

ECPS5014

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Beliefs and opinions about the cognitive effects of social exclusion in older autistic adults: A qualitative study

Abstract

Social exclusion in later life has been associated with adverse cognitive, emotional, and social outcomes, and increasing attention has been directed towards the experiences of older autistic adults. This qualitative study explored beliefs and opinions about the cognitive effects of social exclusion in older autistic adults, and how such exclusion may be ameliorated. Semi-structured interviews were analysed using Braun and Clarke's thematic analysis. Findings indicate that social exclusion is understood to have cumulative cognitive effects, included disrupted routines, reduced confidence, and increased reliance on others rather than reflecting inherent deficits. Importantly, awareness of disadvantage was not understood as sufficient to prevent exclusion. Amelioration was understood to depend on structured, predictable, and relationship-based forms of inclusion that support autonomy. Overall, the findings highlight the role of social and environmental conditions in shaping cognitive outcomes in older autistic adults.

Introduction

Social exclusion in later life can be understood as a multidimensional process in which older people are prevented structurally or socially from accessing the resources, relationships, and opportunities needed to participate fully in society. Further, It involves restrictions across areas such as social relations, community engagement, material resources, and civic life, and these limitations can accumulate to create significant disadvantage in older age (Walsh et al., 2017).

Social exclusion in later life is consistently associated with a range of negative, cognitive, emotional and social outcomes. Older adults who experience exclusion show higher rates of loneliness and social isolation, both of which predict poorer mental health, reduced wellbeing, and increased depressive symptoms (Holt-Lunstad et al., 2015). Exclusion is associated with cognitive decline, with socially disconnected older adults demonstrating faster deterioration in executive functioning and an elevated risk of dementia (Shankar et al., 2013). Emotionally, exclusion is associated with chronic stress, lower self-esteem, and heightened anxiety, particularly when individuals lack meaningful social roles or opportunities for participation (Walsh et al., 2017). Socially, exclusion can lead to shrinking networks, reduced community engagement, and diminished access to support, reinforcing disadvantage across multiple domains of later life (Walsh et al., 2017; WHO, 2021). This highlights social exclusion as a multidimensional process with far-reaching consequences for older adults' cognitive, emotional, and social wellbeing.

Older autistic adults may be especially vulnerable to the effects of social exclusion because they experience persistent barriers to forming and maintaining social relationships. Recent large-scale work with autistic adults aged 40-93 demonstrates markedly reduced social connectedness and substantially higher loneliness compared with age-matched peers, indicating that exclusionary processes may intensify rather than diminish across the lifespan (Stewart et al., 2024). These social difficulties may further exacerbate the cognitive and emotional impacts of social exclusion, including increased stress, reduced wellbeing and fewer opportunities for meaningful engagement in later life. Autistic adults also frequently report barriers such as communication differences, sensory overwhelm, and difficulties navigating non-autistic social expectations, which can limit participation in

community and social life. Qualitative and experimental research further indicates that these challenges are not solely attributed to autistic individuals but arise from reciprocal misunderstandings between autistic and non-autistic people. Research indicates that non-autistic individuals often experience difficulty accurately interpreting autistic facial expressions and mental states, (Edey et al., 2016; Sheppard et al., 2016) and may form less favourable impressions or be less willing to interact with autistic individuals (Alkhaldi et al., 2019; Sasson et al., 2017). These interactional mismatches, as described within the Double Empathy Problem, which conceptualises social difficulties as reciprocal misunderstandings between autistic and non-autistic people, rather than one-sided deficits (Crompton et al., 2021), may contribute to reduced social opportunities across the lifespan, compounding the risk of exclusion for older autistic adults.

Understanding how people interpret the experiences of older autistic adults is an important area of research because public perceptions may influence the social environments in which autistic people age. Research indicates that attitudes and assumptions can shape social behaviour, including willingness to interact, expectations of competence, and the quality of interpersonal engagement (Sasson et al., 2017). Misunderstandings between autistic and non-autistic people can also contribute to reduced rapport and increased social distance, suggesting that perceptions held by members of the general public may play a role in reinforcing exclusion (Crompton et al., 2021).

Despite increasing recognition of autism as a lifelong condition, research has focused largely on childhood and early adulthood, with limited qualitative research examining how others understand the effects of social exclusion on older autistic adults. Exploring others' beliefs and opinions is an important area of research as it

may influence social responses, support provision and inclusion practices. This study therefore explores beliefs and opinions about the cognitive effects of social exclusion on older autistic adults and how these effects may be ameliorated.

In the present study, a qualitative approach was selected to capture beliefs and opinions about the effects of social exclusion on older autistic adults. Braun and Clarke's thematic analysis was considered appropriate because it offers a flexible yet rigorous method for identifying and analysing patterns of meaning within participants' accounts while remaining grounded in their perspectives. This approach is well suited to exploring socially constructed understandings of complex experiences such as ageing, autism and exclusion.

Method

Ethical approval was granted for this study. One Psychology and Counselling undergraduate student was recruited and interviewed by the researcher. In addition, a second anonymised transcript, collected by another researcher as part of the same study, was included in the analysis to enhance data richness. The participant was provided with the study information sheet (appendix A) and written consent was obtained (appendix B) and the participant was informed of their right to withdraw. At the end of the interview, the participant was thanked for their participation and provided with the study debrief document (appendix C). All identifying information was anonymised. Data was gathered through a semi structured interview conducted by the researcher. The interview schedule comprised 7 open ended questions (Appendix D) designed to explore beliefs and opinions on the effects of social exclusion on older adults with autism. The data were recorded and transcribed, then read and re-read to ensure familiarisation and to capture initial impressions. The data were coded

inductively across the dataset, following Braun and Clarke's approach to thematic analysis (Braun & Clarke, 2006) with a primarily semantic approach focusing on participants' explicit meanings, and meaningful segments of text labelled to reflect their significance (Appendix E). Codes were collated into broader patterns of meaning and potential themes were identified that captured significant aspects of the participant's beliefs and opinions. Themes were checked against the coded extracts; some themes were merged or discarded to strengthen clarity. Descriptive names were then assigned to each theme with data extracts from both interview transcripts (Appendix F). Two main themes were selected for detailed reporting. The researcher adopted a reflective approach, recognising that interpretation is shaped by prior understanding of autism and social exclusion. Analysis remained grounded in participants' accounts through repeated engagement with the data.

