



IRELAND'S AUTISM CHARITY

"We Just Want to be Included"

Autistic Adults and Loneliness: A Position Paper



#SameChance

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Introduction

"Sitting in your room because you feel like it's the only thing you can do"

Loneliness is a pervasive issue that affects millions across the globe, and in Ireland, it has reached heightened levels. As the loneliest country in Europe [see figure 1], where one in five people report feeling lonely all or most of the time, the need to address this issue has never been more important.

In recognition of this, AsIAM, Ireland's Autism charity, conducted a comprehensive survey of 321 Autistic adults to explore the scale of loneliness within the Autistic community. The findings highlight a lived reality that loneliness is not just a fleeting feeling for many Autistic people, but all-encompassing experience that directly impacts Autistic people's well-being and quality-of-life. This paper seeks to highlight the specific factors contributing to loneliness among Autistic adults in Ireland. In addition, this position paper will highlight a number of key recommendations, which if implemented would have a lasting positive impact on members of the Autistic community in Ireland. These include greater psychological safety for Autistic adults to take part in society as they are, to provide the freedom to form friendships and relationships and be part of communities, to find spaces where they are understood and accepted, and create a greater sense of belonging and connectedness to their community.

As a society, we have a blueprint to work from in creating an inclusive and connected society for all through the lens of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The testimonies and analysis provided in this position paper highlight the pressing need within our society to ensure systemic barriers are removed and the spirit of the UNCRPD, in particular, Article 19 on the right to **Independent Living and Be Part of a Community**, is realised for Autistic people.

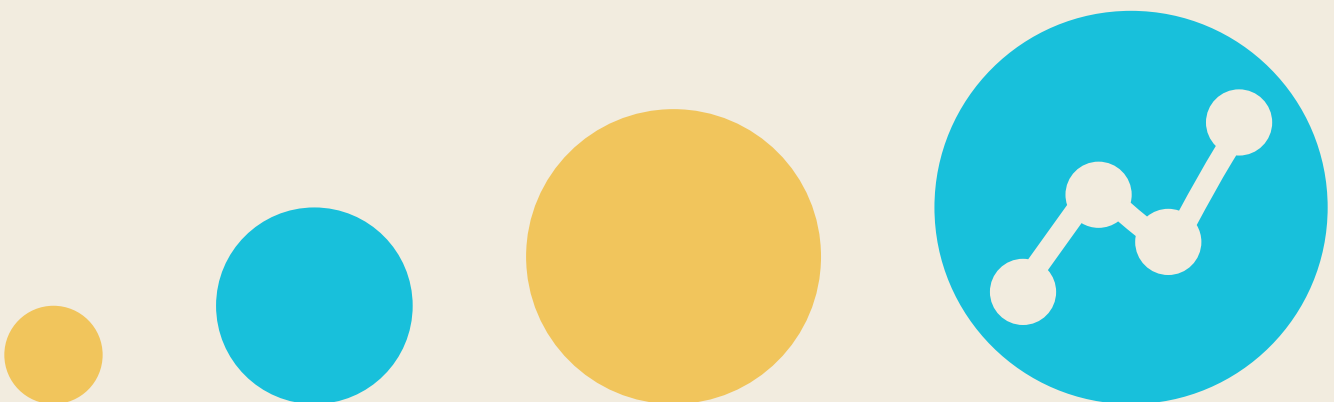
In the drafting of this paper, we complied with our [language guide](#) which is identity-first language. When we cite external research from medical journals in this paper we have modified the language in so far as possible. However, when we directly quote or cite the external research in the paper, the language is not always compliant with our language guide and does not reflect the views of AsIAM. These citations are simply there to reflect the research available on this topic.

All quotes featured below the headings in this paper are taken from respondents answers to the question **"How would you define loneliness?"**.



Key Findings

- 55% of respondents felt lonely all or most of the time.
 - 34% felt lonely some of the time.
 - 9% rarely felt lonely.
 - 1% never felt lonely.
- 40% of respondents lived at home with their parents.
- 32% of respondents lived in their own home.
- There was a UCLAⁱ (University of California, Los Angeles) scale score of 3.3 across the survey
- 18% had not been out socially in over 6 months.
- 17% had not taken part in any social events in the last 12 months.
- Only 8% of respondents said they would like to socialise daily.
 - 40% of respondents said their preference would be to socialise on a weekly basis.
 - 29% said on a monthly basis.
 - 23% said 'other'.
- 26% are members of a social club.
- 63% of respondents said that there were no social activities in their area that matched their interests.
- 69% felt left out of society.
- 74% said they often had to mask or change who they were to be accepted.
- 34% said that a family member who they live with was the person that they shared most of their social interactions with.
- 74% said that the biggest contributor to Autistic adults feeling lonely was differences in how they make and maintain friendships.
- 87% of respondents said that being Autistic is a barrier to forming friendships.
- 95% of respondents believe that being Autistic was a driving force to feeling lonely.



ⁱ The UCLA Loneliness Scale (UCLA) is a questionnaire designed to measure an individual's subjective feelings of loneliness and social isolation. It is a widely used tool in research and clinical settings. The UCLA scale typically uses a 4-point Likert scale ranging from "never" to "always" to assess how often a person feels lonely

Context

"Loneliness is the invisible cloak, no one can see it, but you can feel it"

In 2023, the European Commission published its first-ever EU-wide survey on loneliness, revealing an uncomfortable reality for Ireland. Ireland was identified as the loneliest country in the European Union. The survey found that **1 in 5 Irish people reported feeling lonely all or most of the time**¹, a bleak statistic that underscores the impact of social isolation across Ireland, and that many Irish people feel disconnected or excluded from their community. This data from the European Commission highlights a growing issue among all groups in society, and across all communities. This feeling of loneliness is more acutely experienced by the Autistic community, who often find themselves excluded or stigmatised for being authentically themselves within society. These experiences of exclusion were recently identified in our Attitudes to Autism Poll.

