



Developmental Psychology and Individual Differences
(ECPS5014)

AI Acknowledgement

- 10/07/2026- How does autism contribute to social exclusion and stigma (copilot)
- 10/07/26 -What is autistic camouflaging and how does it affect mental wellbeing (ChatGPT)
- 14/07/26 - Why are autistic self-soothing behaviours (e.g., rocking) often misunderstood (ChatGPT)
- 14/07/26 - How does public understanding of autism influence stigma and social exclusion (copilot)
- 15/07/26 - What is social exclusion and how does it affect adults with autism spectrum disorder (ChatGPT)
- 15/07/26- What is thematic analysis according to Braun and Clarke (copilot)
- 16/07/26What is the difference between stigma, discrimination, and social exclusion (ChatGPT)
- 18/07/26 How can greater autism awareness reduce stigma and improve social inclusion (ChatGPT)

Abstract

This report examines undergraduate students' perceptions of the social exclusion experienced by older adults and autistic adults, based on two semi-structured interviews analysed using thematic analysis. Participants described autistic behaviours, such as rocking, as “bizarre,” “weird,” or “intimidating,” demonstrating how misunderstanding contributes to stigma and social exclusion. Participants also reported that conversations with autistic individuals required “more effort,” highlighting perceived communication barriers. Furthermore, the findings indicate that limited public awareness of autism strongly influences negative interpretations of autistic behaviours. Increasing public understanding of autism may help reduce stigma, improve perceptions, and promote more inclusive social environments for autistic individuals.

Literature review

This report explores undergraduate students' perceptions of the social exclusion and isolation experienced by adults with autism spectrum disorder (ASD). It examines how students understand the factors that contribute to social exclusion, the potential impact on individuals' wellbeing, and the ways in which these negative effects may be reduced.

Siersbaek et al. (2023) argue that social exclusion is a process in which individuals are pushed to the margins of society and prevented from fully participating in economic, social, political, and cultural life. Additionally, they describe social exclusion as a multidimensional experience that extends beyond poverty to include limited access to healthcare, education, housing, social networks, and community participation. Social exclusion is often associated with stigma, discrimination, homelessness, substance dependence, incarceration, and other forms of marginalisation. Furthermore, the authors argue that social exclusion accumulates across the life course, with multiple disadvantages intersecting to contribute to poorer physical and mental health outcomes.

Seçer et al. (2025) examined the relationship between autistic traits, social camouflaging, social exclusion, stigma, and mental wellbeing in a sample of 548 adults. Their findings showed that individuals with higher levels of autistic traits were more likely to engage in social camouflaging, whereby they mask autistic characteristics to fit into social situations. Social exclusion and public stigma increased the likelihood of camouflaging, placing additional psychological strain on individuals. However, camouflaging may help individuals avoid social rejection, it was also associated with poorer mental wellbeing. In addition, the authors therefore emphasise the importance of reducing stigma and promoting inclusive environments in which autistic individuals can participate without feeling pressured to conceal their autistic identities.

According to the NHS (2002), older adults are particularly vulnerable to loneliness and social isolation due to factors such as retirement, bereavement, declining health, reduced mobility, and shrinking social networks. These experiences can lead to feelings of vulnerability, depression, and a decline in both physical and mental wellbeing. Furthermore, the NHS suggests that social isolation can reduce opportunities for social interaction and community participation, thereby increasing the risk of social exclusion among older adults.

This report examines experiences of social exclusion and isolation while exploring undergraduate students' perceptions of the risks and potential impacts of social exclusion among older adults and adults with autism spectrum disorder (ASD). As well as it aims to understand how students perceive the factors that contribute to social exclusion and the ways in which its negative effects may be reduced. In addition, a qualitative research approach was adopted to gain a deeper understanding of participants' views and interpretations. Qualitative methods enable researchers to explore personal perspectives and experiences in depth, although the findings are typically based on smaller sample sizes.

Methods

Participants

Demographic information was collected from each participant. As part of the group preparation process, an application for ethical approval was completed collaboratively by all group members before data collection began. Each group member interviewed one participant, resulting in two interview transcripts being analysed in this study. Both participants were female undergraduate students. The first participant was aged 19 years, while the second participant was aged 36 years. Prior to participation, both participants provided informed consent by signing a consent form. Participants were informed of their right to withdraw from the study at any time without providing a reason.

A qualitative research design was adopted using semi-structured interviews to investigate undergraduate students' perceptions of social exclusion affecting older adults and adults with autism spectrum disorder (ASD). As well as this approach enabled participants to provide detailed insights into their views and interpretations of the case scenario. The interview data were analysed using thematic analysis to identify recurring patterns and themes within participants' responses.

Date Collection

Semi-structured interviews were conducted to gather qualitative data. As well as before data collection began, the research group collaboratively developed five interview questions based on a case scenario involving Alan, an older man with autism spectrum disorder (ASD), provided by the lecturer. In addition, these questions were designed to explore participants' perceptions of social exclusion and the potential challenges faced by autistic adults and older adults.

Five interview question asked: example of one was “Due to Alan becoming increasingly more stressed at work, he has begun to rock in his chair. How do you think others perceive this?”

This question aimed to examine how autistic behaviours are interpreted by others and how these interpretations may contribute to stigma and social exclusion. However, the full set of interview questions is included in the appendices.

Interviews were recorded using Microsoft Teams on encrypted, password protected university devices. Transcriptions were completed in private settings to ensure confidentiality and prevent accidental disclosure of identifiable information.

Ethical Considerations

Ethical approval was obtained through a group application completed prior to data collection. Participants received an information sheet and a debrief sheet outlining the study aims, confidentiality procedures, and support contacts, including the academic supervisor and university wellbeing services. Transcripts were anonymised through pseudonyms, and only the research group and academic supervisor had access to the anonymised data. No data were shared outside the university or stored in external repositories.

Results

The themes in this study were developed using Braun and Clarke's (2006) six step thematic analysis, which involved familiarisation with the transcripts, generating initial codes, organising patterns of meaning, and refining these into final themes and subthemes (Ahmed et al. 2025).

Theme 1: Stigma and Misunderstanding of Autism (Transcript 1) This theme and its subthemes were developed from repeated patterns in **Transcript 1**, where the participant consistently described how Alan is “misunderstood and judged” in the workplace.

Subtheme 1.1: Negative Perceptions of Autistic Behaviours

This subtheme was used because the participant described Alan's rocking as “bizarre”, “weird”, and making him seem “a bit of an outcast” (lines 82–90). These repeated negative judgements showed clear stigma and demonstrated how autistic behaviours are misinterpreted.

Subtheme 1.2: Social Effort and Misunderstanding

This subtheme was included because the participant said conversations with Alan “take more effort” and socialising is “a lot more difficult” (lines 50–58). These comments showed how colleagues misunderstand autistic communication differences, creating social barriers that reinforce exclusion.

Together, these labelled subthemes form the overall theme by showing how stigma is expressed through misjudgement, misunderstanding, and exclusion.

Theme 2: Understanding and Perception (Transcript 2)

Subtheme 2.2: Lack of Awareness and Stigma.

Transcript 2, (lines 47–50), where the participant explains that older staff often view autistic individuals as “naughty” or “not paying attention,” and that self-soothing behaviours attract judgemental looks in public. Showing how limited ASD awareness leads directly to stigma and negative assumptions

Discussion

The first theme, **Stigma and Misunderstanding of Autism** (Transcript 1), illustrates how autistic behaviours can be misinterpreted and negatively judged by others. Within the subtheme **Negative Perceptions of Autistic Behaviours**, the participant described Alan’s rocking as “bizarre,” “weird,” and making him appear “a bit of an outcast.” These descriptions suggest that visible autistic traits are often interpreted through a lens of abnormality rather than understood as meaningful self regulatory behaviours. However, this aligns with Turnock et al. (2022), who argue that autism stigma is shaped by limited public

understanding and the negative interpretation of visible autistic characteristics. As well as a lack of autism awareness therefore appears to contribute directly to stigma and the social exclusion experienced by autistic individuals.

