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Ditta Baczała
Nicolaus Copernicus University in Toruń
https://orcid.org/0000-0002-2761-2897

Jacek Matulewski
Nicolaus Copernicus University in Toruń
https://orcid.org/0000-0002-1283-6767

Agata Markowska-Kacprzak
Nicolaus Copernicus University in Toruń
https://orcid.org/0009-0005-9406-6725

Małgorzata Moszyńska
University of Gdańsk
https://orcid.org/0000-0001-5719-7965

SOCIAL COMPETENCE AND DAILY LIVING SKILLS OF AUTISTIC UNIVERSITY STUDENTS*

Introduction: Social competence and daily living skills are essential for autistic students to function socially in university. There is a lack of research focused on this issue.
Research Aim: The purpose of the study was to investigate the relationship between: 1) the level of social competence and daily living skills in autistic students at the beginning of their first year of study, and 2) their satisfaction with studying and their level of social competence, daily living skills, and educational needs.
Method: The study was carried out using standardized tools to examine social competencies (PROKOS), educational needs (QEN), and the 'I can do/I can't' questionnaire, as well as data obtained from interviews. Thirty-one respondents from two leading Polish universities were surveyed.
Results: The key result is a negative correlation between social competence and daily living skills.
Conclusions: This suggests that those who perform better in communication may experience less pressure to shape self-reliance and develop practical skills.

Keywords: autistic young adults, university students, social competence, daily living skills

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INTRODUCTION

A stable increase in the population of individuals diagnosed with neurodiversity is noticeable both in Poland and worldwide. According to WHO estimates (2025), the number of autistic people has increased from 0.6% of the general population worldwide in 2020 to 1.0% today. The Polish Ministry of Health reports that 195,536 patients diagnosed with any condition within the group of autism spectrum disorders (ICD-10 code, F84) were alive as of 31.12.2022 (Department of Analyses and Strategies, Ministry of Health, 2023). According to the provisions of the Convention on the Rights of Persons with Disabilities (UN, 2006), the increasing number of autistic people will soon necessitate adaptation of legislation in favour of this group. There must also be a change in the social perception of autistic people to recognise them as full participants in all areas of life. Marginalisation of autistic people, as various studies indicate (Pachowicz, 2023; Stefańska-Klar, 2010), is still a major problem in Poland. Public awareness of autism continues to be low. Research among in-service teachers shows that 40% of those working in mainstream schools and 28% working in special educational needs schools believe that the cause of autism is parental lack of love and warmth (Prokopiak & Palak, 2017). Axial symptoms of autism spectrum disorders are described in such classifications as DSM-5, ICF (valid in some European countries, including Poland), ICD-10, and the latest, 1 January 2022 ICD-11, which will be valid in Poland from 2026. For the purposes of this article, we have characterised the set and subset (as described in the ICD-11 classification) of symptoms of autism spectrum disorders which the individuals we studied met.6A02 Autism Spectrum Disorder.

Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and sustain reciprocal social interactions and social communication, and a range of restricted, repetitive, and inflexible patterns of behaviour, interests, or activities that are clearly atypical or excessive for the individual. The onset of the disorder occurs during the developmental period, usually in early childhood, but symptoms may not become fully apparent until later in life, when social demands exceed limited abilities. Deficits are severe enough to cause difficulties in personal, family, social, educational, occupational, or other important areas of functioning. Persons across the spectrum show a full range of intellectual functioning and language abilities (WHO ICD-11, 2022).

6A02.0 Autism spectrum disorder without impairment of intellectual development and with or without mild impairment of functional language. Individuals in this subgroup exhaust the criteria described above, with intellectual functioning and adaptive behaviour at least in the average range. They use language (spoken or signed) for instrumental purposes, such as expressing personal needs and desires (WHO ICD-11, 2022).

Autism spectrum disorder as a phenomenon constitutes an epidemiological problem with the lack of unified diagnostic criteria in Poland and worldwide at

its core. The problem of diagnosis in Poland is related to the lack of diagnostic procedures: in the public and private healthcare sectors as well as in education – in psychological and pedagogical counselling centres (Moszyńska, 2025). Apart from public healthcare, the sectors mentioned do not collect statistical data recording the number of diagnoses made. There is also a difficulty in diagnosing autism in women, who either effectively mask autistic traits or minimally disclose them, which is referred to as 'camouflage' (Etmańska, 2023). A recent hypothesis suggests that greater genetic abnormalities must occur in women, compared to men, for autism to develop fully. This is referred to in the scientific literature as the 'female protective effect' (Rynkiewicz et al., 2019).