According to the National Institute for Health in America, there are several definitions of loneliness:

"A state of solitude or being alone". The other definition is "Loneliness is not necessarily about being alone. Instead, "it is the perception of being alone and isolated that matters most" and is "a state of mind". "Inability to find meaning in one's life", "Feeling of negative and unpleasant" and "A subjective, negative feeling related to the deficient social relations" "A feeling of disconnectedness or isolation."²

People can experience loneliness in several different ways. There can be cases of situational loneliness where a key life event can cause somebody to feel alone such as the death of a loved one, or the loss of a job. Loneliness can also be a temporary feeling or a chronic feeling which lasts for a long period of time. Chronic loneliness can have serious impacts on mental health, physical and emotional well-being, and overall quality of life, with the US Surgeon General commenting that chronic loneliness has the same impact on our physical health as smoking 15 cigarettes a day³. The EU survey also found that nearly **half of Irish people** (48%) reported feeling lonely at least occasionally, and many identified a lack of social interaction as a key factor contributing to this sense of isolation⁴.



¹ https://joint-research-centre.ec.europa.eu/scientific-activities-z/survey-methods-and-analysis-centre-smac/loneliness/eu-loneliness-survey_en

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC3890922/>

³ <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

⁴ https://joint-research-centre.ec.europa.eu/scientific-activities-z/survey-methods-and-analysis-centre-smac/loneliness/eu-loneliness-survey_en

The Autistic Experience of Loneliness

Early portrayals of Autism have characterised that Autistic people preferred to be alone, and this has influenced society's understanding of autism and how others perceive Autistic people. Some key examples include Leo Kanner describing one of his Autistic patients as being happiest when left alone, and that Autistic people had a "powerful desire for aloneness". Although these attitudes have prevailed for many years, more recent research has shown that Autistic people are interested in social connections and relationships with other people, but they often experience loneliness more often and more intensely than non-Autistic people.

According to an analysis on loneliness research conducted by the *Personality and Social Psychology Review*, loneliness is often described as a gap between the social interactions one desires, and the interactions that they experience. This imbalance can lead to feelings of loneliness or distress of being socially detached, even when in the presence of family, friends, or others. This highlights that loneliness does not always correlate with physical solitude, nor does being alone necessarily equate to feeling lonely. It is entirely possible to experience loneliness in a crowd⁵.

Loneliness can be categorised into three main types:

- social,
- emotional,
- and existential loneliness.

Social loneliness refers to the feeling of lacking meaningful friendships or family bonds, those important connections within one's social circle. Emotional loneliness arises when a person feels the absence of a significant other—a person who offers emotional support during challenging times, provides mutual care, and reinforces one's sense of self-worth. Existential loneliness, on the other hand, is distinct from social and emotional forms. It emerges from a deeper, existential disconnection related to the nature of life itself and a sense of meaninglessness. Consequently, even when surrounded by others, a person may experience existential loneliness.

Awareness of the harmful impact of loneliness on health has also grown, drawing attention from both society and public health sectors. Over time, loneliness can contribute to or worsen chronic conditions like cardiovascular disease, type 2 diabetes, stroke, as well as mental health issues such as anxiety, depression, cognitive decline and even increase the risk of death^{6,7,8,9}. We know from research from the National Autistic Society, that Autistic people had a life expectancy of 6 years fewer than non-Autistic people. For Autistic people with an intellectual disability, the life span was 7 years shorter for men and 15 years shorter for women¹⁰.



⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC3865701/>

⁶ Hawkley LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med*. 2010;40(2). <https://doi.org/10.1007/s12160-010-9210-8>

⁷ Luanaigh C  , Lawlor BA. Loneliness and the health of older people. *Int J Geriatr Psychiat*. 2008;23(12):1213–21.

⁸ Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives Psychological Science* 2015;10(2):227–37. <https://doi.org/10.1177/1745691614568352>

⁹ Tilvis RS, Jolkkonen KPJ, Strandberg TE. Social networks and dementia. *Lancet*. 2000;356(9223):77–8.

¹⁰ <https://www.autism.org.uk/advice-and-guidance/professional-practice/research-into-the-life-expectancy-of-Autistic-people>

Research on Loneliness Among Autistic People

Several studies from around the world have highlighted the psychological and emotional impact of loneliness, namely the extent to which loneliness is felt by Autistic people, and the impact that social isolation has on Autistic people's wellbeing. For example, a **2019 study** in the United Kingdom found that Autistic people were **four times more likely to experience loneliness** than those who are not Autistic¹¹. The study found that among the key causes of this drive was "a discrepancy in mutual understanding between Autistic and nonAutistic individuals"¹², rather than a lack of social motivation from Autistic people. Another study conducted in the **United States**¹³ revealed that **Autistic people and people with other neurodevelopmental disabilities became lonelier from adolescence to adulthood**.

