7	a productive and reliable employee in his data entry role that suits his
	8	preference for required, repetitive tasks, he struggles with the social
	9	interaction and communications of this routine. He finds it difficult to
	10	deal with and to interpret the non-verbal cues or unspoken social rules,
	11	which often leads to anxiety, exhaustion from mimicking others, and has
	12	a history of being targeted for mockery by others. Now, bearing Alan in
	13	mind, why do you think people respond to Alan in the way that they do?
Lack of understanding and social perception.	14	
	15	<i>T – Um [...] I don't know, maybe, maybe they don't [...]</i>
	16	<i>Understand [...]</i>
	17	<i>Um [...] Or maybe at the [...] I [...] I don't know. Could you repeat a little bit,</i>
	18	<i>please?</i>

Misinterpretation of behaviour.	19 K - Of course. Why do you think people respond to Alan in a way that 20 they do? 21 22 <i>T - I think people don't have an understanding of Alan and the ASD, so [...]</i> 23 <i>their perceptions of Alan may be different.</i> 24 25 K - OK. How do you think being excluded might make people behave? 26 27 <i>T - Um [...] Withdrawn. Possibly, I think that people [...] So, when you say</i> 28 <i>how do you think being excluded might make people behave?</i> 29 30 K – Yes. 31 32 <i>T - When you say people, do you mean outside or those being excluded?</i> 33
Emotional and cognitive consequences of social exclusion.	34 K – Both; so, how do you think people with autism would feel and how 35 would they behave? As well as separately; how do you think people on 36 behalf of those with Autism will behave? 37 38 <i>T - OK. In terms of Alan and how Alan might behave being excluded. I think</i> 39 <i>that Alan might withdraw or become quite isolated, or maybe Alan would</i> 40 <i>actually shut down in himself and not want to go anywhere, or maybe after</i>

Withdrawal as protection. Self-blame and internalisation.	41 <i>being excluded for so long, he might not actually want to go outside and</i> 42 <i>socialise. It might make him anxious. And, in terms of [...]</i> 43 <i>Other people [...]</i> 44 <i>Um [...] I don't really-- I don't really know what other people-- how other</i> 45 <i>people would behave being excluded.</i> 46 K - Okay. 47 48 <i>T - Maybe the same, maybe-- maybe Alan-- maybe the same as Alan, they</i> 49 <i>might withdraw or perhaps [...] be anxious [...] Um [...] some people might</i> 50 <i>encourage Alan, as well, if Alan was withdrawing, but then other people</i> 51 <i>might not understand it either, and they might actually [...] just ignore it</i> 52 <i>and not-- not care.</i> 53
Self-blame and internalisation.	54 K - OK, so. How do you think that social exclusion may affect those with 55 autism emotionally? 56 57 <i>T - I think [...] It would have a negative impact on someone with autism. I</i> 58 <i>know for myself that being excluded or feeling isolated would have an</i> 59 <i>emotional impact on myself. And, I don't have autism. So, I imagine for</i> 60 <i>someone who struggles with [...] um, social cues and stuff they-- they</i> 61 <i>might, I don't know, maybe self-blame and they may feel quite self-critical</i> 62 <i>for not [...] being involved in things, they might blame themselves for being</i>

	63 different. [...] I'm not really sure how other people might perceive that, but 64 I imagine some people would think the same as me, and they might have a 65 large emotional impact, and others may not even care or not get into it or 66 give it a second thought. 67 68 K - Okay, so do you think social exclusion may affect people cognitively? 69 70 T - Yes. 71 72 K - How? Can you elaborate? 73
Anxiety and cognitive cycles. Anxiety and cognitive cycles.	74 T - Yeah, so [...] Negative thinking. 75 76 K – Okay. 77 78 T - A lot of negative thinking, which would also, in turn, lead to physical 79 symptoms of anxiety. And then it's kind of like a vicious loop, so we can get 80 the physical symptoms. It may worsen the thought process, and [...] yeah, I 81 just think [...] I just think that. It would-- it would affect thought process 82 and how people have-- well, how someone with autism may perceive the 83 social world. 84 85 K – Okay, so we're onto question 6 now. No, we're not; we're onto