The correlation between the level of social competence and social life skills of autistic students is a key issue in the context of their academic functioning. This is of particular relevance as the number of male and female school children with this diagnosis increases and, consequently, an increase in the number of male and female university students can be expected soon. A summary drawn up on the basis of the census of the Centre for Education Information Technology (as of 30 September 2020) shows that in Poland, in the school year 2020/2021, there were 55,776 school children with autism, including Asperger's syndrome, holding an evaluation on the need for special education, while in 2022/2023 this number increased to 81,505 (Trochała, 2023).

Establishing the number of autistic students is virtually impossible. Legislators did not foresee in most Polish normative acts the necessity to differentiate this group from the general population of persons with disabilities. There is no binding data related to the number of autistic people studying at Polish universities, as shown in the 2021 Supreme Audit Office (NIK) report (Chrostowska, 2023). Despite autobiographical descriptions of autistic people that appear in literature and the media, the extent of national research in this area is still at least mediocre (Pawlik, 2022).

Social competence depends on emotional and social intelligence and is related to communicative competence and other social functioning skills. Importantly, a distinction should be made between the terms *social competence* and *social skills*. Developed social competence is a prerequisite for coping in everyday life, overcoming challenges and difficulties not only related to interpersonal relationships (Kotlinowska, 2022; Sternal, 2014). The term has many definitions and includes other narrower concepts such as: social perception, empathy, knowledge of social rules and the ability to behave appropriately, interpersonal problem solving and management of social situations, conflict management, assertiveness, effective self-presentation and influencing others, communication skills and cooperation (Knopp, 2013).

Research on social competence of autistic people is extremely limited. Clarke and Lord (2023) hypothesise that having social competence in autistic adolescents

is a predictor of their 'better' adulthood. Clarke et al. (2021) highlight a decline in daily living skills in autistic adults, particularly after leaving school. Elias and White (2018) report that parents of autistic young adults often request training for their children in social competence and daily living skills. Gates et al. (2017) indicate that group interventions with autistic young adults are widely used for social competence training. Researchers rate the effects highly, but only in terms of social knowledge. Parents perceive little improvement, teachers see no change, and tests indicate moderate effectiveness, so ultimately the results are inconclusive.

Many variables determine development of social competence. The role of social communication, which is central to sustaining relationships and interpersonal connections (Jakubowska, 1996) is significant. Deficits of this kind can affect autistic individuals (Ibrahimagic et al., 2021). This is relevant in the context of specific difficulties in establishing and maintaining social relationships and understanding social situations. As Buława-Halasz (2023) states, deficits in social communication entail difficulties in the sphere of social awareness, leading to behaviours that are not appropriately modulated according to the social context. Autistic individuals may experience difficulties in establishing and maintaining interpersonal relationships and in performing social roles. These deficits may be related to a person's ability to meet basic existential needs and more complex higher-order needs, such as self-actualisation or social belonging (Stein-Szala, 2019). Limitations in social interactions can lead to a reduced quality of life and affect functioning in a variety of areas, including occupational, educational, and daily life settings (Øzerk et al., 2021). Autistic individuals can develop social competence at different levels and at different rates, and this depends on a number of factors, such as individual predisposition, early support and intervention, social background, and access to appropriate educational and therapeutic programmes (Clarke & Lord, 2024).

There are discrepancies in understanding the basic elements of social competence, and autistic individuals report difficulties in social competence (e.g., in navigating social interactions and building relationships; Simmons et al., 2024). Initial assumptions of our research project required us to define social competence as a conceptual category. We therefore assumed that social competence is a concept that includes knowledge about life in society, norms that apply to it, and the skills necessary to build relationships and function within them. Social competence includes: communication, empathy, assertiveness, skills to function in intimate situations and social exposure, behaviour to function effectively in society, and the ability to build social life strategies. The second concept, a precise definition of which was necessary for the conceptualisation of the research, is the notion of daily living skills. It covers self-service activities such as hygiene habits, meal preparation, shopping, using services, managing money, and choosing clothes appropriate to the weather and circumstances (i.e., a set of skills that guarantee life independence; Bal et al., 2016).