We know from our own Same Chance report in 2025, that Autistic children and young people are often socially excluded during childhood which can often have a damaging impact in later life. Our Same Chance report in 2025 found that 54% of people did not have the opportunity to take part in recreational activities. This is in contrast to the UNCRPD which emphasises that Autistic people have the right to access and enjoy the pursuit of recreational activities. With one respondent noting that they found it difficult to find inclusive opportunities to take part in mainstream activities such as sports clubs and summer camps, and that "it feels like it's preferred that Autistic families stick to the special groups to find these activities—it definitely feels like mainstream run recreation activities don't want the hassle of accommodating Autistic people." Moreover, we also know from the same report that there are chronic issues around exclusion in education, where 16% of Autistic pupils had experienced seclusion from the classroom.

When we examine the impacts that early life experiences have on Autistic people's relationship with loneliness, it is important to discuss the role of segregation. For example, for those Autistic people with higher support needs, they can often experience healthcare, education and community life in a isolated way. For those with higher communication needs, an Augmentative and Alternative Communication (AAC) Device may be required. However, the general public may not have the awareness or the acceptance to engage with someone who's needs are being supported by the use of such a device.



¹¹ <https://www.liebertpub.com/doi/10.1089/aut.2022.0062>

¹² <https://www.liebertpub.com/doi/10.1089/aut.2022.0062>

¹³ Schiltz H, Gohari D, Park J, Lord C. A longitudinal study of loneliness in autism and other neurodevelopmental disabilities: Coping with loneliness from childhood through adulthood. Autism. 2024. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11132953/>

Measuring Loneliness

The most widely used assessment in the adult literature is the 20-item UCLA Loneliness Scale. A benefit to this scale is that it contains very few items that could be viewed as asking directly about feelings of loneliness (i.e., "How often do you feel alone?", "How often do you feel isolated from others?"), but instead focuses primarily on participants' evaluations of different qualitative features of their social networks (e.g., "How often do you feel part of a group of friends?", "How often do you feel that there are people who really understand you?"). This scale asks 20 questions with respondents being able to respond with:

- I often feel this way
- I sometimes feel this way
- I rarely feel this way
- I never feel this way

Each answer is then given a score ranging from 1 to 4. If a respondent answers "I often feel this way" then their answer is given a 4 whereas if they respond "I never feel this way" it is given a 1. These scores are aggregated across the 20 questions and a total score for the entire survey is allocated. This scale was modified to better reflect the bespoke issues faced by the Autistic community. **Our survey found that respondents had a mean score of 3.3.** This score indicates that our respondents were at the higher end of the scale, i.e. more likely to be suffering from chronic loneliness.



Government Commitments

In the current Programme for Government¹⁴ which was published in January 2025 "isolation" or "loneliness" was referenced only in relation to funding more befriending services for older people. In the previous Programme for Government¹⁵ there was a commitment to develop an action plan to combat loneliness, but this was never realised. The national mental health policy, *Sharing the Vision*¹⁶, features a commitment to fund more community-based initiatives that will combat social isolation, in particular for Disabled people. Despite these positive steps forward, action has been slow to progress in this area.

In 2024, Ireland launched its first ever Autism Innovation Strategy. This strategy featured 83 actions across many key stakeholders including Government Departments, local authorities and state agencies. The strategy makes key commitments that we feel would make a tangible difference to the Autistic experience of loneliness. For example, there is a commitment to increase the number of quiet carriages on trains, make playgrounds and libraries more Autism friendly and training for providers of local activities such as sports clubs and community groups. This strategy is a key step forward. As an organisation it is now a key priority of ours that the Autism Innovation Strategy is underpinned by legislation to safeguard and future proof this strategy. Furthermore, it should be the prerogative of Government to fulfil the 83 pledges made in the current strategy, which expires in February 2026.

¹⁴ <https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>

¹⁵ <https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>

¹⁶ Sharing the Vision, 2021. <https://www.hse.ie/eng/services/publications/mentalhealth/sharing-the-vision-implementation-plan-2022.pdf>

When we evaluate the current landscape in Ireland, there is a shortage of Autism friendly spaces and environments. This was evident in our annual Same Chance report which look at the impact non-inclusive spaces can have on Autistic people and families. We also know from our own Attitudes to Autism Poll which polls 1,000 members of the general public that 24% agreed that they would be uncomfortable with their non-Autistic child being educated in the same classroom as Autistic students. Moreover, 42% of people said that a parent should remove an Autistic child from a cinema setting if they were stimming, demonstrating the work to be done to increase universal design and greater public understanding.

Access to employment has also been a key issue for Autistic adults. American research suggests that work itself reduces the prevalence of loneliness¹⁷. Autistic people face unique barriers to employment such as inaccessibility of job interviews, lack of reasonable accommodations by employers and lack of in-work supports. As such, 85% of Autistic adults find themselves either unemployed or under-employed. This exclusion in the workplace is an another way that Autistic people find themselves isolated from other people due a lack of public understanding of Autism and reasonable accommodations in the workplace.

It is important that any national policies aimed at reducing the prevalence of chronic loneliness takes account of the specific and individual needs of Autistic people.