Findings

Cognitive impacts of social exclusion

Cognitive impacts of social exclusion were understood by participants as cumulative and shaped by environmental disruption, particularly through changes to routine, reduced opportunities for learning, and diminished autonomy over time.

Within this theme, participants consistently highlighted disruption to routine as a central factor undermining cognitive functioning. When established routines were altered due to social exclusion or environmental change, participants believed this destabilised memory, focus, and problem-solving. One participant noted that when routine was disrupted *"his memory could be affected...if his routine is changing, meaning his memory could possibly be affected in many different ways"* (T2). This

disruption was further associated with difficulties concentrating on tasks, with the participant adding that *“he’s not going to be able to solve his problems if he’s distracted with everything else”* (T2). Consistent with participants’ accounts, the importance of routine for cognitive stability in autistic adulthood has been recognised in existing research, with disruptions associated with increased cognitive load and reduced executive functioning (Geurts et al., 2020), which may have particular relevance for older autistic adults.

Participants also linked cognitive difficulties to missed educational opportunities earlier in life, which were viewed as consequences of long-term social exclusion. One participant reflected that *“educationally, that’s going to be the worst because he wasn’t taught properly because he didn’t have the understanding”* (T1), which was understood by participants as limiting opportunities to develop problem-solving skills and confidence. Participants believed that these limitations persisted into older adulthood, contributing to reduced self-efficacy and reliance on others.

Difficulties with decision-making were also emphasised, particularly when individuals had become accustomed to others making choices on their behalf. As one participant noted *“he’s so used to other people making his decisions, that he might not be as equipped to make these decisions”* (T2). Participants understood this reliance as reflecting reduced confidence in trying new situations, further limiting autonomy and engagement. Difficulties with autonomous decision-making have similarly been reported in autistic adults, particularly in everyday contexts (Gaeth et al., 2016). Taken together, participants’ accounts suggest that cognitive impacts were understood to emerge through social exclusion and disrupted experiences over time, rather than being attributed solely to individual characteristics.

Amelioration: Building inclusion through structured, relationship-based support

The theme of amelioration through building inclusion also emerged across both interviews, with participants emphasising that reducing social exclusion requires structured, predictable, and relationship-based forms of support. Participants consistently described inclusion as most effective when support was structured, predictable, and aligned with cognitive needs, allowing confidence to develop gradually.

Within this theme, participants highlighted the value of peer support groups as a means of fostering inclusion in a safe and familiar environment. One participant stated that *“there needs to be groups...people that are like-minded”* (T1), which participants understood as reducing fear of rejection and anxiety around interaction. Such groups were perceived as offering opportunities for social engagement without the cognitive strain associated with unfamiliar or unpredictable settings.

Participants also emphasised the importance of decision-making support in promoting autonomy and confidence. Rather than removing choice, participants believed that support should involve scaffolding decisions in a calm and supportive way. One participant explained that effective support involves *“somebody talking to them and helping them with decision making...you have these options...it’s okay, you take your time”* (T2). Participants viewed this approach as helping to address reduced confidence and decision-making difficulties associated with social exclusion.

Trust and familiarity were also considered crucial in encouraging engagement with external support services. Participants suggested that reassurance delivered through trusted relationships could reduce fear and resistance to support. As one

participant described, inclusion would be more acceptable if *“a social worker came but Dad was there...I’m not going to take you away...the social worker is just there to help”* (T1). Participants perceived relationship-based support as important for reducing anxiety and supporting ongoing inclusion.

Discussion

Overall, the findings suggest that social exclusion is perceived to have cumulative cognitive effects for older autistic adults, particularly through disrupted routines, reduced confidence, and reliance on others for decision making. Participants also believed that these effects may be ameliorated through structured, predictable, and relationship-based support. This analysis extends existing literature on social exclusion in later life by illustrating how exclusion is understood to shape cognitive confidence, autonomy, and decision-making in older autistic adults.

The current findings extend this work by suggesting that, for older autistic adults, cognitive impacts are understood not simply as decline, but as interconnected cognitive vulnerabilities shaped by disrupted routines, reduced self-efficacy, and difficulties with interpretation and decision-making. This is consistent with research demonstrating that executive functioning and social cognition are key predictors of real-world outcomes for autistic adults, including independence and social participation (Wong et al., 2025).

Morrison et al. (2020) found that neurotypical first impressions of autistic adults are often shaped more by characteristics of the perceiver than by characteristics of the autistic adults, providing empirical support for the idea that exclusion can be shaped by perceiver-based expectations. In addition to cognitive disruption linked to routine and autonomy, participants’ accounts can also be

understood within an interactional framework of social exclusion, particularly the Double Empathy Problem. Rather than framing cognitive and social difficulties as individual deficits, the Double Empathy framework helps to explain these reciprocal misunderstandings between autistic and non-autistic people, whereby both groups may struggle to interpret each other's communication styles and expectations (Crompton et al., 2021). Participants' descriptions of avoidance and difficulty engaging in social interaction suggest that cognitive difficulties —such as problems interpreting information, reduced confidence, and reliance on routine—may be understood as developing through repeated interactional mismatches over time. From this perspective, long-term exclusion may restrict opportunities to practice social reasoning, decision-making, and autonomy, potentially reinforcing cognitive vulnerability in later life. This interpretation aligns with research showing that autistic adults often communicate effectively with other autistic people but experience greater difficulty in mixed-neurotype interactions, where misunderstandings are mutual rather than one-sided. Consequently, the cognitive impacts identified in the present study may be understood by participants as socially produced and sustained, highlighting how exclusionary environments shape cognitive outcomes across the lifespan rather than reflecting inherent limitations. However, Morrison et al. (2020) focuses on brief “first impressions” judgements and cannot on its own demonstrate how these processes operate within long-term relationships or across older adulthood. Similarly, while Double Empathy helps explain interactional mismatch, it does not fully capture structural barriers (e.g., service access) that may also compound exclusion for older autistic adults. Disadvantageous public perceptions may reflect limited prior exposure or understanding, as familiarity and

personal or professional experience can shape confidence and expectations in social interaction.

Notably, participants' awareness of disadvantage did not appear sufficient to prevent exclusion, suggesting that knowledge alone may be insufficient to disrupt exclusionary processes without accompanying structural or relational change. This distinction highlights that social exclusion operates not only through misunderstanding, but through entrenched social practices and environments that continue to constrain autonomy even when attitudes are sympathetic.