Subtheme 2.1: Misinterpretation of Autistic Behaviours

This subtheme was developed from the section in Transcript 2 where the participant explains how people without ASD understanding often misinterpret autistic behaviours. In lines 36–38, rocking is described as “annoying, attention seeking, possibly a bit scary... a bit intimidating”. This shows that observers who lack ASD knowledge interpret self-soothing behaviours as disruptive or threatening rather than recognising them as calming strategies.

However, these repeated negative interpretations demonstrate how misunderstanding shapes perception, forming the basis of Theme 2: Understanding and Perception. The participant contrasts this with those who do understand autism, who see rocking as “a calming technique or a grounding technique” (lines 43–45), reinforcing how perception changes with knowledge. Misinterpretation of autistic behaviours often stems from limited ASD understanding. Heasman and Gillespie (2018) support this interpretation, showing that misunderstanding is a two-sided social process in which non-autistic observers frequently misjudge behaviours like rocking as disruptive or threatening. Their study demonstrates that stigma arises from biased interpretations rather than from the behaviours themselves, reinforcing how perception shapes exclusion.

Furthermore, the findings also relate to research on autistic camouflaging. Hull et al. (2017) describe camouflaging as the use of conscious or unconscious strategies to hide autistic traits to meet social expectations. Cook et al. (2021) similarly found that individuals with higher autistic traits are more likely to engage in camouflaging, which may help them avoid social rejection but can also lead to psychological strain due to the pressure to conform. This is reflected in Transcript 2, where the participant explained that people without autism knowledge may interpret rocking as “annoying,” “attention seeking,” or “intimidating.”. Additionally, whereas those with greater awareness recognise it as a “calming technique” or “grounding technique.” These contrasting interpretations highlight how increased autism awareness can positively influence perceptions of autistic behaviours and reduce stigma.

The subtheme **Social Effort and Misunderstanding** (Transcript 1) further demonstrates how differences in communication styles can create social barriers for autistic individuals. The participant noted that conversations with Alan “take more effort” and socialising is “a lot more difficult,” suggesting that neurodivergent communication may be misunderstood or perceived as socially demanding. Banks et al. (2024) support this interpretation, arguing that social difficulties often arise from a mismatch between autistic and non-autistic communication styles rather than from autistic traits alone. This indicates that improving awareness of neurodivergent communication could reduce misunderstandings and promote more inclusive social interactions.

The second theme, **Understanding and Perception** (Transcript 2), highlights how autism knowledge shapes the interpretation of autistic behaviours, within the subtheme.

Misinterpretation of Autistic Behaviours, the participant described rocking as disruptive or threatening when viewed by individuals with limited ASD understanding. In addition, this reinforces the idea that stigma is not inherent to autistic behaviours but develops through how they are interpreted. Turnock et al. (2022) support this view, showing that public understanding and the interpretation of visible autistic traits strongly shape how such behaviours are judged.

Subtheme **Lack of Awareness and Stigma** expands on this by situating these interpretations within a broader historical context. Harris (2018) explains that although Leo Kanner identified autism as an innate neurodevelopmental condition in 1943, public and clinical understanding remained inconsistent for many years. Early misconceptions, such as the “refrigerator mother” theory, contributed to long-standing stigma surrounding autistic traits. However, in present findings reflect this pattern: the participant described Alan’s rocking as “annoying” or “intimidating” (Transcript 2, lines 36–38), whereas individuals with greater autism awareness recognised it as a “calming technique” or “grounding technique” (lines 43–45). This suggests that increasing autism knowledge may support more accurate interpretations of autistic behaviours and help reduce stigma and exclusion.

Further evidence of stigma is seen in Gray’s (2002) study of parents of children with high functioning autism, who frequently experienced “courtesy stigma.” Parents reported internalised fears of judgement and external negative reactions such as hostile stares or exclusion. Stigma was intensified when autism was invisible and behaviours were misinterpreted as poor parenting. Although this study focuses on parents rather than autistic

adults, it reinforces the broader finding that misinterpretation of autistic behaviours contributes to persistent social barriers. This mirrors the present study's findings, where misunderstanding and limited awareness shaped negative perceptions of Alan's behaviour.

To conclude this report shows that autistic adults can face social exclusion when their behaviours and communication styles are misunderstood. However, across both transcripts, actions such as rocking were often seen as "bizarre" or "intimidating" by people with limited autism knowledge. In addition, these reactions suggest that stigma comes from how others interpret autistic behaviours, not from the behaviours themselves. Communication differences also created barriers, with conversations described as taking "more effort," reflecting mismatched expectations rather than autistic difficulty. Participants with greater autism understanding viewed rocking as a calming technique, showing how awareness can change perception. Furthermore, the findings highlight there is need for better autism knowledge to reduce misinterpretation, challenge stigma, and support more inclusive social environments for autistic adults.

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Appendices

Transcript 1

SEMI-STRUCTURED INTERVIEW INVESTIGATING STUDENT PERCEPTIONS OF AUTISTIC OLDER ADULTS.

3

::	32 Alan. The questions will pertain to Alan and his 33 experiences, but we will also explore the wider 34 implications for any older person with autism. 35 Alan is a 58-year-old male with autism spectrum 36 disorder, ASD. Alan lives with his father, who has 37 recently become unwell and needs some extra 38 care. Alan's father's illness has also meant that he 39 is no longer able to get lifts to his usual hobby 40 clubs. This has left Alan unable to be in the local 41 community and his father is concerned for his 42 future. Alan has a job, which he has enjoyed until 43 recently, there's been some recent company 44 changes. He's now experiencing a lack of clarity 45 around his job role and its future security. Ok? 46 PA: Hm [verbal assent while nodding]. 47 I: So, first question for you: Alan's colleagues 48 rarely invite him to join them for after work drinks	
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49	or to sit with him at lunch. They feel	
50	conversations with him take more effort than with	
51	others. How do you think this might affect Alan?	Theme 1: Stigma and Misunderstanding of
52	PA: I'd imagine it would have relatively negative	Autism
53	effects on him. From experience, it's not nice to	Subtheme 1.1: Negative Perceptions of Autistic
54	be excluded.	Behaviours
55	I: Hm [verbal assent]	
56	PA: And I imagine it's even more difficult when	The participant suggested that social exclusion in
57	you add the ASD on top. Like I can imagine ...	the workplace can create feelings of isolation and
58	trying to force those social interactions is a lot	a lack of belonging. They perceived that difficulties
59	more difficult than for the average person. So, in	with social interaction associated with ASD may
60	a scenario where if you're sat at lunch and you	make workplace relationships more challenging,
61	can't ... you don't feel you can socialise with	potentially increasing the risk of exclusion. The
62	your team it can lead to, as you mentioned, he's	participant also believed that exclusion
63	not enjoying work as much. You feel like you're	experienced in one setting may extend into other
64	not part of the team and you feel a bit isolated.	areas of life, leading to broader social isolation
65	Which then leads to isolation in your whole life I	Subtheme 1.2: Social Effort and
		Misunderstanding
		These perceptions suggest that misunderstanding

66	suppose.	and social barriers may contribute to experiences
67	I: Hm [verbal assent]. So, you're seeing wider	of exclusion.
68	implications there?	
69	PA: Yeah, I think if someone, if someone's life	
70	revolves a lot around the work they do, and	
71	those feelings appear so prominently in work, I	
72	feel that they are likely to project into other	
73	areas of your life as well.	
74	I: Hm [verbal assent]. Good points there. So, Alan is	
75	becoming increasingly more stressed at work, as	
76	you said that might happen, and he's now begun	
77	to rock in his chair. So, repetitive behaviours, such	
78	as rocking, are common amongst autistic	
79	individuals. How do you think these behaviours	
80	are going to be perceived by others?	
81	PA: Probably not very positively. I imagine he's	
82	probably looked at as a bit of an outcast.	