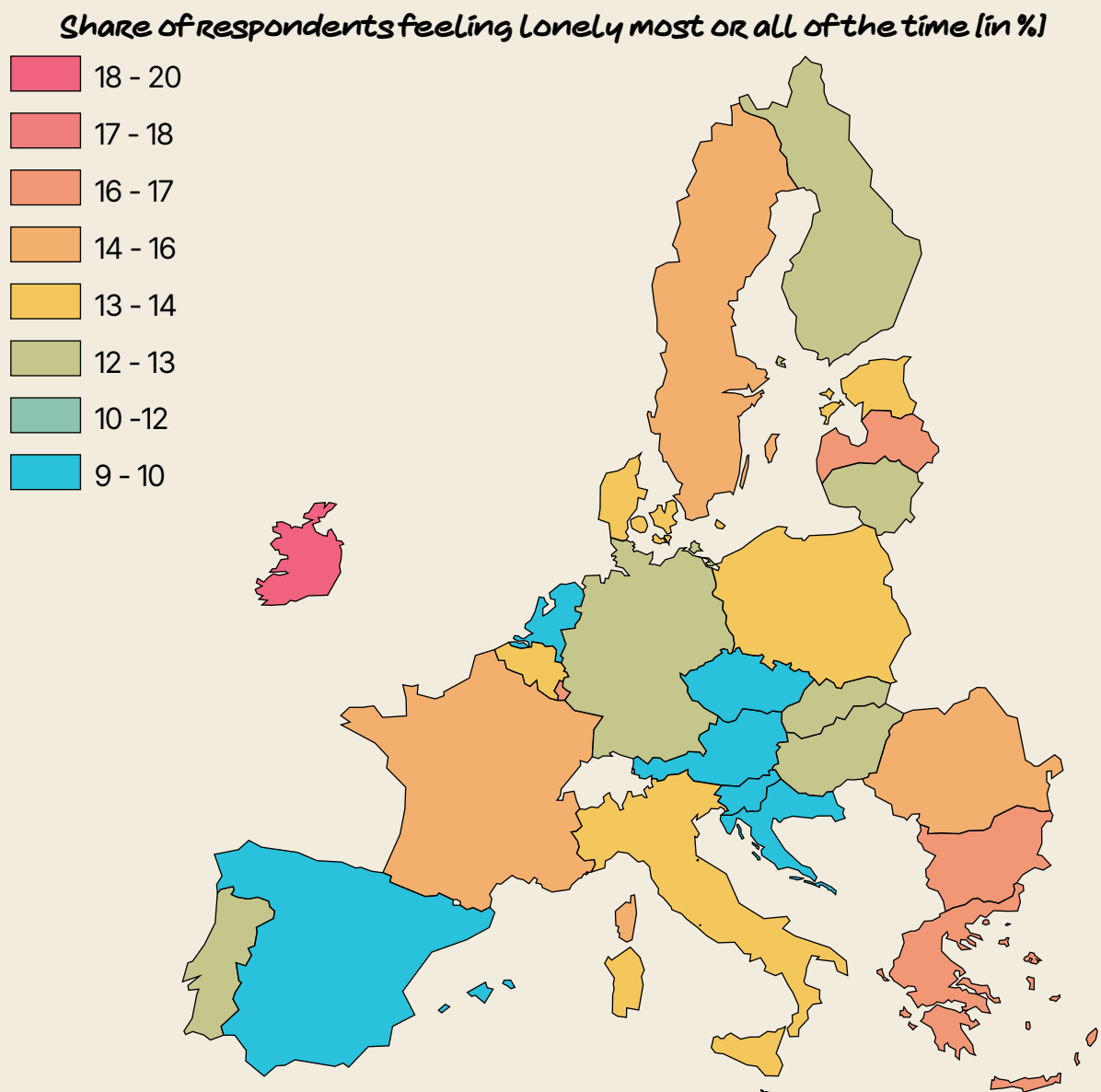


Figure 1

¹⁷ <https://www.psychologytoday.com/ie/blog/prescriptions-for-life/202409/a-surprising-antidote-to-loneliness-at-work>

A Good Friend Looks Like...

We asked respondents to tell us what they thought a good friend looked like to them, here are some of the responses:

"Someone with whom I feel close to, who respects me, and expresses their opinions and knowledge without being condescending."



"Someone who you can trust and can have a most meaningful chat with them than how's the weather etc. Someone who you have similar interests with and you can meet up with them every so often for a chat or walk."

"People that understand each others communication styles and can give space as needed with no expectations."



"Someone who communicates regularly and openly with me, and is willing to work out miscommunication."

"They understand me or at least try to. I know they care and are doing their best and will be there when they can. I do the same for them."



"Someone caring, kind, understanding, patient, who respects you."

"My closest and oldest friend lives in New Zealand and we each other in person perhaps once a decade, but text all the time. He is a good friend."

Methodology

"Sadness, missing out on experiences and watching others form strong bonds that you know you will never have"

The responses to this survey were gathered using an online survey that we circulated among Autistic adults. The survey was promoted through AsIAM's website, social media networks and our Adult Support mailing lists. We invited Autistic adults to complete the survey themselves or opt for a nominated person to assist them. Our data shows 91% of respondents were Autistic adults completing the survey for themselves and 9% were being supported to complete the survey with a nominated person.

With the exception of question 1, a question on agreeing to AsIAM's data privacy statement, all questions were optional. The reasoning for this was to ensure that respondents could answer the questions that they felt comfortable to answer. As such, not all questions had a full response rate, the least answered question had 183 responses, and the highest answered question had 281 responses.

All respondents were anonymised, and there was no option to leave any direct personal details such as names and email addresses. This was to ensure respondents felt more comfortable to share their stories when filling out the survey, knowing that any comments made would not be attributed to them.

The survey received a total of 321 responses between January 15th and January 26th, 2025. This paper was drafted after the survey closed and all responses analysed in the weeks following. The responses to the survey allowed us to identify key themes, barriers to inclusion and the solutions that we recommend in the final section of this paper.