Alongside understanding the nature and origins of these cognitive and interactional effects, participants' accounts also raise questions about how social exclusion might be addressed, particularly in ways that are compatible with autistic cognitive styles in later life. This shifts attention from explanation to the forms of support and inclusion participants viewed as most feasible and acceptable.

Patten et al. (2024) synthesise evidence-based practice recommendations across the lifespan and emphasise that effective support for autistic people should prioritise environmental adaptations, care-partner education, and coaching to improve access, inclusion, engagement, and participation in meaningful activities. This aligns closely with the present *building inclusion* subtheme, in which participants emphasised structured peer groups, supported community contact, and decision-making scaffolding as ways of reducing cognitive load and supporting autonomy, rather than expecting individuals to adapt to unstructured social environments. Blok et al. (2025) similarly argue, based on narratives from late-diagnosed autistic adults, that support must be tailored, relationship-based, and validating, providing clear communication tools that help individuals articulate boundaries and aspirations,

which mirrors participants' emphasis on reassurance and trusted facilitation when engaging services. Wong et al. (2025) demonstrate that executive functioning and social cognition are independently associated with real-world social challenges in autistic adults, consistent with the view that inclusion strategies which scaffold planning, flexibility, and understanding (e.g., structured groups, paced decision support) represent theoretically coherent responses to the cognitive impacts identified in the present findings. Taken together, current intervention research converges with participants' accounts to suggest that amelioration of social exclusion in older autistic adults is most plausibly achieved through structured, scaffolded, and relationship-based forms of inclusion, extending interactional accounts of exclusion into applied, practice-focused contexts. This study contributes to existing literature by reframing cognitive impacts in older autistic adults as socially shaped outcomes of exclusion, rather than solely as individual cognitive decline.

Several limitations should be considered when interpreting the findings of the present study. First, the study explored beliefs and opinions rather than the lived experiences of older autistic adults themselves, meaning the findings reflect perceived rather than directly experienced cognitive effects of social exclusion. Second, the small qualitative sample limits generalisability, although this is appropriate given the study's exploratory aims. Finally, participants' views may have been influenced by prior knowledge, professional experience, or assumptions about autism and ageing, which may shape how exclusion and cognition were conceptualised.

Recent research has begun to examine ageing and social exclusion in autistic adults, including qualitative studies of later-life experiences and quantitative work on loneliness, social connectedness, and quality of life (Stewart et al., 2024; Viner et al.,

2024). However, comparatively little research has focused specifically on how social exclusion is understood to affect cognitive functioning and autonomy in later life, or how such effects may accumulate over time. Future research could therefore build on this growing literature by examining cognitive impacts of exclusion longitudinally and by evaluating structured, relationship-based support approaches in real-world services for older autistic adults.

The present study explored how social exclusion is understood to affect cognitive functioning in older autistic adults and how these effects may be reduced. The findings suggest that cognitive impacts are understood as developing cumulatively through disrupted routines, reduced opportunities for learning, and diminished autonomy, rather than reflecting inherent deficits. Importantly, amelioration was understood to depend on structured, predictable, and relationship-based forms of inclusion that support confidence and autonomy. Overall, the study highlights the role of social and environmental conditions in shaping cognitive outcomes in older autistic adults, emphasising that meaningful inclusion requires changes to relational and structural contexts rather than awareness alone.

References

- Alkhaldi, R. S., Sheppard, E., & Mitchell, P. (2019). Is there a link between autistic people being perceived unfavorably and having a mind that is difficult to read?. *Journal of Autism and Developmental Disorders*, 49(10), 3973–3982.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
<https://doi.org/10.1191/1478088706qp063oa>
- Blok, M., Jacobs, F. W., Videler, A. C., Geurts, H. M., & Teunisse, J. P. (2025). From diagnosis to dialogue: A call for support of older adults with a late autism diagnosis. *The Gerontologist*, 65(10), gnaf181.
<https://doi.org/10.1093/geront/gnaf181>
- Crompton, C. J., DeBrabander, K., Heasman, B., Milton, D., & Sasson, N. J. (2021). Double empathy: Why autistic people are often misunderstood. *Frontiers for Young Minds*, 9, Article 554875. <https://doi.org/10.3389/frym.2021.554875>
- Edey, R., Cook, J., Brewer, R., Johnson, M. H., Bird, G., & Press, C. (2016). Interaction takes two: Typical adults exhibit mind-blindness towards those with autism spectrum disorder. *Journal of abnormal psychology*, 125(7), 879.
<http://doi.org/10.1037/abn0000199>
- Gaeth, G. J., Levin, I. P., Jain, G., & Burke, E. V. (2016). Toward understanding everyday decision making by adults across the autism spectrum. *Judgment*

and Decision Making, 11(6), 537–547.

<https://doi.org/10.1017/S1930297500004757>

Geurts, H. M., Pol, S. E., Lobbetael, J., & Simons, C. J. P. (2020). Executive functioning in 60+ autistic males: The discrepancy between experienced challenges and cognitive performance. *Journal of Autism and Developmental Disorders*, 50(4), 1380–1390. <https://doi.org/10.1007/s10803-020-04368-9>

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>

Klein, C. B., & Klinger, L. G. (2024). Aging well and autism: A narrative review and recommendations for future research. *Healthcare*, 12(12), 1207. <https://doi.org/10.3390/healthcare12121207>

Morrison, K. E., DeBrabander, K. M., Faso, D. J., & Sasson, N. J. (2020). Variability in first impressions of autistic adults made by neurotypical raters is driven more by characteristics of the rater than of the autistic adult. *Scientific Reports*, 10, 14430. <https://doi.org/10.1038/s41598-020-71350-1>

Patten, K. K., Murthi, K., Onwumere, D. D., Skaletski, E. C., Little, L. M., & Tomchek, S. D. (2024). Occupational therapy practice guidelines for autistic people across the lifespan. *American Journal of Occupational Therapy*, 78(3), 7803397010. <https://doi.org/10.5014/ajot.2024.078301>

Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical peers are less willing to interact with those with autism based on thin-slice judgments. *Scientific Reports*, 7, 40700. <https://doi.org/10.1038/srep40700>

Shankar, A., Hamer, M., McMunn, A., & Steptoe, A. (2013). Social isolation and loneliness: Relationships with cognitive function during 4 years of follow-up in the English Longitudinal Study of Ageing. *Biopsychosocial Medicine*, 75(2), 161–170. <https://doi.org/10.1097/PSY.0b013e31827f09cd>