	83	Obviously, they're not typical behaviours that	
	84	you see.	
	85	I: Hm [verbal assent].	
	86	PA: I imagine, this sounds bad but, walking into	Sub-theme 3.2: Being Viewed as Different
	87	the breakroom of my job and seeing someone	
	88	rocking on the chair in a corner, and you don't	The participant suggests that behaviours
	89	think ... and you think, that's a bit, a bit bizarre, I	associated with autism may be viewed negatively
	90	wonder why they're doing that. So, I imagine it's	by others, leading to reduced social interaction
	91	probably quite frustrating when you feel you	and exclusion
	92	need to do those little things. And especially if	
	93	it's leading to, like extenuating those, those	
	94	feelings of isolation and stuff 'cause obviously,	
	95	people are a lot less likely to approach you and	
	96	try and have a conversation with you if, if you're	
	97	doing things that are perceived as ... different or	
	98	weird.	
	99	I: Hm [verbal assent]. I like how you put yourself in	

	100	the shoes of not only the person seeing it, but	
	101	also Alan.	Theme 2: Psychological Effects of Social Exclusion
	102	PA: Yeah.	
	103	I: That was, that was insightful.	Sub-theme 1.1: Feelings of Isolation
	104	PA: Thank you.	
	105	I: So, social exclusion, as you've already said	The participant perceived social exclusion as
	106	again, can affect people in a range of ways. What	harmful to mental health and wellbeing. They
	107	do you believe are the emotional consequences,	suggested that isolation reduces opportunities for
	108	so the effect on mood, self-worth and mental	social interaction and limits the positive
	109	health, for older adults with autism who are	psychological benefits associated with socialising.
	110	experiencing this ongoing social exclusion?	This reflects the belief that social connections play
	111	PA: I'd imagine it has a negative effect on mental	an important role in maintaining emotional
	112	health. The feeling of isolation can lead to a	wellbeing.
	113	range of different feelings as well I can imagine.	
	114	If you feel isolated, you're a lot less likely to,	
	115	obviously you're not socialising as much, and the	
	116	positive effect of socialising ... has a big effect on	

	117	mental health for the general population I'd	
	118	imagine. So, losing that element obviously, is a	
	119	detriment to your mental health. What was the	
	120	other two? Could you repeat that, that, other	
	121	sentence?	
	122	I: Yeah, of course.	
	123	PA: Sorry, sorry.	
	124	I: No, no, it's okay. So, like mood, self-worth,	
	125	mental health for older adults.	
	126	PA: Yeah, I think mood kinda goes hand in hand,	
	127	you're probably a lot more likely to be in a bad	
	128	mood.	
	129	I: Hm [verbal assent].	
	130	PA: If you're constantly on your own, then self-	
	131	worth probably decreases a little bit as well	
	132	because you're not seeing, I imagine if you're	
	133	isolated, you don't see the value you bring to	

	134	society as much because, maybe, you aren't	
	135	bringing that value to society but it's not that	
	136	you're not able. You're just the ... the	
	137	circumstances have put you in a scenario where	
	138	you can't, you can't necessarily give as much as	
	139	you maybe want to. And that leads to a lack of	
	140	self-worth then.	
	141	I: I appreciate you going back over the question	
	142	for me, um, there's actually something you said in	
	143	the middle of that I want to go back to, if that's...	
	144	PA: Go on. Yeah.	
	145	I: You said a range of feelings, or a range of	
	146	emotions.	
	147	PA: Yeah.	
	148	I: What were you picturing as that range?	
	149	PA: Um, sadness. Uh, obviously, isolation. I feel	
	150	like there's quite a big bracket of things you	

151	could. I imagine trying to put myself in his	
152	shoes.	
153	I: Hm [verbal assent].	
154	PA: Or in someone's shoes who is isolated ... I	
155	feel like for someone my age, being alone	
156	sometimes is quite nice.	
157	I: Hm [verbal assent].	
158	PA: But when you're forced into it and you don't	
159	have another option, I feel the feelings are	
160	probably a bit different. So, I feel maybe over a	
161	short period of time, maybe at the beginning of	
162	the process of isolation, you feel like, oh, this is	
163	quite nice, I've got time to myself. And then, as it	
164	gradually goes on, the feelings get more negative	
165	and you feel ... maybe, maybe there's a problem	
166	and you start to get in your own head then	
167	about, about what you ... about what's going on	
		Sub-theme 1.2: Reduced Self-Worth and Negative Emotions The participant suggests that while short periods of solitude may initially be perceived positively, prolonged and involuntary isolation can lead to increasingly negative emotions and self-focused worry. This reflects the perceived psychological burden of social exclusion and its potential impact on emotional wellbeing.

168	in your life.	
169	I: Hm [verbal assent]. Nice, thank you. Thank you	
170	for expanding on that, that was really helpful. So,	
171	looking beyond the emotional effects, social	
172	exclusion can also have cognitive consequences,	
173	um, what do you believe the impact of the	
174	prolonged social exclusion might be on the	
175	cognitive functioning of these adults with ..., well,	
176	these older adults with autism?	
177	PA: I imagine it's probably; I imagine there's	
178	probably an effect. I think the ... the stereotype	
179	in my head would be that you, if you are	
180	isolated, you're probably less like, switched on to	
181	things generally like. I imagine socialising keeps	
182	your switched on and your brain active and, you	
183	know, you're always exposed to different	
184	situations if you're out in the world. And if	

185	you're isolated and if you're staying at home a	The participant perceived prolonged social exclusion as having negative cognitive consequences, suggesting that reduced social interaction may affect mental stimulation and everyday cognitive functioning.
186	lot, I can imagine you don't necessarily have ...	
187	you don't have like the, like the routine of having	
188	to deal with situations that happen that are new,	
189	you get into habits of what your day-to-day life	
190	looks like. Without that variation of going out	
191	and interacting with people, I can imagine it	
192	does have a negative ...not a negative effect, but	
193	it does ... change how you, how your brain works	
194	and the cognitive elements of it.	
195	I: Interesting. Okay, thank you. I like that you went	
196	back and you were talking about the routines and	
197	that having an impact.	
198	PA: Yeah.	
199	I: What were you imagining when it comes to	
200	routines changing?	
201	PA: Well, uh, relating it to my own life, my life	

202	can be quite sporadic. I can be thinking, oh, I	Theme 3: Social Withdrawal and Loss of Social Confidence Sub-theme 3.1: Loss of Social Skills The participant emphasised the importance of community participation in reducing social exclusion. Feeling like you are not connected to the world, and isolation decrease
203	have a day off today, I'm just going to be at	
204	home all day. And then, all of a sudden, I'm out	
205	with friends and, or I've got to go into work or	
206	whatever. You get used to just having to deal	
207	with what's thrown at you. If you're at home all	
208	of the time, and you don't have those scenarios	
209	or those expectations. Like, I, for example, go to	
210	a football game every other Saturday. That's part	
211	of my routine. If you don't have that, you're not	
212	used to having patterns in your life and, I think, a	
213	lot of people find having patterns quite useful to	
214	work off of.	
215	I: Hm [verbal assent].	
216	PA: So, if you're isolated, you don't have that	
217	patterns there. The lack ... of anything to do can	
218	lead to an effect on your cognition.	