	86 question 5, sorry, apologies. Being socially excluded affects us all 87 differently; how do you think social exclusion makes older people with 88 ASD feel? 89 90 <i>T – Um [...] Maybe [...] Isolated. But as the question says, social exclusion</i> 91 <i>affects us all differently. Um [...] So it's hard to say really how it would</i> 92 <i>affect someone, but, I think an older person may be more isolated. I think</i> 93 <i>in general, the older people tend to be more isolated, [they have] lower</i>
Anxiety and cognitive cycles.	94 mobility, and a lot of older people don't go out as often. So, I think if you 95 have autism as well, then there's definitely some isolation going on there. I 96 think it would maybe cause sadness and frustration, wanting to be out in 97 the social world and doing social things. 98 99 K - So you said about mobility, how do you-- what do you mean by that? 100 Like, can you elaborate on that? 101 102 <i>T - Yeah, so, for example, an older person may have something like, um,</i> 103 <i>COPD, which affects their breathing. So, moving around and going out</i> 104 <i>places, some people need tanks attached to them. Some people can't go</i> 105 <i>out at all, and they need bed rest, and then they have their oxygen at</i> 106 <i>home, so that— obviously, that would impact someone then being mobile,</i>

	107 <i>going out and being able to actually go out and socialise in the open world.</i> 108 109 K - So in a way, are you comparing someone with COPD and ASD in the 110 same sense? 111 112 <i>T - In terms of mobility, yes, so. So, like [...] Older people-- older people may</i> 113 <i>have issues like this or just in general, anyway, so they may not be able to</i>
Role of life course experiences.	114 <i>go [...] out anyway, but for someone with [...] ASD being excluded, as well</i> 115 <i>as having something like that may have more of a negative impact,</i> 116 <i>because it stops them even if they wanted to.</i> 117 118 K – Okay. 119 120 <i>T - So, in that context, but being socially excluded, being an older person, I</i> 121 <i>think that would make someone feel [...] really down.</i> 122 123 K – Okay. 124 125 <i>T - Really, really low.</i> 126 127 K - Okay, so how could this affect the ways that older people with ASD 128 think about social situations? 129

Role of life course experiences.	130 131 132 133	T – Um [...] They may be nervous. They may be really nervous about going out. If they-- if they have been socially excluded before, and obviously throughout their life as well. It depends, whether they've had [...] negative associations with people, or [...] positive. I think it may depend on how
Role of life course experiences.	134 135 136 137 138	they've been perceived themselves throughout their lifetime. So, it's not necessary-- I don't think it's necessary to say that someone with ASD may think social situations are negative, and they may have had positive experiences throughout their life.
Lack of understanding and societal perception	139 140 141 142 143 144 145	K - Can you elaborate a bit on that? T - Yeah, so [...] You have people who understand, and you have people who don't understand. You have people who have knowledge on ASD. You also have people who don't have knowledge on ASD. Well, an older person may have been surrounded during their life with people who do have knowledge, do have a great understanding, do have a support network. So
Support networks and accessibility.	146 147 148	that may not necessarily affect them badly. Whereas someone with ASD, that's an older person, if they've had negative experiences throughout their life and they haven't had support and they have been surrounded by people
Withdrawal as protection.	149	who have no knowledge and make judgments or comments, or anything

Role of life course experiences	150 151 152 153	<i>negative, really, and as they get older, they will develop more of an anxiety around social events.</i> So, I think the question, I think, [...] I think how it affects them in social situations depends on how they've experienced social situations throughout their life.
	154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171	K - Okay. So, how do you think being socially excluded might affect the ways that older people with ASD resolve the problem and issues on a day-to-day basis? <i>T – Um [...]</i> K - Question 7. <i>T - Yeah, let me just read. [How do you think being socially...] I don't know. Could you elaborate a little bit on that question for me?</i> K - So [...] How do you think ASD-- those with ASD, are able to resolve the problems and issues that they may have on social exclusion. So, how do you think they would feel? Well, not how do you think they feel? How do you think they'd be able to solve those problems if they might be able? Like, how do you think it affects their-- their ability?