Survey Findings

"When I get lonely, really lonely, I become physically cold. I turn up the radiators. I hide under the covers. And empty. And spiteful. And envious. I find myself so often resenting people I see in groups, and I hate how bitter I am about it"



Demographics

Of the 321 respondents, 91% were answering as an Autistic adult and 9% were from respondents answering on behalf of an Autistic adult. 54% of respondents had a co-occurring diagnosis or difference and 18% of respondents had an undiagnosed co-occurring difference. This means that a total 72% of those who answered the survey had a co-occurring difference or diagnosis.

When we asked whether respondents were members of any other communities or minority groups, we found that the most common community to be a member of was the LGBTQIA+ community (37%) with 60% saying they were not a member of any other community. Respondents who were members of the LGBTQIA+ community were more likely to feel chronically lonely (all or most of the time) than those who were not members, 60% compared to 53%.

Q5 Are you a member of any other communities and/or of the following minority or marginalised groups? If so please select all that apply

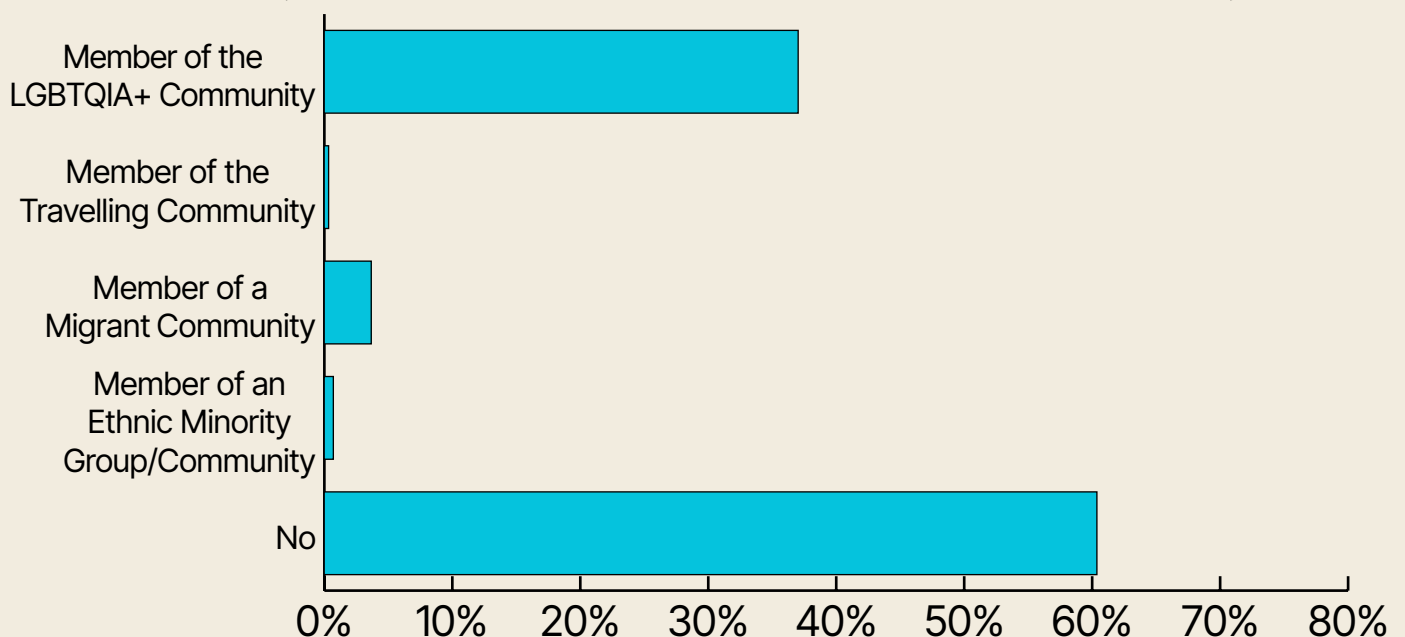


Figure 2

All respondents were over the age of 18, but when age was broken down further 18–24-year-olds represented 23% of the responses, 25–34-year-olds represented 29%, 34–45-year-olds represented 24%– and 45–54-year-olds represented 16%. The remaining respondents were all over the age of 55 years old. The prevalence of chronic loneliness varied between age groups:

| Age | Felt lonely all of the time | Felt lonely most of the time | Felt lonely some of the time | Rarely felt lonely | Never felt lonely |
|---------|-----------------------------|------------------------------|------------------------------|--------------------|-------------------|
| 18 - 24 | 12% | 48% | 34% | 4% | 2% |
| 25 - 34 | 13% | 40% | 32% | 13% | 2% |
| 35 - 44 | 22% | 35% | 37% | 6% | 0% |
| 45 - 54 | 12% | 38% | 29% | 21% | 0% |
| 55+ | 14% | 43% | 43% | 0% | 0% |

Figure 3

It is of note that the youngest of the cohorts presented as the loneliest, with 6 in 10 saying the felt lonely either all or most of the time. This may speak to the residual effect of being excluded from social activities, community life and education as a child. Interestingly, older age cohorts presented as having high rates of loneliness too. This highlights the role that better supports for those who are aging will need, both Autistic people and parents. As parents become older, they may reach a point where they have to access home care and lose the capacity to provide care for Autistic adults. This causes parents to have concerns about their children as they age. As such, there is a need for greater autonomy for older Autistic adults, to provide them with the autonomy to live independently. For example, expanding the HSE's personalised budget pilot scheme and increasing wrap-around supports to access housing are key facets of reducing the impact of ageing on a person's life.