	219	I: Brilliant. So, like Alan not being able to be taken	
	220	to his hobby clubs anymore?	
	221	PA: Yeah, exactly. Yeah, that's a good reference	
	222	point.	
	223	I: Fantastic, thank you. So, social exclusion can	
	224	also, reshape a person's social identity and	
	225	relationships, again, which you already kind of	
	226	touched on there... [laughter]	
	227	PA: [laughing] Yeah, touched on that too.	Sub-theme 3.3: Difficulty Rebuilding Social
	228	I: Yeah [sharing laughter]. It's brilliant, thank you	Connections
	229	so much. Um, how do you think prolonged social	
	230	exclusion might affect the older adults with	The participant perceived that repeated experiences of
	231	autism in how they engage with others, form	exclusion may reduce an individual's confidence and
	232	connections and also perceive their place in	willingness to engage in future social situations. They
	233	society?	suggested that negative social experiences can lead
	234	PA: I imagine it's quite difficult to be, to try and	people to withdraw from social interaction and avoid
	235	fit in when you're isolated. I think generally	potentially challenging situations. The quote reflects
			how social exclusion may contribute to self-isolation,

	236	when people socialise you get into a routine and	with individuals choosing to stay at home rather than
	237	you understand how you interact with different	risk further rejection or discomfort in social
	238	people. So, for example, if I was to walk into a	environments
	239	classroom and talk to a fellow classmate, I	
	240	understand what's expected of me in that	
	241	conversation, how that conversation is going to	
	242	go. And I imagine over time, if you're isolated,	
	243	you lose those kinds of skills, and it becomes a	
	244	lot more difficult. You'd have to like rebuild	
	245	those ... patterns. So, for example, if Alan was to	
	246	go to a hobby club every Thursday, he knows	
	247	how to discuss with the people in that club ...	
	248	whatever they're doing. If it's a ...it's a book	Theme 4: Importance of Support and
	249	club or something, you know you're going in to	Inclusion
	250	discuss the book. If you lose that habit it, I think	
	251	it's quite hard to go back then and you have to	
	252	rebuild those ideas and ... reinforce them again.	

	253	Which I think can be quite difficult which	Sub-theme 4.1: Community Participation
	254	probably can lead to people feeling as though	
	255	they deserve to be isolated ... because, if you	
	256	can't go back to those scenarios where you, in	The participant viewed social clubs as an important source of support that could help individuals rebuild confidence and social interaction skills. They suggested that participation in community activities may have benefits beyond the immediate social setting, improving relationships with colleagues and increasing social engagement in other areas of life. This finding highlights the perceived value of inclusive social opportunities in reducing the effects of social exclusion and promoting wellbeing.
	257	the past have been so confident, it's a big thing	
	258	to go and try again. So, I feel they're likely to just	
	259	be like, oh I'll just stay at home, its not worth ...	Sub-theme 4.2: Practical Support
	260	It's not worth putting myself in that scary social	
	261	situation.	
	262	I: Wow, yeah, that's really capturing the impacts,	Sub-theme 4.3: Rebuilding Confidence
	263	yeah. Thank you so much. Um, so, research has	
	264	been done into different intervention types that	
	265	might help people like Alan become less socially	
	266	isolated. Considering everything we've talked	
	267	about, what would you like to be done ... not	
	268	matter how novel it is...	
	269	[shared laughter]	

	270	I: To help older people with autism feel more	suggested that increased participation in community activities may improve social interactions in other settings, including the workplace.
	271	socially included?	
	272	PA: I feel like that's a very good question leading	
	273	on from my last point because I think the, the	
	274	reintegration element into stuff like social clubs	
	275	is really important for those kinds of people. If I	
	276	was in his scenario, I'd imagine he would have	
	277	loved those hobby clubs and would have been	
	278	consistently doing them throughout his life.	
	279	Losing something like that is so difficult. So, I	
	280	think if you could find a way to reintegrate them	
	281	back into something like that, like obviously, he	
	282	lost the mode of transport to get there. So, if you	Sub-theme 4.4: Need for Greater Awareness of Older Adults with ASD.
	283	could supply a bus, or something, that picks	
	284	everyone in the book club up.	
	285	I: Hm [verbal assent].	
	286	PA: Or whatever, obviously ... practicalities of	

	287	that, are not so easy. But in a hypothetical	The participant believed that societal awareness of autism remains inadequate. They suggested that increasing public understanding could help reduce misconceptions and improve social inclusion for individuals with ASD.
	288	scenario, I think the reintegration into those	
	289	social clubs, because it's a beginning then of	
	290	rebuilding how to socially interact ... and I think	
	291	the long-term consequences of that are quite	
	292	undervalued. It will help him in work ... maybe	
	293	you see him socialising with colleagues a bit	
	294	more because he's learnt and rebuilt the	
	295	confidence and skills to go and do that in his	
	296	social clubs. And I think you'll see a, a wider	
	297	effect then across his life.	
	298	I: That was a very nice idea, I like that. And the	
	299	fact that you're thinking about practicality is	
	300	great. I do just have one more question based on	
	301	what you've been saying.	
	302	PA: Go on.	
	303	I: So, you seem to be really clued up,	

	304	knowledgeable and empathic about Alan's	
	305	situation and older people with autism. I'm	
	306	wondering what you ... if you have an opinion	
	307	about ... what if someone not as clued up and	
	308	doesn't understand as much about someone with	
	309	autism, what do you think could help?	
	310	PA: That's ... <u>really interesting point, because, I</u>	
	311	<u>don't think I'm clued up at all.</u>	
	312	I: Hm <i>[surprised hum]</i> .	
	313	PA: I find it quite hard to relate to things like this	
	314	because I don't have much experience. <u>There's a</u>	
	315	<u>lot of people here</u> <i>[gestures to psych labs where</i>	
	316	<i>other students are]</i> who have experience working	
	317	with <u>these kind of people</u> and I feel quite ... left	
	318	behind in some senses. So, thank you for saying	
	319	<u>that first and foremost. Um ... that's a tough</u>	
	320	<u>question ... I think, the general awareness of</u>	

321	people with autism generally, not even older	
322	people, is not where it should be in society.	
323	I: Hm [verbal assent].	
324	PA: And then, I think the focus is far from being	
325	on the older people who suffer from it I think.	
326	From what I'm exposed to anyway. It's a lot of	
327	things in young and adolescents and how autism	
328	diagnoses affect them, and I think the older	
329	generation get a bit left behind in that sense. So,	
330	I think, um, more focus on ... the older ages	
331	would be very beneficial in terms of helping	
332	people understand what people like Alan go	
333	through on a day-to-day basis.	
334	I: Amazing, thank you so much. Um, we are all	
335	finished. Do you have any questions for me or	
336	anything?	
337	PA: No, I'm all good thank you.	

338	I: Thank you again, that was really, really good and	
339	really, really helpful.	
340	PA: No problem.	
341	I: The empathy really came through.	
342	PA: Good, I'm glad.	
343	I: I'm going to give you the debrief form. Take this	
344	away with you, if you have any questions there's	
345	some details at the bottom just in case you think	
346	of anymore questions after you leave today.	
347	PA: Perfect, thank you very much.	
	I: Thank you.	

Transcript 2

Key: Interviewer (Initial EM, Female, Aged 19 in bold)