	172	<i>T – What—What [...] what do you mean by problems and issues?</i>
	173	
	174	K - So, say social exclusion.
	175	
	176	<i>T - Yeah.</i>
	177	
	178	K - This is the topic. Say that they're feeling overwhelmed or they're
	179	feeling isolated, as we said.
	180	
	181	<i>T - Yeah.</i>
	182	
	183	K - How do you think it might affect them on a day-to-day basis?
	184	
	185	<i>T – Um [...]</i>
	186	
	187	K - Do you think they might have issues, and how they'd solve those
	188	issues?
	189	
	190	<i>T - [...] I think it would-- there would be issues. I do think, like I said, I think</i>
	191	<i>[...] I think there is [...] that sadness and [...] I think they would feel</i>
Support networks and accessibility.	192	<i>negatively, but [...] there are options out there for things, like support</i>
	193	<i>groups and maybe speaking to a professional. I know there is also certain</i>
Mitigation through support and awareness.	194	<i>options for befriending and having telephone consult-- not consultations</i>
	195	<i>but having telephone calls with the people or just someone to chat to.</i>

Support networks and accessibility.	196		
	197	K - Yeah.	
	198		
	199	<i>T - So, that that may [...]</i>	
	200		
	201	K - They don't feel alone.	
	202		
	203	<i>T – So, they don't feel alone. Yeah. And I think that may help and resolve</i>	
	204	<i>somewhat of the problem. Obviously, it's not going to sort of fix the</i>	
	205	<i>problem, is it? But I do believe that it could help. So, reaching out and</i>	
	206	<i>finding those support groups or speaking to family members or [...] anyone</i>	
	207	<i>that could help really to point you in the right direction to find those</i>	
	208	<i>support groups. I think that would be helpful in a way to problem solve</i>	
	209		
	210	K - Okay, so we're on question 8 now. Social exclusion affects us all	
	211	differently. How do you think this could affect the behaviour of	
	212	older people with ASD? So, how do you think? In the terms of the same	
	213	question, how do you think it affects their behaviour?	
	Emotional expression and frustration.	214	
		215	<i>T - Their behaviour, okay. Well [...] I mean, some people-- some people may</i>
216		<i>react in different ways to social exclusion, so perhaps they may become</i>	
217		<i>angrier, more snappy, more frustrated. More emotional, so their behaviour</i>	

Emotional expression and frustration.	218 <i>may look a lot like crying or [...] shouting [...] or aggression, to a certain</i> 219 <i>extent.</i> 220 221 K – Okay. 222 223 <i>T – Maybe</i> 224 225 K - By aggression, do you mean [...] like, what do you mean? 226 227 <i>T – So, when I say aggression, I don't mean, like, you know, actually being</i> 228 <i>aggressive. I just mean like more shouty, more annoyed, more angry in</i> 229 <i>how they feel. So, that shows then through shouting in or something.</i> 230 231 K - Okay. 232 233 <i>T - Um [...] Can I just read over the question quickly again?</i>
Withdrawal as protection. Solitude as preference.	234 235 K – Of course. 236 237 <i>T - [Social exclusion aff...] Yeah, it could-- it could, it could change their</i> 238 <i>behaviour in the sense of withdrawing as well, like I mentioned previously,</i> 239 <i>they [...] could be a little bit talkative, or, and then you may someone might</i> 240 <i>notice a difference in how they've gone more reserved or [...] It could be the</i> 241 <i>opposite, actually, you know, social exclusion. They might actually like [...]</i>