Identifying The Issues

Respondents to the survey were asked to identify the modes of communication that they used. Autistic people often experience common differences to those who are non-Autistic such as differences in sensory processing, predictability and communication preferences. Respondents were asked in this survey to identify their preferred modes of communication and were provided with a list of options. Of the options listed, spoken conversation was by far the most popular with 80% of respondents identifying it as a mode of communication that they use. Written language was the next most common on 51%, followed by spoken key words and phrases on 6%, as a result that this survey does not fully capture the range of Autistic experience and support needs.

As mentioned previously, when respondents were asked to identify how often they felt lonely in the last 12 months, the results were as followed:

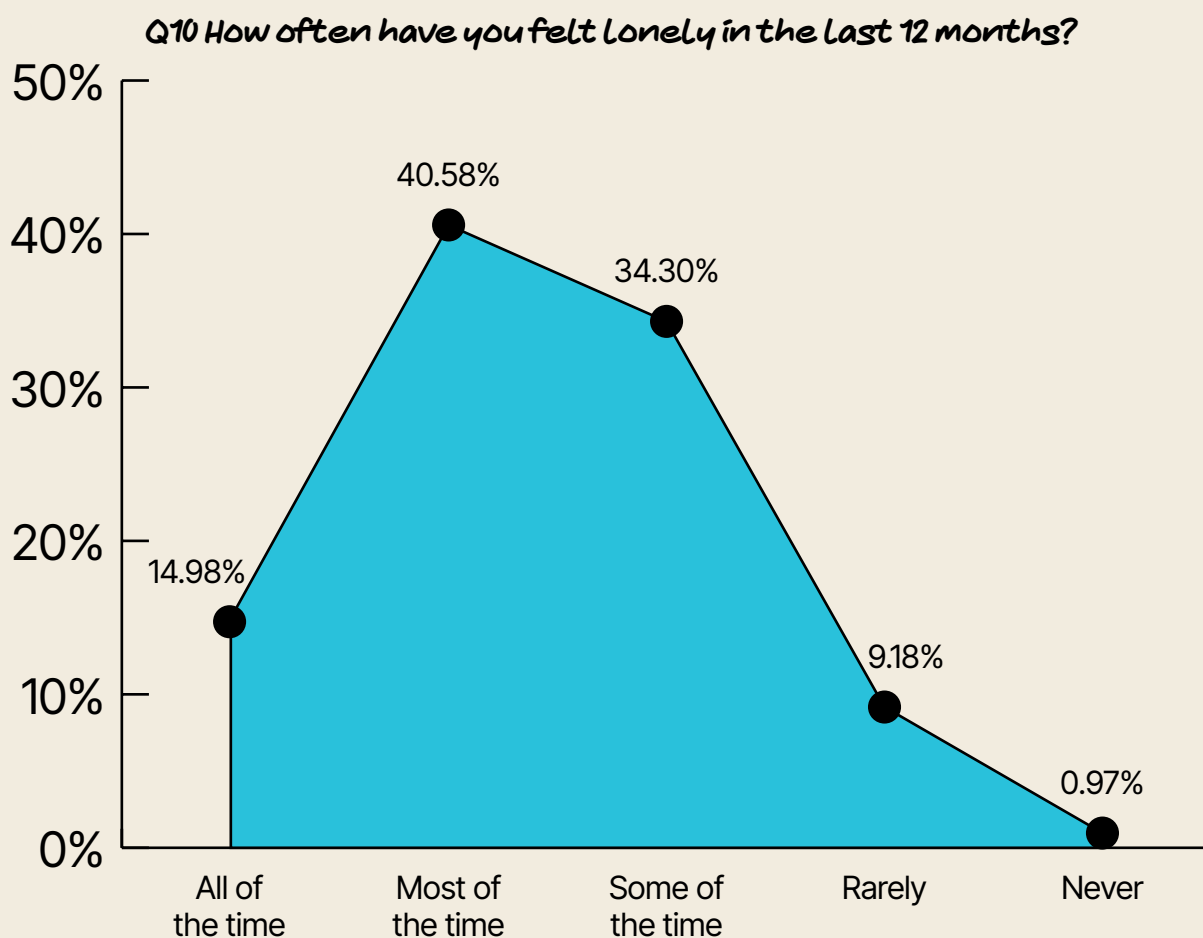


Figure 4

This shows that 55% of respondents felt lonely either all or most of the time. This is in contrast to the 20% figure for the same question among the general population, as highlighted in the European Commission survey, meaning Autistic adults are nearly 3 times more likely to experience persistent loneliness than the general population. This underlines the need for a bespoke set of supports for Autistic adults experiencing chronic loneliness, and more preventative measures to mitigate against this. When discussing the needs for supports to prevent people from feeling chronically lonely in the general population and to tackle its psychological and societal consequences, the solutions are often presented as simplistic, such as;

- increased community activities
- increased sports clubs
- additional social groups

However, an emerging trend from this survey shows respondents **did not necessarily identify with or benefit from these traditional offerings** or felt as though they could not participate in these spaces. For example, when asked how often they would like to socialise only 8% said "on a daily basis" with the most popular answer being "on a weekly basis" at 40%. A further 23% of people said they would like to socialise "on a monthly basis". When asked whether they were members of any social clubs in their area, 1 in 4 said that they were, with the remainder saying that they were not. Of note within this analysis was respondents identifying the desire to join a social club or social outlet but felt there was none available in their area. In fact, **63% said that there were no activities in their area that matched their interests**. Some of the interests that people referenced in our survey were outdoors and nature based activities, sports, This barrier to accessible social outlets and activities further compounds the isolation and exclusion an Autistic person can experience. The data in this report identifies a clear need for better resourcing of social activities and spaces that best meet the needs of Autistic people in their own community. The lack of accessibility of public transport was mentioned as a key barrier to accessing social opportunities. This is particularly true for those who live in rural areas that may need to travel long distances to socialise, and do not have a viable way to get to these places.