Sheppard, E., Pillai, D., Wong, G. T.-L., Ropar, D., & Mitchell, P. (2016). How easy is it to read the minds of people with autism spectrum disorder? *Journal of Autism and Developmental Disorders*, 46(4), 1247–1254. <https://doi.org/10.1007/s10803-015-2662-8>

Stewart, G. R., Luedecke, E., Mandy, W., Charlton, R. A., & Happé, F. (2024). Experiences of social isolation and loneliness in middle-aged and older autistic adults. *Autism*, 28(3), 1–14. <https://doi.org/10.1177/27546330241245529>

Walsh, K., Scharf, T., & Keating, N. (2017). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14(1), 81–98. <https://doi.org/10.1007/s10433-016-0398-8>

Wong, T. R., Boulton, K. A., Demetriou, E. A., Thomas, E. E., Phillips, N. L., Hankin, L., Park, S. H., Hickie, I. B., & Guastella, A. J. (2025). Executive function and social cognition performance predicts social difficulty for autistic adults. *Autism Research*, 18(9), 1734–1745. <https://doi.org/10.1002/aur.70090>

World Health Organization. (2021). *Social isolation and loneliness among older people: Advocacy brief*.
<https://www.who.int/publications/i/item/9789240030749>

Appendix A



Centre for Psychology and
Counselling

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 explore the beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, with autism spectrum disorder and how these effects might be ameliorated

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

- Fill out a questionnaire asking you for basic demographic information.
- Partake in a semi-structured interview lasting approximately 15 minutes

At the end of the study, you will be provided with the study debrief.

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

If you are happy to take part in this study, then we can proceed with the interview when you are ready.

If you feel you want to leave the study, you can do so at any time by notifying the researcher. Once the study has ended you will be asked if you want your data to be saved as part of the study. If you agree then your data will be anonymised and therefore untraceable to later delete.

Signature of participant

Appendix B



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

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 answer a number of questions based on beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, and how these effects might be ameliorated.

I understand that this study will take approximately 15 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 on Lisa Miggins (2405698@student.uwtsd.ac.uk), Atlanta Sloggett (2416755@student.uwtsd.ac.uk), Stephanie Thompson

(2405220@student.uwtsd.ac.uk), Chrissy Jones (2405214@student.uwtsd.ac.uk), Tina Harris (2404664@student.uwtsd.ac.uk) or the module lead Dr 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
- ☐ I understand all the above information on this consent form
- ☐ I consent to taking part in this study

Appendix C

Debrief Form

Thank you for taking part in this research.

This study has been conducted to explore the beliefs and opinions relating to potential cognitive, emotional and social effects of social exclusion on older people, and how these effects might be ameliorated

If you wish to withdraw your data, you can do now or by contacting the researchers or the academic supervisor Dr Judith Marshall at a later date. Now that you have completed the interview, your responses have been recorded, and the data will be anonymised and there will be no way to later trace this data back to you.

As a reminder, your data will only be used for the purpose of this research and will be stored confidentially and securely. Any identifiable information provided by you will remain anonymous. If you have any queries or concerns as a result of taking part in this study, please email the academic supervisor Dr Judith Marshall

(judeth.marshall@uswtsd.ac.uk)

Alternatively, if you feel that participation in this study has caused any distress, please contact student support services via the [Student Support Form](#)

Appendix D

Questions

- 1) Why do you think older autistic adults like Alan might be at risk of social exclusion?
- 2) What effects do you think long-term social exclusion could have on their thinking?
 - Memory?
 - Problem solving
 - Interpreting information about people and interactions
- 3) How might being socially excluded affect confidence or decision-making for older adults with autism?
- 4) What emotional effects do you think social exclusion might have?
 - Anxiety
 - Depression
 - Self-esteem
 - Self- efficacy
- 5) How might social exclusion affect an older autistic person's sense of identity or belonging?
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- 6) What kinds of support could help reduce social exclusion for older adults with autism?
- 7) What do you think are potential barriers to getting this support?

Appendix E (T1)

Misunderstanding; stigma; Punishment; Lifelong exclusion	(ST) Why do you think all the autistic adults like Alan might be at risk of social exclusion? (PP) Because they've had no time to process what is going on. So, as they develop and It's usually in this time when children are diagnosed. When Alan was young, he wasn't diagnosed, he was just penalised for being different. Cause' no one understood who or what he was or why he was the way he was, and no one tried. You know, the teachers want to try Lucia's case of right, there's your work, get it done. Now, if they can see a child is misbehaving a lot and certain things are triggering, they get the support they	Autism not recognised in childhood, leading to punishment rather than support. Early misunderstanding framed as the root of later exclusion
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Stigma; negative labelling; misunderstanding; avoidance	need. Now they can get that. (ST) So you're talking about like the difference with Alan's developmental years in comparison to now. (PP) Yeah (ST) So, how it would have been sort of different in school? (PP) In school now, they get given the tools Yeah, then they weren't, because they didn't understand what's going on. You just didn't watch out for it. (ST) And how do you think that would have made someone like Alan be at risk of social exclusion? (PP) Because he was a naughty child, people didn't	Negative labelling ("naughty") leading to peer avoidance.
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Self-fulfilling prophecy; identity shaped by stigma	socialise with him in school, because they didn't want to get the same label. Yeah, even his education would have taken a hit because...teachers don't want to teach a naughty child. (ST) Yeah, and how do you think he (Alan) would have been perceived? You mentioned 'naughty child' there. (PP) Children, even today will live up to the label they're given. So, if they're classed as a naughty child, then you're going to be that naughty child, even worse. Yeah. Sometimes to the point of exclusion. Alan, when he	Fear of stigma by association, social rejection in school. Exclusion reinforced socially and educationally. Negative labels are internalised ? influences behaviour and identity over time.
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Internalised rejection; cognitive impact of rejection	was in school, would have been no different. Yeah. Other than the fact he'd have had the cane or the slipper or whatever, because it wasn't bad back then. (ST) Thank you. So, thinking about that then, what sort of cognitive effects do you think long term social exclusion might have on someone like Alan? (PP) All Alan would understand was no one wanted to be his friend when he was younger, when most of us formed those close relationships and close friendships. For Alan, that didn't happen. So, yeah, because he didn't have a friendship with young, he doesn't think anyone wants to be his friend now, yeah, so	Early exclusion shapes long-term beliefs about friendships and social worth.
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Emotional distress; social withdrawal	he will cry and retreat into himself because someone is interacting with him. Yeah.	Emotional response to rejection, characterised by withdrawal and avoidance.
Cognitive Effects	Educationally, that's going to be the worst because he wasn't taught properly because he didn't have the understanding. He might have been able to go further if he'd had the support. Yeah. Just because they're autistic doesn't mean they're resigned to just menial jobs. Yeah. You know, they could work in offices, they could work in shops, they can work wherever they want. As long as they've got the education. If given the chance to do it. Yeah. He wouldn't have been. So, um...	Missed opportunities for development through experiences? Support provides opportunity and experiences for inclusion.
Amelioration		