Solitude as preference. Solitude as preference.	242 being alone, they may not-- it may not necessarily be a negative thing. It 243 could actually be a positive thing, and they may actually enjoy being alone, 244 so that they don't have to struggle with those social cues and perceptions 245 of other people and their own perception of themselves, or it just being 246 more difficult as a general overall, so that might be a preference for them. 247 And in that case, their behaviour may look content. They may be happier in 248 their own surroundings. It doesn't necessarily have to be crying, or shouting 249 or becoming frustrated. It could just be [...] doing their own thing, making a 250 little [...] gardening section at home where it's just them, and they get to 251 put their energy into something they enjoy, but alone. 252 253 K - Of course. So, you mentioned earlier about the communications
Awareness and societal responsibility.	254 aspect of how people with ASD can socialize in general. So, like what 255 ways do you think society could include older people with autism more? 256 257 T - A lot of ways, really, I think [...] I think [...] I think [...] that society could 258 do more to raise awareness, I think. This day and age, people are more 259 aware of autism. I think, there is more of a general knowledge around it. 260 However, when it comes to older people, personally, I feel as though that 261 isn't something that's talked about more frequently. It's not noticed or

Awareness and societal responsibility.	262	recognised or considered really. So, I think raising more awareness and
	263	actually putting things out there for all the people, handing more leaflets
	264	out or more things in the doctor's surgeries, for example, with leaflets [...]
Awareness and societal responsibility.	265	that include [...] the older adult generation, rather than just [...] society as
	266	a general, because someone that's older may not want to join a group
	267	that's got younger people and they may want to join something with
	268	people their own age. So, I think there should be more opportunities
Community-based inclusion.	269	around older people and things for them to do and raising awareness. They
	270	could include them in gardening groups. They could include them in baking
Community-based inclusion.	271	classes [...] They could be like fundraisers doing something for it, maybe
	272	creative arts or sewing, knitting classes, things like that, I would say.
	273	
	274	K - You've given some good, some good answers here. So, thank you
	275	for participating.
	276	
	277	<i>T - It's OK.</i>
	278	
	279	K - Thank you.

Appendix I

Lack of understanding and societal perception.	There's nothing bad about being different. In this scenario, because people don't know how to react. People, if people haven't got the understanding and the patient sometimes, then they don't know how to react. So avoidance. or mockery is usually the route that most individuals will go down. Okay. How do you think being excluded might make people with ASD, so the autistic spectrum disorder, who are older, how do you think it's going to make them behave? if they're being socially excluded. What do you mean by behave? Like, their behaviour, like what ways do you think their behaviour might change or... will be resulted because of being excluded.
Withdrawal as protection.	The behaviour, some of them, depending on the individual, I suppose, with the ASD, could become withdrawn, not want to socialise, not put themselves in the situation where they are excluded, which can then cause... Well, withdrawal really away from society. So, when you say withdrawal away from society, do you think that is like a behaviour? Like, would there be any behaviour that could come out of withdrawal? Or do you think withdrawal is the behaviour?
Emotional expression and frustration.	I think withdrawal is the behaviour in that sense, but for some maybe the behaviour would be the opposite, where they could with frustration, they'll start Hitting out, maybe, to try and...because they feel exclusive, so it makes them angry. So then some people, when they get angry, will hit and it will kick, will shout, will scream. So I think their behaviours can change from someone who is normally quite a placid person, could potentially cause them to become an aggressive one. So going off your anger, going off how you mentioned anger, how do you think this may affect those with autism emotionally? Like obviously you've mentioned anger when it becomes to behaviour, but how do you think social exclusion is affecting them emotionally?