The article uses terminology according to the AET Terminology Guide, which aims to give a consistent guide for use of the terminology and language we use within the Autism Education Trust. The aim is to improve consistency across our materials and to encourage others to think about how they talk about autism (AET Terminology Guide, p. 1, www.autismeducationtrust.org.uk). The study's terminology for describing autistic individuals was developed in consultation with the individuals being studied.

RESEARCH PROBLEM AND AIM

The purpose of the study was to investigate the relationship between: 1) the level of social competence and daily living skills in autistic students at the beginning of their first year of study, and 2) their satisfaction with studying and their level of social competence, daily living skills, and educational needs. We posed the following research questions:

1. What is the level of social competence in the assessment of autistic students at the beginning of their first year of study?
2. What is the level of daily living skills in their assessment?
3. What is the relationship between their level of social competence and daily living skills?
4. What is the relationship between the level of social competence, daily living skills, as well as educational needs and satisfaction with studying?
5. Is there a correlation between satisfaction with studying and other measured parameters?

Based on questions 3 and 5, we formulated hypotheses, in accordance with the principles of research in a quantitative strategy. Note that the first two hypotheses are alternatives between which we want to decide experimentally.

H1a. There is a positive correlation between the level of social competence and the level of daily living skills in the assessment of autistic students. The higher the level of social competence, the higher the level of daily living skills.

H1b. There is negative correlation between the level of social competence and the level of daily living skills in the assessment of autistic students. The higher the level of social competence, the lower the level of daily living skills.

H2. The level of autistic students' satisfaction with studying correlates positively with at least some daily living skills and social competencies. It also correlates positively with all needs from transactional analysis.

In young autistic adolescents, rates of daily living skills are lower than expected for their age, in part due to higher levels of externalizing behavioural problems in this group (Baker et al., 2021). Daily living skills tend to plateau and decline after high school, highlighting the need for further support (Clarke et al., 2021). There is

a lack of research that shows a positive correlation between social competence and daily living skills in autistic individuals. The research presented in the article aligns with this niche, as it aims to address the issues raised in hypotheses H1a and H1b. The correlation presented in hypothesis H2 is equally rare in studies of satisfaction with studying autistic individuals. Cullen's (2015) study identified four types of needs whose satisfaction positively correlates with satisfaction with studying: Social Needs, Academic Needs, Daily Living Needs, and How Those Needs Are Met.

MATERIALS AND METHODS

A survey was conducted to establish the condition of newly recruited male and female students at the Nicolaus Copernicus University in Toruń and the University of Gdańsk. Recruited individuals declared having a diagnosis of autism spectrum disorders. They could also be presumed to belong to the spectrum based on their symptoms.

Recruitment was carried out through messages sent via university systems in September 2024. Each recruited student received a brief description of the study, along with a link to register and access the metric. During registration, each autistic student declared their willingness to participate in the study, which was also conducted in a qualitative strategy. The next step was to invite each autistic student to a one-on-one meeting with the researcher who would use the mentioned tools and interviews. For the study, we invited autistic students entering their first year of study who have not yet had the opportunity to take advantage of the support system offered by the university. Questionnaires were completed by 31 people, aged 19 to 26 years (M = 20.626, SD = 2.023), mostly nineteen-year-olds. There were only 8 males with autism spectrum disorders among the respondents. In the entire group, 6 individuals who entered the study did not have a formal diagnosis of autism spectrum disorder. However, formal diagnoses were provided later, at our request. Participants were recruited from a variety of fields of study: pedagogy, computer science, biotechnology, archaeology, media arts and visual education, cognitive science, linguistics, Polish philology, physics, biology, media studies, archives and records management, medicine, international relations, psychology, environmental protection, sociology, English philology, cultural studies, art history, and military science. Of the 31 participants, 20 took the 2023 maturity exam.

Three tools were used to diagnose the respondents:

1. Profile of Social Competencies (PROKOS) – Martowska, Matczak (2013);
2. The Questionnaire of Educational Needs (QEN) modified by our team – Widawska, Pierzchała (2020);
3. "I can/can't" questionnaire – Golasik (unpublished).