Literal interpretation; difficulty with social nuance	(ST) And in terms of long-term social exclusion, what do you think would be the effects of, say, someone like Alan interpreting information about people from the interactions that he may have? (PP) Autistic people are literal. If you tell them a can is half empty, then to him is half empty until they pick it up and you could be 3/4 full. But you set half empty, so that's wrong now. They don't take sarcasm, they can't understand it. But...because autistic is known now, they've got a slightly broader understanding of all emotions, so they know that not everyone's going to pick for them. So, if they've got a friend and that person takes	Difference in social communication may compound social exclusion when not understood by others
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Missed social learning; developmental exclusion Relational exclusion; emotional impact	them out because something they've done, it's not going to upset them as much as a stranger done it. Alan didn't get these socialisations. Now he lives with his family. But he lived with his family until they passed. Yeah. So that means he's never been married, never had a girlfriend because he couldn't form the emotional connection to create that relationship. (ST) So, the lack of those kind of relationships would result in less experiences and opportunities to explore and form understandings of neurotypical people? (PP) Yeah. (ST) So how do you think being socially excluded	Lack of early social experiences limits later understanding of relationships Lifelong social exclusion extends into intimate and romantic relationships.
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Cognitive impacts of social exclusion	might affect confidence or decision making for older adults with autism? (PP) If it's something they've been doing for a while, they've got the confidence to do it, for something new, they don't believe they can do it because they haven't been given the...procedure, yeah, and now I learned the procedure on how to do it. So they've got no confidence in trying something new or forming friendships or relationships and love and you know things like that everyone takes for granted. He hasn't tried them because he doesn't know how. He doesn't know how to move up the company because it's	Low confidence, fear of novelty? Avoidance of change.
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Emotional consequences of exclusion	not part of his routine. So again, like the lack of opportunity, isn't it. (ST) What emotional effects do you think social exclusion might have on an older person with autism? If you ask someone like Alan and that, they tell you that it's got no effect because it's the way they've always lived. But there's no joy. There's no relaxation because they've gone out for a pint with their friends. There's no interactions outside the house. He goes to work, he goes home. Because he still lives with his parents, yeah, so...I'd say there was a...sadness in him... because there's nothing for him as far as he's	Social isolation linked to reduced wellbeing and limited emotional fulfilment Restricted lifestyle leads to social isolation. Limited social world
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Emotional flatness; restricted lifestyle	concerned, because he doesn't do friendship, he doesn't do change routine, he doesn't do anything. So, there's not much he can find that little bit of joy in life. (ST) So if someone like Alan is experiencing, for instance, social exclusion in work and there's kind of like a bit of mockery and Alan's not being included. What sort of effects would that have on him emotionally, do you think? (PP) That was a hard one, because...If I'm excluded, I feel isolated, lonely and sad. Yeah. But Alan has known nothing but exclusion. (ST) Do you think it might exacerbate anything for him? (PP) Oh, he's still feeling negative about himself, and no one likes him and... Yeah. But then he reminds himself that no one ever has. He justifies it.	Social isolation linked to reduced wellbeing and limited emotional fulfilment
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Identity and belonging Amelioration; peer support; structured opportunities	(ST) So do you think he understands what's happening when he's socially excluded? (PP) Yes, because he's able to work because of the way he is on the spectrum. He can see what is happening. Although he doesn't want to be out there, you still see the friendship groups forming around him and then it's just him on his own. (ST) How do you think social exclusion then may affect an older autistic person's sense of identity or belonging? (PP) The only place he feels that he's got belonging is at home, because he belongs to his parents, but those are the people that actually he feels 100 safe with. So, his identity is kind of at home, possibly sort of his workplace with his set routine. Yeah. (ST) What kinds of support do you think could help reduce social exclusion for older adults with autism? (PP) There needs to be groups. You've got the AA groups. They need to have, I'd say, three different types, three different groups. So, you've got the	Sense of belonging restricted to safe, familiar environments Peer groups viewed as a safe way to build friendships and reduced isolation.
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Amelioration; peer support; structured opportunities	high functioning group, the medium functioning group and the low functioning group. That way then they got people around them that are like-minded. People been through the same. And...although they can't understand what that person's going through, they have an understanding of what that person's going through because they're going through something similar. Yeah. So, it's, it gives them friendship then because...he knows they won't turn on him. (ST) Do you think that's important then, friendships? (PP) Yes, it's very important, your friends are like your sound board. You're having a bad day, you have a friend to talk to. If you've not got the friendships, you don't unload, which means it's all bottled in, internally. (ST) Would there be any other sort of kinds of support that could reduce social exclusion in older adults with autism, do you think?	Trust in peer groups due to safety in shared experiences
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Amelioration through structured support	(PP) Yeah, like walking groups or coffee groups or even groups that meet up in pubs. And with a support worker, they could introduce Alan's group like that, yeah. So, it's normal people. We're all part of this group so that he can interact with people who are classed as normal. (ST) Yeah, so what you're saying, if I'm right, not just that Alan is socialising with other people with autism, but also with people that are neurotypical? (PP) Yeah. Yeah. That way then he's got more people around him. Yeah, so it's. It's important to have people around you that are going through some other similar to you. Yeah. It's also important to have people around you that are not. Yeah. and help the other, the normal people to understand autistic people. That way then they're not as excluded because they're learning how to interact with them.	Safety in shared experiences
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	(ST) It's interesting that you said neurotypical people should have more experience around people with autism. Why, why do you think that's important? (PP) People with autism are...a lot of the time, depending on where they are on scale, isolated because people don't know how to interact with them. They don't know how to talk to them, they don't know how to invite them in without it becoming an insult. (ST) And why do you think people don't know how to initiate conversations with older autistic adults? (PP) Because in school they're secluded. Anyhow, they do go into mainstream. But they are known as STFs, so they are avoided. (ST) So, a neurotypical person maybe doesn't have that much interaction because they haven't had the opportunity or the awareness?	
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Barriers to amelioration	(PP) Exactly. They don't know how to do it. That's because they don't know how to do it. They don't do it. (ST) It sounds like there's a bit of a gap there? (PP) Yes, yeah. (ST) And finally, what do you think are the potential barriers to getting the support that you've just spoken about? (PP) Funding is a big one. To get to people on the same level of autism together would break confidentiality because they look like normal people. As for the normal groups that would be because people are uncomfortable with what they don't understand, is the nice way of putting it. They don't understand how to interact with people because they don't understand, so they don't do it. Yeah. Because they don't want to look stupid or they don't want to upset someone or they don't know what to do about it. (ST) So like a little bit of a fear of the unknown and a fear of maybe upsetting somebody?	Discomfort with differences leads to avoidance by others? Miscommunication leads to avoidance?
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Barriers to amelioration	(PP) It's like standing on the edge of a cliff to cliff jump. Yeah. Or to climb down and it's that fear before you start. Now a lot of people won't go over because it's too scary. Yeah. And interacting with people with mental health needs is the same barrier. (ST) So is there anything else apart from, I mean, obviously funding is, you know, it's all about funding, but is there anything else aside from funding that you think could help? (PP) Charity events. If it gets normal and autistic people together to do a sponsored walk. Yeah. You know, at the same time, you know, they could do a sponsored walk to raise awareness for a particular mental health. Yeah.	Fear and lack of confidence among others act as a barrier to social inclusion
Barriers to amelioration	and a person can learn about it as well. Or they can do like a treasure hunt where they're going to answer questions about specific autism and work with someone with their autism. So that way they're having fun and gaining understanding and raising money. So, somebody's actually getting	