Self-blame and internalisation.	Emotionally. One emotion could be anger with the frustration, which could then cause them to become upset because they don't want to be angry. It's just... Just how they, it's the only for some people with ASD, it's a go to. So they get angry, they get mad and shout and scream and hit out. But then you have the adverse effect then when they calm down and they become very upset and very emotional, you know, crying, things like that.
Emotional expression and frustration.	So you mentioned anger and upset a lot, but is there ever a situation, do you think that when it comes to just an exclusion, that there's ever an in-between of anger and upset? But do you mean like where they just feel numb, feel nothing or? Well, it's meaningful lines of you mentioned anger quite a bit. With anger, obviously, you also get the opposite, which is upset. Or you can also have things where... It's not the fact that they feel numb, but they could just not react. That's what I'm trying to ask you is if do you think there is a middle ground between anger and upset when it comes to being socially excluded in the way someone might emotionally feel? I think with the ASD, it's a bit more difficult where someone who is not on the spectrum would be able to regulate themselves and just walk away from a situation. I feel emotionally, it's hard to regulate.
Anxiety and cognitive cycles.	When someone feels quite strongly with ASD, so. Middle ground, it's... It's hard. I'd say it's hard to. Okay Cognitively or mentally, if you want to put it that way. How do you think social exclusion has an effect on them that way? Like mentally? Do you think it has an effect on them socially? Sorry, let me rephrase that. I'm sorry about that. So do you think social exclusion may affect people cognitively? And if so, how?

Anxiety and cognitive cycles.	In what way do you mean? Do you mean like anxiety or memory wise? Along those lines, yeah, like thinking, anything you could think of that will come from your memory. So thinking. Right. That is what we're trying to ask. So cognitively, anything. you basically think of and how you've go along about it. Um, I think maybe...
Anxiety and cognitive cycles.	If someone with AST is feeling socially excluded, there's quite a lot of thought processes going on within their mind. So memory wise, maybe it would affect it negatively because the things that they would normally remember to do or things people would have said to them that they would normally would have remembered, there's so much going on in there within their head of trying to, why is this happening? What is this happening? How can I stop this from happening? All that kind of takes over.
Anxiety and cognitive cycles.	So you're saying all that and that goes into problem solving. So how do you think? that's going to social exclusion affects their problem solving. I think that could have a negative effect with any problem solving as well. Do you need your memory and you need to be forecast to be able to problem solve? If someone with ASD is preoccupied with this social exclusion element in their life, then problem solving is going to become difficult for them at times. including trying to solve the problem of why they're being socially excluded.
Anxiety and cognitive cycles.	Okay. Being socially excluded affects us all differently. How do you think social exclusion makes older people with ASD view? again, that might depend if someone such as in the case of Alan, where he's had the same hobby for, I can't remember how long it was, but it was quite a few years. And he's come to a

Role of life course experiences.	point in his life now where he's unable to attend. due to family situations. So I think that would... So, it's a long routine for him, so... Would you like me to repeat the question? Yes, please.
Role of life course experiences.	So my question for you was being socially excluded affects us all differently. How do you think social exclusion will make people with ASD who are older feel? Okay, yeah, back to my point. Someone like Alan, who's had the same hobby for, you know, for so long, The social exclusion. Um, would make him feel...
Role of life course experiences.	You mentioned Alan a lot, but this is more in general. In general. So going away from Alan. I think the same kind of thing, though, older people in general tend to have routines, have done things for a long, long time. So to For someone with ASD at an older age to have be excluded from things that they've been involved with for a long, long time will be very confusing for them. It might be harder for them to understand why are they being excluded from these things and the reasoning behind that.
Anxiety and cognitive cycles.	Is there any other feeling that you think someone could experience? Because obviously you mentioned a lot of not understanding, but what do you mean by not understanding? Well, they might not be able to piece together the reasoning why they're being socially excluded, why things have changed. And why, and how do you think that's going to make them feel? Set again, angry, confused, I think, confused Confused how?