The QEN was modified so that, instead of diagnosing elements that help with learning, it diagnosed student support at a university (the question "In the learning/teaching process I am helped by..." was replaced by "Rate to what extent studying at university..."). Nevertheless, the original answer keys were used for data reduction. The QEN was developed as a diagnostic tool to explore learning needs, which in the QEN are transactional hungers: structure (S), recognition (SR), and stimulation (SY). The theoretical basis for the development of the QEN is transactional analysis that refers to the study of a person's resources rather than deficits. The QEN has the following reliability measurements, measured by Cronbach's α: for structure hunger, the reliability was 0.77, for recognition hunger it was 0.82, and for stimulation hunger it was 0.76 (Widawska & Pierzchała, 2020). Thus, the entire tool can be considered reliable.

The PROKOS is a self-assessment tool for social competence one possesses. It consists of 60 diagnostic questions and 30 buffer questions. The tool has 5 scales that measure various competencies: assertive (A), cooperative (C), sociable (SB), social (S) and social resourcefulness (SR). The Cronbach's α coefficient for the tool ranges between 0.80 and 0.96, which allows us to conclude that it is a reliable tool (Martowska & Matczak, 2013).

The "I can/I can't" questionnaire was developed by Golasik to measure skills necessary for everyday life. Respondents self-assessed their abilities, skills, and potential, and identified areas that generate difficulties (with a focus on self-care activities and aspects of social functioning). It consisted of 78 statements in the form of "I can do it myself…" (e.g., "I can wash my hands and face myself"). Respondents assessed their abilities in each area on a 4-point scale: "Yes," "Probably yes," "Probably not," and "No." The answers were given a weight from 1 ("No") to 4 ("Yes"), and then the values were averaged. A higher final score (still in the range of 1 to 4) indicates a higher diagnosed skill level. The collected data enabled a quantitative analysis of individual profiles of abilities and difficulties of individual respondents, completing this questionnaire (currently in the validation process), a key tool to support the overall analyses carried out within the research project.

The conducted study used the qualitative methodological approach of reflexive thematic analysis, which allows researchers to explore the needs (and the ways in which they are met) of autistic individuals from the perspective of the individuals themselves (Braun & Clark, 2006; Hasson et al., 2022). It is an interpretative approach in which the reference is the individual and their interpretation of reality. Our proprietary tool (5 questions, 2 of which are open-ended; 3 equipped with a five-point Likert scale when answering) is used to explore the needs of autistic students whose academic success depends on their social functioning in a university setting. In our opinion, open-ended questions can serve to elicit much more data than closed questions (Braun & Clark, 2019). In the analysis of the data obtained in the qualitative strategy, several analytical categories emerged for the ques-

tion related to what hinders academic functioning: lack of acceptance of wearing headphones, lack of an online map of the campus, inadequate communication with teachers and administration, sensory discomfort, new drift and lack of time to complete tasks. Data obtained in response to a question related to reasons for satisfaction with studying allowed generating the following analytical categories: studying according to interests, small groups, independence, understanding in teachers, individual approach to students, opportunity for development, passionate teachers, social contacts, friendly peers, friendly atmosphere at the university, safe-space.

The study incorporated a semi-directed individual interview method. Each respondent was informed of the voluntariness of participation in the study and refusal to participate at any stage of the study, of the need to give informed consent to participate in the study, and of the researcher's coding of the respondent's identity. The research was approved by the Research Ethics Committee of the Faculty of Philosophy and Social Sciences of Nicolaus Copernicus University in Toruń No. 11/2022/FT.

DATA ANALYSIS

Data analysis is a process that allows for data interpretation and drawing conclusions from collected data. In the first stage, we determined the purpose of the analysis by defining the research questions and hypotheses. By selecting appropriate methods and tools for data collection, we ensured the data were representative and well documented. In preparing the data for analysis, we cleaned it and converted it to the appropriate format. We normalized the data extracted from the quantitative strategy and coded the data extracted from the qualitative strategy. We visualized the data to identify patterns and anomalies. We calculated descriptive statistics. We interpreted the results by assessing how the findings verified the research hypotheses or answered the research questions. In presenting the results, we also introduced practice recommendations.