Barriers to amelioration	experience with, could be somebody with mental health or somebody with autism and they're actually learning, you know, learning about the condition. (ST) Almost like a work placement, gaining knowledge and experience? (PP) A normal person is out learning about older autistic people, and the older autistic person is learning about normal people. (ST) I think that's a really, really good idea. Is there anything else that you want to add? (PP) No. No. OK. Thank you very much for your time. Thank you.	
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(T2) Misunderstanding; lack of autism awareness;	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	L.M Good morning and thank you for taking part in the study. I'd just like to ask you to read through the study information sheet and if you're happy to sign it. Ohh, thank you for doing so. If you just like to read and sign the consent form. If you're happy to continue. <i>H.R I am happy to continue.</i> L.M thank you very much. L.M So, everything OK? Are you happy to continue? <i>H.M yeah</i> L.M Just to let you know, did you manage to read the scenario that I sent over about Alan? <i>H.M Yeah.</i> L.M OK, so the interview will be about 15 minutes. <i>H.M That's no problem.</i> L.M Yeah, OK, so. Question #1. L.M Why do you think older autistic adults like Alan might be at risk of social, might be at risk of social exclusion? <i>H.R I think it's more because people may not have an understanding of how they could either go about social interacting with someone with ASD.</i>	Routine-based behaviour limits spontaneous interaction, contributing to exclusion
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routine-based communication	23	Or more along the lines of, for example, if you take	Social exclusion occurs through others' failure to initiate interaction, not deliberate rejection
	24	Alan, he is much more structuralised in the way	
	25	that he works and how it is all routine based. So	
	26	instead of making actual social interaction around	
Social avoidance; lack of	27	that can be a little hard. So, he might find it hard to	
conversational	28	talk to other people other than just saying hello,	
engagement; exclusion	29	then nobody actually tries to talk to him, as its	
through non-initiation	30	really hard to get a conversation out of him. But	
	31	there's nothing there to say that they go any	
	32	further. It all depends on both the people really.	
	33	How people understand how they can	Disruption to routine affects thinking and processing
	34	communicate with them or, or how they could	
	35	possibly find a way to slowly, like, slowly make a	
	36	routine of starting a conversation.	
	37	L.M mm, that's interesting, thank you.	
	38	So, what effects do you think long-term social	
	39	exclusion could have on someone like Alan, with	
	40	their thinking? With how they think?	
Cognitive overload; routine	41	H.R well, I think it would affect him more of the	
disruption; cognitive	42	way in like thinking, obviously with all the	
impacts of exclusion	43	situations that have changed with Alan, it's going	
	44	to be quite hard because obviously everything is	
		changing, obviously it's quite hard to understand	
		what's going on, especially, when you are routine	