Anxiety and cognitive cycles.	because... Why is this happening? How can I change this? Okay. How do you think that being socially excluded might affect the ways older people with ASD resolve problem and issues on a day-to-day basis? I think on a day-to-day basis, the same kind of things is being socially excluded, is preoccupying them. So the daily routines and the daily things are affected by it. So like how do you think it affects specifically the problem solving and any issues that may arise on a day-to-day basis. How do you think it's going to affect that process? I think it would slow it down. How?
Anxiety and cognitive cycles.	Because once again, when they tend to, they could be trying to solve a problem like, something as simple as, oh I've only got one shoe, what have I done with my other shoe, then other thoughts will be going through their heads. about what's going on so they can't be, they forget to look for the issue. So when it comes to resolving an issue, you're saying they might forget part of the issue at hand?
Withdrawal as protection.	Yeah, I think so sometimes, or just... not be bothered by it maybe. It's not as important as it normally would be for them. But what if that one situation led on to another issue? How do you think they would end up resolving that?
Withdrawal as protection.	If they can't quite interact with other people. So you've mentioned tying a shoe, for example, and obviously if you can't find the other shoe, it can cause a little distress, as you've mentioned.

Solitude as preference.	Yeah But what if they asked someone, obviously, they're being excluded, how could that affect them in a way? Like obviously that the way in which they are to solve that issue. They can't speak to anyone. How do you think that is going to... They probably become more self-sufficient, where they stop asking people for the help to solve problems. And if they can't solve the problem, it just won't get solved. So you're saying they become less reliant on others. Whereas they'll become more reliant on themselves, even if the problem can't be solved. And if the problem can't be solved, it becomes a bigger issue. Yeah, I think it does. It escalates. So it's not just about not finding that shoe anymore. It's about not wanting the other shoe. or the shoe not going and just go in with the outfit that they got in the 1st place. Things escalate and becomes more of a problem for another thing. And going off of that, obviously that can be quite emotion based. So if all these issues are arising and they're not being able to resolve them, how do you think that's going to make them feel? How do you think it's going to make them act?
Withdrawal as protection.	...Feeling wise, again, I'd say it's quite. Frustrating, upsetting. And all these feelings might be happening at once. Yeah. So they might become more reliant on the things like self-regulation. So see, we mentioned how frustration could be a step here, but obviously with social exclusion, it affects each person differently. In behaviour wise, how do you think it would affect them? Obviously, you've mentioned frustration, but like, could something happen due to the frustration or is it just along the lines of... Are you putting them all into one box?
Self-blame and	I don't think you can put everyone them all into one box. Some will internally. Yep, you know, the anger is aimed at themselves. The frustration is aimed at themselves, so they can cause self-injury behaviours. For some, it could just be outbursts of crying, things

internalisation. Emotional expressions and frustration. Emotional expressions and frustration. Withdrawal as protection. Awareness and societal responsibility.	like that. For their behaviours, and others will. act towards others, take their frustrations and anger out on other people. So when you say act on others, can you explain to me what you mean by that, please? Well, if they feel like they're being socially excluded by a certain individual, say, then they will hit out at that individual becauseThat's the individual that's causing the problems, or they might...Um, verbally. They might, to them, they just asking a question or expression their frustrations, but to that person that is socially excluding them, they feel as though they're personally attacking them. Isn't it? So, obviously, you mentioned anger a lot during this question, but... How about on the other side of it? How would their behaviour change then? Do you think that behaviour, there would be a behaviour if they were more upset? Or do you think it could be the same as anger? Like they get upset, they don't quite know how to deal with their emotions, so they hit out then. Again, it'll always depend on the individual for some. that's the way to go. For others, their behaviours just become more withdrawn. They'll stop trying to interact with these individuals, which will then isolate them further. Okay, and my final question for you is, what ways do you think society could include older people with autism more? I think to include them more, I think there's more education and more understanding needs to happen within workplaces, within communities, you know, hobby communities, so that people have a better understanding and more knowledge of how to approach and to not be distracted by differences. What about support? I think there is quite a lot of support out there. It's just knowing
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Support networks and accessibility.	where to find it, how to access it, and that needs to be more available to just normal people out in there in the world and everyday life. Okay, that's all I have for you today, do you have any questions? No thank you. Okay, that is everything, thank you for coming in and here is your debrief sheet. If you have any problems or if it has affected you today, you can email my tutor, Judith. Her email is on the debrief form.
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