Interviewee (Initial J, Female, Aged 36) in plain font

1	experience, but feel free to bring any you may have. We're using a	Theme 1: Social
2	case study example, Alan. The questions will pertain to Alan and	Exclusion and Wellbeing
3	his experiences. We'll also explore wider implications of any older	
4	persons with autism. Alan is 58 years old male with autism	Sub-theme:1-1
5	spectrum disorder, ASD. Alan lives with his father who recently	Feeling of exclusion and
6	become unwell and needs extra care. Alan's father's illness has	isolation.
7	also meant that he is no longer able to get lifts to his usual hobby	
8	clubs. This has left Alan unable to be in the local community	
9	and his father is concerned for his future. Alan has a job,	
10	which he has	
11	enjoyed until recent company changes. He's now experiencing a	Participants highlighted
12	lack of clarity around his job role and his future security.	concerns that a lack of
13		social inclusion could
14	Yeah.	negatively affect an
15		individual's emotional
16	Alan's colleagues rarely invite him to join them for after-work drinks	wellbeing. When a
17	or to sit with them at lunch. They feel conversations with him take	person is not invited to
18	more effort than with others. How do you think this might affect that	social activities or is
19	Alan?	perceived as requiring
20		more effort in
21	Um, Well. I think it would definitely have affect on his sort of wellbeing. If	conversations, they may
22	he can see all of his work colleagues going out for drinks and being	experience feelings of
23	invited places, it could lead him to feeling excluded, isolated, actually.	exclusion and isolation.
24		
25	Do you think Alan's colleagues might exclude him?	Theme 2:understanding
26		and Precipitation
27	Yeah, so if they're not inviting him places, it'll make him feel excluded	Sub-theme:2:1
28	and isolated. Especially if you know, if they're feeling like maybe he's a	Misinterpretation of
29	bit, you know, too much. You mentioned the, they feel like conversations	autistic behaviours
30	with them take a bit more effort and things like that. It might sort of,	
31	yeah, impact his mental health as well, definitely.	Participants described
32		how autistic behaviours
33	Alan is becoming increasingly more stressed at work, and he has	are often misunderstood
34	begun to rock in his chair. Repetitive behaviours, such as rocking,	and viewed as deliberate
35	are common among autistic individuals. How do you think these	misbehaviour or
36	behaviours are generally perceived for others?	inattentiveness. They
37		also noted that self-
38	Generally perceived, okay, so it depends on their understanding of ASD,	soothing and self-
39	and so somebody who doesn't understand ASD, it could be perceived as	regulatory behaviours in
40	annoying, attention seeking, possibly a bit scary, you know, a bit	public can attract
41	intimidating as well. You know, to see somebody just randomly rocking	judgment from others,
42	back and forth on their chair, especially with some ASD people, they	reflecting limited
43	have, they make these sort of noises as well, don't they? So it could be	
44	quite intimidating. Yeah, I think, with regards to people who do have	
45	experience with people with ASD, they just see it as sort of like a calming	
46	technique or, you know, a grounding technique rather than any of the	
47	other things I've just mentioned.	
48		
49	So, you state that these behaviours from Alan are to soothe him?	
50		
51	Yeah.	
52		
53	Do you think there is a lack of information around that, especially in	
54	the workplace?	
55		
56	Yeah, definitely. I mean, I can't say too much in the workplace, but I know	

57	particularly where I work in schools and things currently. There are a lot	awareness and
58	of, say, like older support staff , like dinner ladies and, you know, cleaners	understanding of
59	who have just become teaching assistants through, you know, being part	autism.
60	of the furniture kind of thing. And their view was on sort of children with	Sub-Theme:2:2
61	ASD. It was just like, they're naughty, they don't pay attention, they don't	
62	listen to them. I got a little bit of experience working with an older adult	Lack of awareness and
63	with ASD, and I know that when we'd be out in shops and things like that,	stigma
64	you get, you know, quite a few looks if he was trying to self-sooth, as	
65	we'd call it, or self-regulated, we'd get quite a few looks and things like	
66	that when we were out in public, you know	
67		
68	Social exclusion can affect people in a range of ways, with	
69	emotional consequences, such as effects on mood, self-worth or	
70	mental health for older adults with autism who experience ongoing	
71	social exclusion. What issues do you believe older people with ASD	Participants highlighted
72	might face emotionally?	that ongoing social
73		exclusion can lead to
74	So, he's obviously gonna see all this, you know, weird colleagues going	feelings of isolation, low
75	off on and doing these things, you know. It could be upsetting, if he does	self-worth, and reduced
76	notice these things. It might make him feel worthless, it might make him	confidence. Being left
77	feel like he's not good enough. He's not, you know, what's he missing to	out of social activities
78	be part of the cool club, you know?	may negatively affect
79	Ongoing social exclusion, it could have like an adverse effect in the way	mental wellbeing,
80	that it will put him off doing anything. So even if they did invite him, he's	discourage workplace
81	going to, you know, might say, well, no, I'm not good enough to go or I'm	engagement, and make
82	not, you know. Emotional consequences, yeah, so, with regards to his	individuals feel they do
83	mental health as well, it could be that, you know, seeing all of his work	not belong within their
84	colleagues going off and doing these things, has like an active impact on	social or work
85	any progress that he's made in the past, as well, so you know, like go	environment.
86	into work and you know, keeping the job and things like that could make	
87	him not want to be part of the work environment as well, then you know,	
88	which could lead to him losing his job.	
89		
90	So you believe that the social exclusion that Ballon faces might	
91	lead to him then excluding himself from things as well?	
92		
93	Yeah.	
94		
95	Beyond emotional effects, social exclusion may also have cognitive	
96	consequences. What do you believe the impact of prolonged social	
97	exclusion might be on cognitive functioning for older adults with	Subtheme:1:2
98	autism?	
99		
100	Okay, so maybe a little bit of what I've just said that might transfer over	
101	onto this as well. So, you know, with cognitive abilities, it would definitely	Impact on- self- worth
102	sort of, well not definitely, it might impact how Alan sees himself, how he	And mental health
103	thinks he's perceived by other people as well. So that small group of	
104	people that are excluding him, it could then sort of bleed out into the	Participants suggested
105	general public and he could think that, you know, they think that of me,	that the impact of social
106	then everybody sees the same version of me and everyone sees what	exclusion may vary
107	they see.	depending on the
108		individual. In Alan's case,
109	You mentioned earlier that the social exclusion that Alan faces might	his preference for routine
110	lead him to other consequences like losing his job. Do you believe	and structured ways of
	that any cognitive factors could also have negative consequences	working may reduce his
	like that?	awareness of social
		exclusion. However,
	Yeah, so, I mean, if Alan's sitting at his desk doing his job, but they're all	prolonged exclusion
	about for, you know, social or something like that. It could lead him to be	could still negatively
	like really distracted or confused in his work. Just maybe not getting	affect self-worth, mental
	things done on time that he normally would, but, I suppose that could be	
	said for anybody really who, you know, if you are upset. You tend to put	
	things off a little bit, don't you, and sort of fascinate over what's been	
	said, rather than the task at hand, so you could fall behind to work.	
	And what you've mentioned, how do you think that would be	

111	perceived specifically by an old person with ASD?	health, and engagement within the workplace.
112	How do you mean, sorry?	
113	Do you think they would be influenced by others and have their cognition affected more or less than someone without ASD?	Theme 3: Consequences of prolonged Exclusion
114	Possibly. I mean, it's difficult to say, isn't it? Yeah, with people with ASD,	
115	there's no the same, you know, two different people with ASD could be completely sort of different from what we've read about Alan in the case study that you mentioned at the beginning. I'd say it's more a case of he might not notice as much, you know, he's held the job for quite a long time. He's got, you know, very specific things that he needs to do. That tells me that Alan's more the type of person with ASD that would sort of stick to a more rigid sort of way of doing things then to be influenced.	Theme 3: Sub-theme: 3:1 Cognitive and work related impacts
116		
117	And, in your opinion, you said people with an ASD are different and can vary. So you would say that you can't say for certain that Alan may or may not do something?	
118		
119	Yeah.	Participants suggested that the impact of social exclusion may vary depending on the individual. In Alan's case, his preference for routine and structured ways of working may reduce his awareness of, or response to, social exclusion. However, prolonged exclusion could still influence workplace experiences and overall job engagement.
120		
121	Social exclusion can also reshape a person's social identity and relationships over time. How do you think ongoing exclusion might affect the way older adults with autism engage with others?	
122		
123	So, prolonged social exclusion, can sort of, well you'd think that it might, you know, it might, um...How do I explain this? Put him out of practice, you know, so like if he's not, if he's used to people not interacting with him by including him in things, then he'll get used to a certain way of living. So he'll get used to, you know, going in and sitting at his desk, doing his job, going home. Whereas if somebody was then to enter the office that, you know, had an extensive knowledge of ASD and sort of tried to like bring him out of his shell and things like that, that could go one of two ways. That could be, you know, he could sort of accept it and go, right, okay, somebody understands me. Or it could be, no, don't like it, not used to this, you know, and it could have an adverse effect that way as well.	
124		
125	How do you believe this continuous social exclusion may affect someone like Alan's connections, not only in the workplace, but in other aspects of life?	
126		
127	So, if it's not part of his routine, it could be that, you know, the smaller his sort of circle gets as time goes by, shall we say. It could be that Alan doesn't reach out to anybody else, so he doesn't have that safe feeling with somebody else to be able to communicate with them. You know that there are agencies and things like that that do like befriending schemes and stuff to stop this from happening, isn't there? The older gentleman that I worked with that I mentioned, his mum's on dialysis. So, you know, there's going to be a time where he's going to be living without it. Obviously, as parents and children often do at that age. So the agency that I worked for at the time were setting things up to ensure that he, you know, had lots of things in place, lots of connections. Some of them stuck, some of them didn't. So I think with going back to the question with Alan there, yeah, I think as long as somebody's happening to make those connections.	Subtheme:3:2 Reduced social engagement and relationships
128		
129	So, you mentioned previously that there are agencies and sources out there for people with or other people with ASD to reach out to. Are there any other intervention schemes that you know of that might help older people with ASD feel less isolated?	Theme 4: Support and Inclusion
130		Sub-theme 4:1
131		Community and agency support
132	There are things that aren't specifically aimed to older people with ASD, but a lot of the companies now and the agencies tend to have this training in place and their employees will have that training so that they can help integrate them into their little community. So there's lots of like, where I live, there were lots of like groups of like old people, flats type	Participants highlighted the importance of community
133		
134		
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142		
143		