Memory difficulties; routine disruption; cognitive overload Problem-solving difficulties; distraction; cognitive overload	45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	<i>based and you have something changed, you're not quite understanding that but obviously thinking, he's going to be all over the place. His memory could be affected, and everything, but at the same time he's not gonna, his routines not in place, so if his routine is changing, meaning his memory could possibly be affected in many different ways.</i> L.M umm when you say in many different ways, can you elaborate on that? Something like problem solving? How do you think it would affect his problem solving? <i>H.M</i> I think it would affect his problem solving because obviously things are changing and, everything, it is going to affect his problem solving in the way <i>that he's not going to be able to solve his problems if he's distracted with everything else</i>, so everything that is going to be a distraction, and he's not going to be able to focus on said issue at hand, L.M mm okay, what about information? Interpreting information? From other people, like they could say something, how do you think it affects how he interoperates what is being	Cognitive impacts are extended beyond beliefs into memory and attention Exclusion and changes to routine undermine ability to problem solve- loss of focus?
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Difficulty interpreting information; overwhelmed	67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88	said when he is interacting with these individuals? <i>H.M what individuals exactly?</i> L.M someone he's working with; someone he's in his model making hobby? <i>H.M I'd say it would impact him in many different ways, to be honest, but mainly along the lines of his problem solving, sorry was it problem solving you were after or</i> L.M no how he interoperates the information? <i>H.R interoperation?</i> L.M Yeah interoperation <i>H.R I think with his interoperation of stuff it is going to be changing and becoming a lot difficult. Cause of the situation changing so much, it could be the same for anybody with that particular way of ASD, if something changes so quick and so fast. They are not going to actually know how to, umm they are not going to actually know how to deal with the situation at hand, so interpreting what is going on, is going to be like running a thousand miles an hour. You are not going to know what is going on, you are not going to understand what to interpret,</i>	Literal interpretation
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processing; literal interpretation Confidence limited to routine; reduced social confidence	89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110	<i>there could be so many things at once, that it might not end well.</i> L.M mmm that's really interesting. so how might being socially excluded affect the confidence or decision making for older adults with ASD? In general? <i>H.R I think social exclusion with confidence, one, it all depends on how their routine is, so like Alan for example, then his confidence might be happy because his routine is there, he knows when to say hello to people, but his social interaction isn't actually there! So with everybody with ASD it all depends on how they interact,</i> L.M how do you mean interact? <i>H.R so if the person was to say like, a person walked past you and you were the autistic older person, you could have someone who says hello, but at the same time they are not going to, if they don't understand they are not going to answer properly, so they are not going to just ignore you. So, confidence wise I don't think it's going to be the best for some of them.</i> L.M right.	Confidence is conditional, it may not generalise beyond familiarity of routines
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Reduced decision-making autonomy; reliance on others	111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132	<i>H.R but it all depends on that type of person that has ASD. Because ASD can be a wide variance of things, that that situation depends on how and who they are.</i> L.M so you are saying that it depends on their level of ASD or their personality? Is that what you are saying? <i>H.R more on their personality.</i> L.M okay thank you. So, can you tell me what, oh when thinking about decision making how do you think, social exclusion can impact that? <i>H.R I think with decision making, being socially excluded can, it all depends on the situation, I think, because as well at the same time say like Alans one for example; there's so many choices he has to make, so many choices he has to try and understand, but he so used to other people making his decisions, that he might not be as equipped to make these decisions, so some people with ASD for example may not be able to make these decisions as easily, so maybe they might need their own little prompting, but they might need help in more decision making, than being able to do it themselves.</i>	Reliance on others for decision- making reduces opportunity for autonomy
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Decision-making support; structured guidance; amelioration	133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154	L.M what kind of help do you think that they would need? <i>H.R I personally think that the help could be that somebody is talking to them, and helping them with decision making, in a way like oh you have these options, which one do you think would be best, it's okay, you take your time and going from there. So obviously it all depends on them.</i> L.M so by giving them choices? <i>H.R yeah but helping them realise if they are wary of it, then it's okay, there is nothing that can go wrong, but they just need to take their time and go on from there.</i> L.M what emotional effects do you think social exclusion would have on older people with ASD? <i>H.R for people with ASD who are socially excluded, I think it can effect them in many different ways. Especially emotionally, it can cause a variety of different issues</i> L.M. what kind of issues do you think would arise? <i>H.R emotionally I think it could be ummm....</i>	Support and structured guidance with decision-making enables autonomy
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Social anxiety; emotional distress; behavioural responses Escalation to depression; emotional consequences of exclusion Reduced self-esteem; reduced self-efficacy	155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176	L.M maybe something like anxiety? Do you think it could cause a lot of anxiety? <i>H.R more along the lines of social anxiety I would say, because of if they are being socially excluded social anxiety would start playing up with them, if they go to interact with somebody socially, then it is going to be harder because obviously in their brain it is triggering something, and they could be, their behaviours could start happening more, like having to stimulate themselves, which it what Alan does, as in he will start flapping for example, and stuff like that. But that would eventually get worse. But if it gets that bad, it could also then lead them to depression.</i> L.M depression? what do you think would, umm with depression, do you think would effect their self-esteem? Or self-efficiency? <i>H.M I think so yeah, because obviously with depression it affects you in many different ways, But if you're isolated to yourself for so long, then you're going to just feel very alone, very much case of you're not going to know what to do. And well, your self-efficiency is going to change as well.</i>	Emotional consequences of social exclusion exacerbate behaviours Emotional trajectory of social exclusion Emotional impact of exclusion affects self-concept and autonomy
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Identity disruption; loss of belonging; exclusion from valued activities	177 178 179 180 181 182 183 184 185	<i>Because you're not going to be as self-reliable. You're not going to be able to do as much you're going to want somebody else to make that decision for you. So emotionally you are just going to have so many different. I want to say obstacles, so it's going to be a lot harder.</i> L.M OK, so how might social exclusion affect an older autistic person's sense of identity or belonging within the community that they are usually in? <i>H.R Obviously, if you take Alan, for example, I will also say it as normal, but if you take Alan, for example, he is used to his routine of seeing his father work and also doing his model thing, being excluded from his model thing, and then a lot of stuff happening at work.</i> <i>and everything, it's going to change how he feels because obviously he doesn't know who he belongs to anymore. His identity is changing for the fact of he doesn't know if he belongs in his model group anymore. That's been basically taken away from him. His identity, as far as he was</i>	Identity is strongly supported within routines, once disrupted this affects sense of belonging and identity
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Workplace exclusion		aware, he knows he's a son, but he doesn't know where his identity lies when he's in work. L.M What do you think is the cause in work? <i>H.R I think it's more along the lines of with his identity at work, because he's been excluded, obviously there's a new manager in place. So it might affect that in a way because obviously my manager doesn't know him. It's going to be hard to establish who he is.</i> <i>But then if you take it as anybody from anywhere who has any other person who is older with ASD, their identities aren't going to be all the same. Each person is different, but each individual's identity all depends on what, depends on who they know, how they know, if they know what they're doing when it comes to work, for example. but their sense of belonging all mainly goes with how...</i> <i>Well, if they know they're doing their job well, or if something could go wrong.</i> L.M How do you think that would actually affect their sense of belonging or if things go wrong or they are doing their job properly?	Exclusion in the workplace affects belonging and identity, workplace was previously a safe familiar environment
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		<i>H.R I think it could affect them many different ways. Going back to your emotional question, it could affect them emotionally, bringing their anxiety back.</i> <i>because if they don't feel like they belong, but they could start questioning a lot of things and then there could be a case of anxiety building in there. So it just builds and builds, but the sense of belonging could change along the lines of they may not feel they belong in that job normal, but they wouldn't know how to change it. Because of all the.</i> <i>I don't quite know how to explain it, but their brains may not.</i> <i>understand the situation of, well, if I don't belong here no more, I should leave. But obviously they're not going to want to leave because, well, they're used to their routine. They are routine based, then it's going to be something that's going to be quite difficult to do.</i> L.M Okay, so what kind of support do you think could help reduce social exclusion for older adults with ASD?	Conflict in emotional/ cognitive?
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Fear of social service; mistrust of support		<i>H.R I think finding ways, I think finding ways to help individuals with who are older with ASD would be such as educating those who work with them. So, example would be</i> <i>Maybe you have, take Alan for example. Alan, obviously he doesn't interact with people as much, but obviously things are going away. So, bringing, if he did accept social services coming in and understanding that he wouldn't be taken away from his father.</i> <i>that he wouldn't be alone and that he could have support and maybe this support from social services could lead to something more.</i> L.M When you talk about social services, do you think that could cause a problem for some people with? <i>H.R I think for some people with ASD, social services have been given a bad reputation. In the case of when they think of social services, they think of, oh no, I'm going to be taken away.</i> <i>But in this case, I think social services might be the best option because they will offer different services that can provide Alan or other people with ASD who are older with the opportunities to</i>	Perceived fear of external agencies as a barrier to support
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Need for reassurance; trust in external agencies; gradual engagement		<i>advance in their communication skills, to advance in</i> <i>To advance in just being able to communicate with other people, to have their social interaction so they don't feel like they're alone and social exclusion can be less of a thing for them.</i> L.M Okay, so in regard to this again, how do you think it could be made Um... How do you think Alan would be more acceptant to accept the help from social services? <i>H.R I think if a social worker came but Dad was there and the Support, but they let Dad talk first and then the social worker goes, I'm not going to take you away, understanding that nothing's going to happen.</i> <i>His dad is staying, he is staying, they're both staying together. Nothing's changing on that part. But understanding that the social worker is just there to help. Like so.</i> <i>It can be quite a hard thing, but it might take him a little while to understand that the social worker is actually there to help.</i>	Structured, relationship-based support enables familiarity and engagement – amelioration
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Barriers to accessing services; age-related exclusion		L.M So,you think being clear? Clear and persistent? Yeah, would help Alan to understand that it's not there at all to. <i>H.R It's not a bad situation that's going to happen. it's something that will help better him in the future. Even as, even at the age of 58, it could help him build more.Yeah.</i> L.M So, what do you think are potential barriers to getting this kind of support? <i>H.R More along the lines of if there's a, there is a variety of different support out there at the moment, but obviously trying to get a hold of it when there are so many other people who think that social services may think are in need of more help first, depends on that. Obviously, because he's older, he's had a routine, he's got all this, social services might not join in as quickly or the services might not be offered to him as easily as they would be to somebody else. So</i> L.M Yeah, right. So, what social and behavioural effects could social exclusion have on an individual such as Alan, do you think? So how do you think it would change his behaviour?	Age as a barrier to accessing services
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Anxiety driven behaviour; stimming as coping mechanism Protective role of friendship; reduced loneliness		<i>H.R I think obviously with social exclusion, it can affect people in many different ways. But in Alan's case, I would say, as it's mentioned in the case study, like trying to process of so many different things, his anxiety goes up. So he starts flapping, not flapping, sorry, stimming with the way he flaps his hands. That's right. But that could become something more if they got too high and if you're not aware of how to deal with the situation, then he could just keep going and going. But I think if he had somebody to talk to, it might help decrease that situation. So say just making like one friend, so it's a start. But so he doesn't feel alone, he doesn't feel like he has to find a way of stimming.to help calm his nose. Does that make sense?</i> L.M Yeah, that's really interesting. Thank you. OK, we've come to the end of our interview. Um...thank you for your participation. I would just like to give you the de-brief form and that you can read through it. And if there's any queries or questions, feel free to e-mail me. <i>H.R No problem.</i>	Emotional distress leads to exacerbated behavioural coping mechanisms Having peer support to share experiences reduces loneliness
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Appendix F