RESULTS

The total score of the PROKOS questionnaire for the entire group (n = 31) equals M = 158.793 with a standard deviation of SD = 25.688. The distributions for the total score and all subscales (except S) are normal. This means that the scores obtained in the study group are statistically significantly lower than in the population for the age range of 19-25 years (173.4 - combined for male and female participants; one Sample t-test, t = -3.062, df = 28, p = 0.005). There is no statistically significant correlation of the PROKOS overall scores with age (p = 0.467; Figure 1).

Figure 1. Number of respondents and Overall PROKOS score

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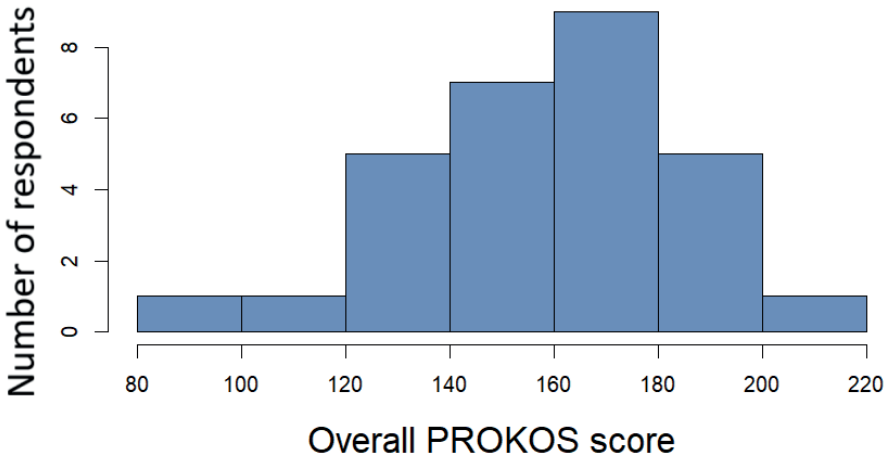
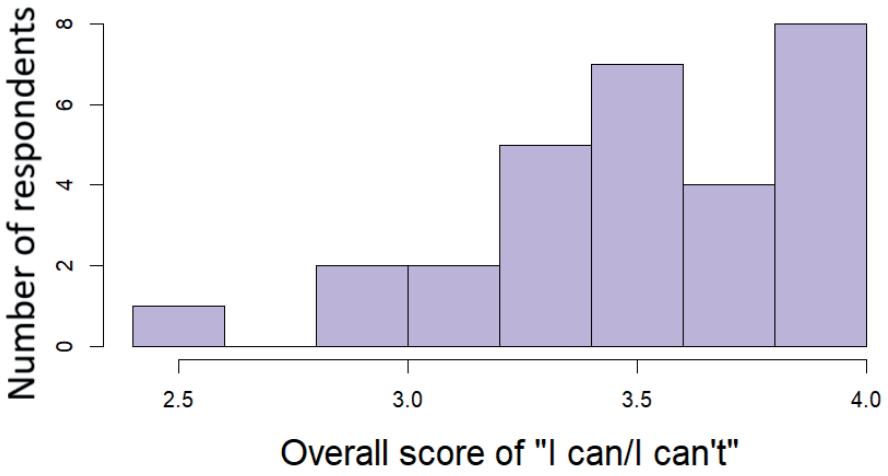