144	things and in the middle then there'll be like a community centre so the staff there are trained so that if there are like any mental health issues or ASD or any sort of neurodivergence and things like that that could possibly have gone unnoticed because of their age and you know, the screening process. It was a lot different when I was in school to compare to what it is now. So I can only imagine that older people with ASD now, it was a lot different for them too. Yeah, a lot of, I think a lot of workplaces do these things now. They have that sort of, even if it's just like a 10 minute awareness training sort of thing. Yeah, the agencies will definitely have a bit more knowledge on it and they'll be like, right, okay, we'll work with this person to build them up into, you know, being able to come walk into the Centre by themselves, even if we have to do like a little home visit first and sort of bring them in slowly that way. So, I think there is a lot of help.	organisations, support agencies, and awareness training in reducing social isolation among older adults with ASD. They described how befriending schemes, community groups, gradual support, and tailored interventions can help individuals build social connections, increase independence, and feel more included within their communities.
151	And these are just schemes that you know of?	
152	Yeah.	
153		
154	Is there any other ideas that you can think of that you would like to see implemented?	
155		
156	I think in the workplace, definitely. So, I've never worked in an office and not office girl. But you can just imagine, and you know, the sort of people with ASD being very nervous about having to go and work in like a busy office where, you know, there's constantly phones ringing and people on the phones and things like that, but there definitely should be accommodations made for them, you know, maybe like a quiet corner, maybe. Sort of like supervisions a bit more regularly to see how they are dealing with these things, just to try and keep them, you know, keep them in work and keep them enjoying what they're doing as well.	Sub-theme 4:2 Community adjustments and accommodation
161	That's really good. Well, thank you for your time.	Participants emphasised the value of community adjustments and inclusive practices in supporting older adults with ASD. Increased autism awareness, staff training, and tailored approaches within community services were seen as important in helping individuals access support, participate in social activities, and feel included within their local communities.
162	Thank you.	
163		
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174		
175		
176		

Study Debrief Sheet

Exploring the potential cognitive, emotional, and social effects of social exclusion on older adults with autism

Thank you for taking part in this study.

This study explores students' beliefs and opinions on the potential cognitive, emotional, and social effects of social exclusion on older people and adults with autism. We also aim to explore how these effects might be ameliorated/improved.

The study aims to explore, through qualitative interviews, whether student's perceptions shape how they interpret the cognitive, emotional, and social effects of social exclusion on older adults with autism. It will also explore students' views on how to possibly reduce the cognitive, emotional, and social effects.

If you wish to withdraw your data from the study, you must tell the interviewer now. After this point, your data will become anonymised, and it will not be possible to trace it back to you. The information you have provided will be transcribed and the raw data will only be available to the interviewer. The anonymised data will be available to the research team and the academic supervisor, Dr Judith Marshall. All data will be coded, and any names will be replaced with a number to avoid any identifiable information being shared. All written/physical data will be stored securely in a locked cabinet, and once transcribed, all transcripts will be stored securely in a cloud-based environment.

If taking part in this study has raised any concerns or if you have any questions about the study, please contact the academic supervisor Dr Judith Marshall at judith.marshall@uwtsd.ac.uk. Student Services also offer Wellbeing advice and support as required.

Thank you once again for taking time to participate in this study and your valuable contribution to this research.

BSc Psychology
BSc Psychology and Counselling
BSc Psychology and Criminology

University of Wales Trinity Saint David, Swansea

Demographic Information Form

Participant ID:

Date of interview:

Time of interview:

Age (please write):

Gender (please tick):

Male ☐

Female ☐

Non-binary ☐

Prefer-not to say ☐

	Once transcribed, the anonymised data will be shared only on the researchers group Microsoft Team folders. Again, researchers will be accessing these transcriptions on password protected devices. The audio data will be deleted completely once transcription of the interview is completed.		
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>		
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	☒

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.		
22	List all who will have access to the data generated by the research activity: Dr Judith Marshall Roxanne Osmundsen - 1451247 Emily Lewis-Richards - 241999 Tegan Cartlidge – 1400899 Shadan Zeinelabdien Taha Elsherif – 2436823 Alex Evans – 2416173 Eliza Milne - 2400240		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity: Roxanne Osmundsen - 1451247 Emily Lewis-Richards - 241999 Tegan Cartlidge – 1400899 Shadan Zeinelabdien Elsherif – 2436823 Alex Evans – 2416173 Eliza Milne - 2400240 Accessible by Dr Judith Marshall		
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 <u>why not</u> . Audio recording will be used to transcribe from, whilst not being kept for an extended period: this still needs to be handled with GDPR standards in mind. The audio programme used (Microsoft Teams) will be kept in a password protected device (university laptop). The audio recording will be kept for no longer than 4 days. Transcription will take place in private areas that do not allow for voices or other identifying factors to be heard or seen, which would breach GDPR.		

	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.		
	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.		

	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:		
	All data will be stored securely on an encrypted, password-protected university system, with access restricted to the research team. Audio recordings will only be accessible to the interviewer and deleted after transcription, and all transcripts will be anonymised by removing names and replacing with pseudonyms. Any potential identifiable details which will only be accessed by the research team. These measures ensure confidentiality, minimise the risk of unauthorised access, and protect participant privacy throughout the research process.		

Disclosure and Barring Service			
	YES	NO	N/A
7	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.		
8	Does your research require you to hold a current DBS Certificate?		
	☐	☒	☐
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?
	A debrief sheet has been prepared to supply to each candidate and details the person to contact (Dr Judith Marshall) if the participants need further support or if the interview causes any upset or concerns. We have also advised participants that they can contact student services or wellbeing if further advice or guidance is needed. <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.
	The participants will be provided with an information sheet which includes all the details needed for participants to make an informed decision to take part in the study. Then, consent will be obtained and recorded through a consent form provided to participants prior to the interview.
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.
	The semi-structured interview will be recorded; however, this will be transcribed promptly and the recording deleted. Confidentiality will be maintained by pseudonyms being used when researchers transcribe the interviews. Any transcriptions shared amongst the research team will already have been anonymised. Thematic Analysis will also take place with these anonymised transcripts.