Themes	Sub – Themes	Supporting Quotes
1. Lifelong misunderstanding and lack of awareness drive social exclusion.	Misunderstanding leads to avoidance rather than accommodation	“When Alan was young, he wasn't diagnosed, he was just penalised for being different.” (T1) “Because he was a naughty child, people didn't socialise with him in school, because they didn't want to get the same label.” (T1) “People with autism are... isolated because people don't know how to interact with them. They don't know how to talk to them, they don't know how to invite them in without it becoming an insult.” (T1) “I think it's more because people may not have an understanding of how they could either go about social interacting with someone with ASD.” (T2)

2. Cognitive impacts—disrupted routines, altered interpretation, and reduced self-efficacy	Routine disruption and limited learning opportunities undermine thinking and problem-solving	“Educationally, that’s going to be the worst because he wasn’t taught properly because he didn’t have the understanding.” (T1) “He might have been able to go further if he’d had the support.” (T1) “His memory could be affected... his routines not in place, so if his routine is changing, meaning his memory could possibly be affected in many different ways.” (T2) “He’s not going to be able to solve his problems if he’s distracted with everything else.” (T2) “Interpreting what is going on, is going to be like running a thousand miles an hour. You are not going to know what is going on.” (T2)
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3. Emotional consequences— anxiety, loneliness, sadness, and diminished wellbeing	Long-term exclusion produces chronic low mood and anxiety responses	"If you ask someone like Alan... they tell you that it's got no effect because it's the way they've always lived. But there's no joy." (T1) "If I'm excluded, I feel isolated, lonely and sad." (T1) "More along the lines of social anxiety... their behaviours could start happening more, like having to stimulate themselves... But that would eventually get worse... it could also then lead them to depression." (T2) "Oh, he's still feeling negative about himself and no one likes him... He justifies it." (T1) "So he will cry and retreat into himself because someone is interacting with him." (T1)
4. Amelioration— structured, relationship-based support and broader social education	Building inclusion through groups, supported community contact, and decision-support	"There needs to be groups... three different types... the high functioning group, the medium functioning group and the low functioning group." (T1) "Walking groups or coffee groups or even groups that meet up in pubs... with a support worker." (T1) "Your friends are like your sound board... If you've not got the friendships, you don't unload, which means it's all bottled in, internally." (T1) "The help could be that somebody is talking to them, and helping them with decision making, in a way like oh you have these options... it's okay, you take your time." (T2) "If a social worker came but Dad was there... I'm not going to take you away... the social worker is just there to help." (T2)
	Barriers—funding constraints, fear, and lack of confidence in how to engage	"Funding is a big one." (T1) "To get to people on the same level of autism together would break confidentiality because they look like normal people." (T1) "People are uncomfortable with what they don't understand... they don't want to look stupid or they don't want to upset someone." (T1) "It's like standing on the edge of a cliff... it's that fear before you start." (T1)

		“Social services have been given a bad reputation... they think of, oh no, I'm going to be taken away.” (T2)
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