Different Ways of Socialising

When asked who the person was that they shared the most social interactions with in the last 12 months, a family member who they live with was the most popular answer with 34% responding. This was followed by a partner/significant other (24%), a friend (15%) and a family member who they did not live with (9%). Respondents were asked to select all barriers that applied to them and the following were the most highly selected:

1. Differences in how I form and keep friendships
2. A lack of predictability in social settings
3. Autistic traits/differences being perceived by others
4. A lack of social spaces that are Autism friendly
5. People's lack of understanding of Autism

There is also a clear difference between accessing mainstream social opportunities versus Autism-specific spaces. Many Autistic people told us that they wanted their local communities to be more accessible to socialise within, but also told us the value of providing Autism-specific places to socialise. As many people mentioned in our survey, having to mask their Autistic traits and the public's lack of understanding of Autism were drivers of loneliness. With this in mind, there is a need for Autistic people to have access to spaces that fit their interests are designed with the needs of Autistic people in mind.

Finding Solutions

"I'm not sure what it would be like to have a really good friend. That makes me sad"

When asked what supports people felt would help Autistic people to belong and feel accepted in their community and what would empower them to socialise, respondents answered to the following:

- Greater understanding of Autism
- Better mental health supports
- More local access to social clubs/outlets
- Better access to personal supports [i.e. Personal Assistants, Support Workers, etc]
- More Autism-friendly spaces
- Greater access to employment opportunities
- More accessible venues [i.e. cafés, clubs, etc]
- More public transport
- Greater access to college/further education
- Better internet access
- Other

These answers demonstrate the need for a whole-of-society approach to this issue, including the need for a better understanding of Autism amongst the general public, as well as greater access to social outlets and Autism-friendly spaces. When we asked the question "how being Autistic had contributed to their feelings of loneliness" several of these key themes highlighted above were repeated. On the topic of Autism-friendly spaces and a lack of understanding, one respondent commented *"Bars in Ireland seem to be the quarterback for socializing, but there tends to be a large number of people there combined with a lot of noise, which makes things more difficult"*. Many other respondents commented that *"people just don't understand Autism"* and *"I often feel insecure because I think a lot of people, I talk to don't really like me but pretend to be nice"*.

Over the course of respondents answering the questions several key themes emerged when discussing what people would like to see happen. Supports for loneliness vary, ranging from:

- 1. Place-based supports** which can include tackling loneliness through the built environment such as health professionals working with local authorities to incorporate health considerations into the building of public infrastructure such as libraries and public transport.
- 2. Social prescribing** is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. In Ireland this is done through a social prescribing link worker, employed by the HSE.
- 3. Green-based supports** are those that take place primarily in nature. Community gardens are a positive example of green-based interventions that encourage members of a community to come together and take part in nature.
- 4. Social supports** are those that seek to engage people in social activities such as clubs, groups and meet ups where they can meet other people who share their interests.



These supports all have several international examples that suggest that they have been effective for different groups of people. For example, projects such as social prescribing have been demonstrated to alleviate the health impacts of chronic loneliness among older people. However, there is a gap in knowledge of what supports might work best for Autistic people. Any potential Government strategy on loneliness should focus on the need for a person-centred support network that people can access that best fits their individual needs. Our survey found very clearly that there was no silver bullet approach to this issue for the Autistic community as a whole. Respondents highlighted the need for bespoke supports to help them participate in social activities in the way that they wanted to and as often as they wanted to. For example, many respondents told us that their preferred way to engage in social activity was online via WhatsApp or online forums. Other respondents commented that when they feel alone, their solution is not always to seek company. One person told us that when they feel lonely, they “get into their PJs and watch a film on their own” which made them feel less alone. It is also important to note that when we asked people how often they wished to socialise, only 8% said they would like to do so every day with 40% saying they would prefer to socialise weekly.

When it comes to identifying what people would find helpful in supporting their experiences of loneliness respondents noted:

- Access to more special interest groups both in-person and online so that people can meet like-minded people.
- Make public transport more accessible for Autistic people, particularly in rural areas, so that people can explore opportunities outside of their immediate surroundings.
- Community organisations such as sports clubs and community centres should provide more accommodations to support Autistic community members to engage in a way that works for them.
- Create more Autism-friendly spaces using Universal Design principles for people to socialise in.
- Increase access to personal supports such as mental health services and personal assistants to better help those who are struggling with the health impacts of chronic loneliness.
- Improve supports for Autistic people accessing education and the workplace to avoid discrimination by others and a lack of inclusion.



Testimonies

"There are unwritten expectations placed on friendships and often I rely on others making the first contact as I don't feel comfortable initiating."

"I live in an area with nothing to do. I mainly use discord to communicate but people usually aren't there. I had friends in college but don't really talk to them anymore."

"I'm very sad that I don't have a circle of friends even though I'm really loved Online I'm loved for what I do, I'm much better I suppose with things that are at a distance. I'm not sure what it would be like to have a really good friend. That makes me sad."

"Sitting in your room because you feel like it's the only thing you can do."

"I can be around people especially in work and feel like I am alone. I do not feel included".