SECTION J: Data Protection and Storage

	YES	NO
1	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	
	☒	☐
"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 <u>is considered to be personal data</u>.		

	participant becomes distressed or shows strong emotions 6. Participants may give unclear or inconsistent answers, which could affect data quality and cause frustration 7. If a participant discloses something that requires mandatory reporting (e.g., abuse), the researcher may face a difficult ethical decision 8. Participants may view the researcher as a counsellor or therapist and expect emotional support beyond the scope of the study, placing undue pressure on the researcher	
5	University/institutional risks For example: adverse publicity, financial loss, data protection 1. Data protection – The University may suffer ethical and legal repercussion if the data collected from this study is not secured properly	
6	Environmental risks For example: accidental spillage of pollutants, damage to the environment Risk to the environment: 1. This study involves no chemicals, biological materials, or equipment that could cause pollution or environmental harm. 2. No waste products, hazardous substances, or pollutant spillages will be generated. 3. All interviews will take place indoors in a standard university room, with no interaction with local ecosystems or wildlife. 4. Energy use and resource consumption are minimal and comparable to normal room occupancy. 5. No travel beyond normal campus movement is required so the environmental impact is insignificant. 6. Paperwork and printing may be required by researchers. <i>(this box should expand as you type)</i>	How to mitigate the risk:



	Researchers can also educate themselves, or offer pa to St Giles- Cuckooing Information. Another possible upsetting topic that may come up in disclosure of mental health struggles. These could be morbid. If researchers are worried about a student par Concern' form to the UWTSD Wellbeing Team. If any : will be informed so the UWTSD Safeguarding Team ca be made. If concerns do not reach the threshold for se following helplines and mental health resources can b Mind Cymru Infoline 0300 123 3393 (call) 86463 (text) Info@mind.org.uk (email) C.A.L.L Helpline 0800 132 737 (call) Call@helpline.wales (email) Samartians Cymru 116 123 (call) Jo@samaritans.org (email) Citizens Advice 03444 77 20 20 (call) This is a supervised study, so all information pertaining supervisor immediately and escalated per UWTSD po adhered to, including but not limited to, reporting all cc keeping with multi-agency working as necessary. <i>(this box should expand as you type)</i>
4	Risks to the investigator For example: personal health & safety, physical harm, harm/impropriety, conflict of interest
11	1. Repeated exposure to sensitive topics such as discrimination or stigma may cause emotional exhaustion or vicarious trauma 2. Hearing distressing experiences from participants could lead to burnout or compassion fatigue 3. Researchers with a personal connection to autism or discrimination may find some discussions personally upsetting 4. One-to-one interactions with peers could lead to misunderstandings or false accusations of improper conduct 5. The researcher may find it difficult to maintain professional boundaries if a

	Outline any anticipated risks that may adversely affect researchers and/or the University, and the steps that will be taken to minimise these risks. If you have completed a full risk assessment (for example, for research involving human participants) you may append that to this form.
1	Full risk assessment completed and appended?
2	Risks to participants For example: sector-specific health & safety, emotional harm, transfer of personal data, sensitive organisations
	1. Emotional discomfort - Participants may feel uncomfortable discussing the sensitive topic. 2. Peer-related pressure - As fellow students, participants might feel obliged to take part or hesitate to withdraw. 3. Confidentiality - Small participant groups can increase the chance that comments could be identifiable even when anonymised. 4. Privacy of recordings and transcripts - Audio data and transcripts contain confidential and identifiable information. 5. Time inconvenience - Interviews may take longer than expected and disrupt participants' schedules. 6. Mild physical discomfort - Sitting in a room for the duration of the interview may cause minor discomfort to some participants.
3	If research activity may include sensitive, embarrassing (e.g. drug use) or issues likely to disclose information requiring details of the procedures to deal with these issues, including (but not limited to) the need for participants to be offered to participants. Note that where it may need to be disclosed to the proper authorities
	As this research will be discussing older autistic people and criminal activities that befall these vulnerable subgroups Example of illegal activity; Cuckooing (taking over a person's identity either because none can be given or due to threats of self-harm/health/neurological differences are particularly at risk. If participants, are picked up by a researcher we would encourage them to do so via 101 (non-emergency police), or anonymously. Alternatively, they may wish to access advice or support from the National Domestic Violence Helpline (modern day slavery helpline) as cuckooing is now considered a criminal issue, if still ongoing it will need to be coordinated with the UWTSB Safeguarding Team. This

11	Who will the participants be?	Level five students within the Developmental Psychology and Individual Differences Module.
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.

	Information for participants:	YES	NO	N/A
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			

	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			

SECTION H: Anticipated Risks

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:	☐	☒

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
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:	☐	☒

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

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.		

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.			

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?	☐	☒

	In this study, we will be researching and creating the interview questions and themes as a group, this is due to the proposed task being quite important as well as arduous, therefore it was decided that every individual in the group will contribute research surrounding the proposed topic which will be the basis for the interview questions and themes. This allows for the opportunity of every group member to participate in the creation of the interview which allows each group member to familiarise themselves with the content for the semi-structured interviews, meaning performing the interviews afterwards and engaging the studies participants will be easier for the researcher. Individually, however, we will each conduct interviews one-on-one with a participant and afterwards transcribe this data and fully anonymise it before sharing with the other members in our group. The materials needed to conduct this study will be selected forms for the participant to read and agree too, such as a consent form, a debrief form and an information form, as well as a short demographics form. On top of this, we will need pre-made questions and themes for the semi-structured interviews, more specifically, these questions and themes must be open ended and on topic so that the participant may expand on their thoughts and engage in relevant conversations with the researcher, such as "Research has been done into different intervention types that may help people like Alan become less isolated. These include buddy systems, work-place autism training, therapy interventions and even workplace design changes. With these in mind, or any novel ideas you may have; what would you like to see done to help people like Alan feel more socially included?". Before the interview starts, the researcher must provide the participant with the forms stated above, this means that the participant is fully aware on the purpose of the study and whether they choose to consent or not. After consent is granted, the researcher may then provide a brief demographics survey for the participant to fill out and a codename will be allocated to the participant to protect them and grant them anonymity. The proceeding interview will be recorded using audio only, and the participant should be made aware that they can withdraw at any time with no penalty, this interview will be guided using pre-made questions with allowance for further additions to be made by participant or researcher. After this semi-structured interview the researcher will thank the participant and allow them to withdraw their data, if the participant does then their data will be deleted, if not then the data will be transcribed and fully anonymised. After this transcription is complete, we will be using Braun and Clarkes Thematic analysis to analyse the data from the study for future use in report writing.
	Location of research activity Identify all locations where research activity will take place.
8	Data collection will be carried out in the PsychLabs, IQ campus, Swansea.
	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, particular 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

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	al., 2004). The aim of this research activity is to understand how students today, raised in a more inclusive society, view older people's risk of social exclusion. We also wish to know what students think could be done to curb this social exclusion given the chance.
6	Objectives of Research Activity The objective of this research is to contribute study findings regarding university students' perceptions of social exclusion on older people with autism, and how these effects might be improved within communities. This study is not reviewing a clinical sample, nor will it focus on clinical interventions. The existing research that focuses on older people with autism spectrum disorder (ASD) has covered a broad range of topics, including but not limited to: mental health, access to healthcare (Shady et al., 2024) and community-based interventions (Gray et al., 2014; Randall et al., 2024). Community-based solutions that offer this vulnerable group more social inclusion also gives them more access to healthcare (Clarke and Fung, 2022; Nyrenius et al., 2025), mental health support and to be more social in general (Spain et al., 2015; Spain and Blainey, 2015). The objective of this research activity is to understand the perception that students hold towards an older person with ASD's risk of social exclusion, but also to explore possible community-based solutions. The research questions in the semi-structured interview will end with asking the participant what they think could help an older person with ASD be more socially included. By offering students a chance to offer solutions could show how hopeful students are about the possibility of improving social inclusion. This coupled with previous solution-focused research (Randall et al., 2024) and case studies could pertain to possible, and achievable, local community inclusion in Welsh university towns. This would be particularly interesting as some community-based programs have seen young and old paired together to face off against loneliness (Orsmond et al, 2004). If no such solutions offer themselves, this will also be telling and could mean that our assumption that we are a more educated and inclusive society for those with ASD is unsupported. Which would support claims that education and visibility is a more pertinent solution to exclusion (Gillespie-Lynch et al., 2022).
	Proposed methods
	For this qualitative study, we have proposed that the most appropriate method to use is semi-structured interviews for our data collection. More specifically, we will be using semi-structured interviews as whilst this allows the researcher to follow a guide with a few prompt questions and themes, it also allows the researcher to ask unstructured follow up and expanding questions that may be participant specific as this grants the researcher the opportunity to gather more qualitative data. The method being used in this study will be semi-structured interviews, and for this our questions will be based around a specific case study. This case study of an older autistic man will help guide our research into the topic surrounding older autistic individuals which will then be the basis for our questions and themes for the interviews.