"Chronic stress, anxiety, depression, physical issues, suicidal ideology [sic]. I also feel it is a leading cause of premature deaths within the Autistic community especially."



"Feeling like I use up more energy in situations that should no longer be novel, and it leaves little energy for anything else - so less social even though able to be and want to be."

"The majority of the world is not Autistic, so I am expected to mould myself (at considerable cost) to presenting as non-Autistic in order to have any acceptance or inclusion."

"Fatigue and burn out means it's hard to keep up friendships. Work and family use up my energy."

"I always feel like nobody understands me and that no matter how many times I try explain how my brain processes stuff nobody gets it."

"Bars in Ireland seem to be the quarterback for socialising, but there tends to be a large number of people there combined with a lot of noise, which makes things more difficult."



What Does AsIAM do?

AsIAM's programmes have been found to be effective in allowing Autistic people to socialise in a way that suits them. Our Child and Family Support offers social opportunities to young people in the form of in-person and online groups. These groups can range from creative writing, coding, LEGO club, general hangouts, history, fitness and more. These offerings have provided children with outlets that fit their communication, sensory and predictability needs as well as having a focus that they are passionate about. This programme currently has an expression of interest list of 6,553 people and since September 2024 the programme has supported 1,405 people directly. The Child and Family Support programme has offered children the chance to engage with Autism friendly spaces while also making new friends and exploring their interests. One parent commented *"thoroughly enjoyed the group session yesterday evening, resulting in a significant boost in his confidence. This positive experience motivated him to enter his school class this morning for the first time in about six weeks."*

In addition to our Child and Family Support programme, AsIAM also offer a programme which provides Augmentative and Alternative Communication (AAC) devices and training to children with communication differences. This programme helps children who have communication differences, to communicate in a way that is supportive of their primary communication preferences. The programme also provides training in how to operate the device. Since its launch in November 2024, the programme has delivered 108 devices to children and provided training to 79 of them. More than this, AsIAM recently opened its first Autism One Stop Shop in Tuam, Galway. This is the first of two locations opening this year. These locations offer 1-to-1 support to their local communities as well as operating similar social opportunities to our Child and Family support programme. During the consultation for the design of our One Stop Shops, the number one priority of the communities surveyed was for the locations to provide *'hangout groups and social groups for Autistic people and families to meet'*.

Our Adult Support team provide peer-led spaces that are safe and empowering for Autistic adults to meet, socialise, and discuss issues that are important to them. We also run activity-based groups that are fun, interactive, and support the wellbeing of our community in an accepted environment, both in-person and online. These groups include gaming groups, groups for the LGBTQIA community, women's groups, arts and crafts and film clubs. In 2024, of the people who engaged with our Adult Support programme, 75% of people said that the element of the programme they enjoyed the most was *'the discussion and sense of community'*. Of the people who engaged with this programme 3 out of 4 said they were extremely likely to engage with the programme again.

All of our supports have been proven to give Autism-specific support to our community, and if were funded more generously they could be expanded to support even more people to engage in their community in a manner that suits their needs.



Recommendations

1. Create an all-Ireland loneliness strategy, including a comprehensive section on Autistic adults, families and carers.
2. Fully fund programmes such as the supports outlined in the Autism Innovation Strategy¹⁸ that target the reduction of chronic loneliness among the Autistic community.
3. Make the reduction of chronic loneliness a central tenet of all new public transport policies and strategies.
4. Increase the Sensory Initiatives Grant for communities to develop sensory gardens, hubs and spaces.
5. Continue to support initiatives that foster inclusion of our neurodiverse community.
6. Legislate to place the Autism Innovation Strategy on a statutory footing.
7. Introduce metrics that will gauge how effective programmes, activities and clubs are at the reduction of chronic loneliness and then fund those that are the most effective.
8. Establish a target to reach within the next five years of the reduction of instances of chronic loneliness.
9. Expand the Personalised Budget scheme to a permanent programme available to all who are accessing day services.
10. Increase funding for Autism-specific supports, such as AsIAM's Adult Support Programme and AAC programme.
11. Introduce a Grant Scheme to support programmes, activities and clubs ran by Community and Voluntary Organisations and local groups, to tackle social isolation and exclusion amongst marginalised communities, including Autistic people.
12. Create more Autism-friendly spaces using Universal Design principles for people to socialise in.
13. Increase funding to the Decision Support Service to ensure that people are allowed to age in their community, as they wish.
14. Increase access to personal supports such as mental health services and personal assistants to better help those who are struggling with the health impacts of chronic loneliness.
15. Resource the Autism Innovation Fund, as set out in the Autism Innovation Strategy, as a matter of urgency to provide resources to community groups and innovative programmes.
16. Create a public education for campaign for communities to better understand the needs of Autistic people who use alternative methods of communication such as AAC devices.

¹⁸ <https://assets.gov.ie/static/documents/autism-innovation-strategy-august-2024.pdf>

Conclusion

Loneliness for Autistic adults is an endearing issue that encompasses all facets of life. Chronic issues in the education system, public transport, healthcare, housing and social welfare all lead to Autistic adults being more prone to suffering from chronic loneliness than their non-Autistic counterparts. A lack of understanding among the general public and differences in how people made friendships, as well as differing views on how socialising looked for them, were all drivers of this issue also.

It is clear that there is no silver bullet solution to this issue, but this paper lays out clearly how Autistic adults feel and the solutions they would like to see. The answers to addressing this problem lie in a longer-term strategy, encompassing all areas of society that would go towards building stronger and more inclusive communities, we're Autistic adults have the same chance to belong as they are.





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