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	☐
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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
3	Purpose of Research Activity This research activity will engage with and complete a level five module assessment task focusing on the topic of social exclusion. <i>The purpose of this research activity is to speak with undergraduate students and ascertain their opinions and beliefs about older people with autism spectrum disorder (ASD). Particularly surrounding their vulnerability to be socially excluded in their communities, and whether students could envision more inclusive approaches to this group.</i>		
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?		
5	Aims of Research Activity The aim of the research study is to design and create a qualitative study to collect data and explore the research question above. Research into social integration and wellbeing of those with autism spectrum disorders (ASD), and those without, largely agrees that early intervention is key (Dyer et al., 2025). However, early intervention is not always attainable, whether by lack of funding, understanding or opportunity (Ardeleanu et al., 2025). Older people with ASD have experienced a world where diagnosis was negatively viewed and somewhat rare when compared with younger people with ASD today (Corbett et al., 2024; Tse et al., 2022). Society focuses attention, quite rightly, on early intervention for the wellbeing of young children with ASD. However, those diagnosed later in life or those diagnosed in a time without today's understanding and acceptance of ASD may not have been given the tools or opportunities that would allow them social inclusion (Walsh et al., 2018). Research has shown that older people with ASD oft times face loneliness, struggle with mental health and do not have clear pathways into their local communities (Orsmond et		

9	Director of Studies/Supervisor:	Dr Judith Marshall
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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): <i>Approval in principle must be obtained from the relevant source prior to seeking ethical approval</i>	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 ☐

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise 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, or research within normal educational requirements, and literary or artistic criticism. Office on the web Form

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:				
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:		1451247@student.uwtsd.ac.uk ; Roxanne Osmundsen 2419999@student.uwtsd.ac.uk ; Emily Lewis-Richards 1400899@student.uwtsd.ac.uk ; Tegan Cartlidge 2436823@student.uwtsd.ac.uk ; Shadan Elsherif 2416173@student.uwtsd.ac.uk ; Alex Evans 2400240@student.uwtsd.ac.uk ; Eliza Milne		
6	Contact Telephone Number:		N/A		
For students:					
7	Student Number:		Roxanne Osmundsen - 1451247 Emily Lewis-Richards - 241999 Tegan Cartlidge - 1400899 Shadan Elsherif - 2436823 Alex Evans - 2416173 Eliza Milne - 2400240		
8	Programme of Study:		BSc Psychology / BSc Psychology and Counselling / BSc Psychology and Criminology		

Study Information Sheet

This document provides key information regarding the study and provides details about 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 investigate beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, and how these effects might be ameliorated.

During this study you will be required to do the following:

- Fill in your demographic information of age and gender.
- Take part in a 15 minute semi-structured interview with a researcher.
 - You will be asked your opinions and beliefs about the potential cognitive, emotional and social effects of social exclusion on older people
 - You will also be asked to share you opinion on how you believe that effects of these effects (stated above) maybe be alleviated
 - The interview will be audio-recorded, this will be transcribed and the original audio deleted to ensure anonymity and GDPR laws are followed
- At the end of the study, you will be provided with the study debrief.

Office of

If you have any questions or concerns about this study, please contact the research supervisor Judith Marshall on judith.marshall@uwtsd.ac.uk

If you feel you want to withdraw your participation from the study, you can do so at any time by closing the browser on your device. If you withdraw, your data will be deleted and not used as partial data will not be analysed.

This study involves the conversations around the isolation of older people with autism, if you feel you would not be comfortable answering questions on this topic, or any related topic therein, then you are advised not to take part in this study.

If you are happy to take part in this study, please select below to continue to the consent form.

Beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, and how these effects might be ameliorated.

Opening Statement

Today we'll be talking about older adults with ASD, its ok if you don't have any experience, but feel free to bring any you may have. We'll be using a case study example, Alan. The questions will pertain to Alan and his experiences but will also explore the wider implications for any older person/s with autism. Alan is a 58-year-old male with autism spectrum disorder (ASD). Alan lives with his father, who has recently become unwell and needs extra care. Alan's father's illness has also meant that he is no longer able to get lifts to his usual hobby clubs. This has left Alan unable to be in the local community and his father is concerned for his future. Alan has a job, which he has enjoyed until recent company changes. He is now experiencing a lack of clarity around his job role and its future security.

1. Alan's colleagues rarely invite him to join them for after-work drinks or to sit with them at lunch. They feel conversations with him take more effort than with others. How do you think this might affect Alan?
2. Alan is becoming increasingly more stressed at work, and he has begun to rock in his chair. Repetitive behaviours, such as rocking, are common among autistic individuals. How do you think these behaviours are generally perceived by others?
3. Social exclusion can affect people in a range of ways. What do you believe are the **emotional** consequences — such as effects on mood, self-worth, or mental health — for older adults with autism who experience ongoing social exclusion?
4. Beyond emotional effects, social exclusion may also have **cognitive** consequences. What do you believe the impact of prolonged social exclusion might be on the cognitive functioning of older adults with autism — for example, in areas such as memory, concentration, or cognitive decline?
5. Social exclusion can also reshape a person's **social identity and relationships** over time. How do you think ongoing exclusion might affect the way older adults with autism engage with others, form connections, or perceive their place in society.
6. Research has been done into different intervention types that may help people like Alan become less isolated. Considering the cognitive, emotional, and social affects we reflected on, what would you like to see done, no matter how novel, to help older adults with ASD feel more socially included



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

Centre for Psychology and Counselling
SA1 Campus
Swansea

Study Consent Form

I understand that this research study is being carried out by a group of 2nd year Psychology Students for the purpose of a module assessment, and that taking part in this study will involve completing a short demographics form and then a semi-structured interview.

I understand that this study will take approximately 20 minutes to complete.

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

I understand that once I complete the study my data will remain confidential and will not be traced back to me as a code will be assigned in place of my name and unique EMS identification number. The data collected will be stored indefinitely in accordance with the Data Protection Act.

I am aware that if I have concerns about the study, I can contact the researchers at any time during or after the study; Tegan Cartlidge - 1400899@student.uwtsd.ac.uk, Emily Lewis-Richards- 2419999@student.uwtsd.ac.uk, Al Evans - 2416173@student.uwtsd.ac.uk, Roxanne Osmundsen - 1451247@student.uwtsd.ac.uk, Shadan Zeinelabdien Taha Elsherif - 2436823@student.uwtsd.ac.uk, Eliza Milne – 2400240@student.uwtsd.ac.uk, or the module lead Judith Marshall on (judith.marshall@uwtsd.ac.uk), should I have any concerns.

I also understand that at the end of the study I will be provided with a debrief form.

Please tick the boxes below to confirm:

☐ **I am aged 18 years of age or over**

☐ **I understand I can withdraw at any time without penalty**

☐ **I understand my data will be held confidentially with a code assigned in place of my name**

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☐ I understand all the above information on this consent form

☐ I consent to taking part in this study