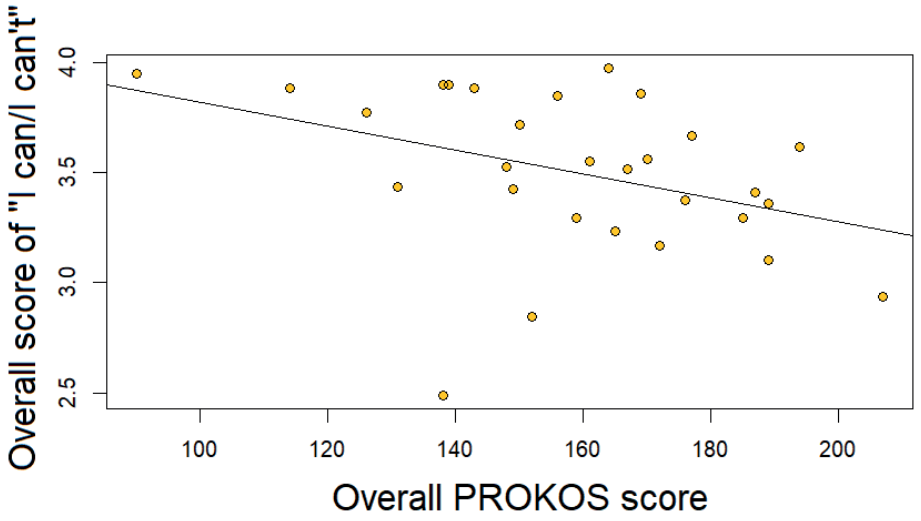
The 'I can/I can't' questionnaire proved to be relatively easy for autistic students, which is not surprising as it was originally targeted at young, school-aged people. Scores on the overall scale and subscales are expressed in the range from 1 to 4 (1 corresponds to the response "I can't" and 4 to "I can"). In the study group, the mean is 3.50 with a standard deviation of 0.36. Only one person had a score of 2.5, two between 2.75 and 3, while the others had a score of 3 and above. Averages for individual subscales are as follows: personal hygiene: 3.89, smartphone: 3.52, public transport: 3.78, dress code: 3.66, shopping: 3.56, housekeeping and laundry: 3.48, food preparation: 3.57, conversation and social interaction: 3.14 (Figure 2).

Figure 2**.** Number of respondents Overall score of "I can/I can't"



Correlation analysis demonstrated a correlation between social competence and daily living skills. The correlation is statistically significant, negative, of moderate strength (r = -0.381, t = -2.145, df = 27, p = 0.041; Figure 3).

Figure 3. PROKOS and "I can/I can't" scores for all respondents



The solid line represents the linear regression result for these data sets.

In all three scales of the modified QEN (SR – hunger for structure, R – hunger for recognition and SY – hunger for stimulation), the distribution of the results follows a normal distribution. Mean values are as follows:

R – 33.41, sten 4 (SD = 6.67),

SR – 33.93, sten 2 (SD = 5.64),

SY – 31.97, sten 5 (SD = 5.82).

Possible index values for each subscale range from 10 to 50 (ten-point sten scale).

The data collected using a qualitative research strategy were reduced. Data reduction involves coding the data. Coding is finding and labelling indicators of variables (analytical categories) in the text and giving them meaning (Rubacha, 2017). In this research, the technique chosen was to analyse the content of the interviews by systematically searching the text to identify categories. The categories were identified according to inductive analysis. The collected data were coded factually row by row. Factual coding started with an open-ended approach, allowing as many analytical categories to emerge as possible. The next step was selective coding (i.e., selecting only those categories that best reflected the research problem). The open coding process was followed by the selection of codes that were directly related to the research topic. The selected codes formed

the foundation of the representation of the collected data (Babbie, 2003; Rubacha, 2017).

The analysis yielded the following results: (1) a negative correlation between physical fatigue (as perceived by the respondents) and the year they passed their baccalaureate (r = -0.582, p < .001) and between physical fatigue and the daily living skill of shopping (r = -0.371, p = 0.043); (2) a moderately negative correlation (r = -0.456, p = 0.015) between mental fatigue felt by the respondents and one of the scales (hunger for structure) of the adapted QEN; (3) a moderately positive correlation between mental fatigue and physical fatigue (r = 0.406, p = 0.032).

Respondents' satisfaction with studying:

1. correlates positively with the year of matriculation (r = 0.447, p = 0.017);
2. correlates negatively with social competence from two scales in the PROKOS questionnaire:
   - the cooperative competence scale (r = -0.513, p = 0.004);
   - the social resourcefulness scale (r = -0.484, p = 0.008);
3. correlates positively with each of the three transactional hungers in the QEN, adjusted for the study:
   - hunger for structure (r = 0.518, p = 0.004);
   - hunger for recognition (r = 0.608, p < .001);
   - hunger for stimulation (r = 0.587, p < .001).
4. correlates positively with daily living skills tested with the "I can/I can't" questionnaire:
   - "Make a hairdresser's appointment by phone" (r = 0.491, p = 0.007);
   - "Choose a set of clothes suitable for the weather" (r = 0.392, p = 0.035);
   - "Go out to the cinema with a friend" (r = 0.582, p < .001);
   - "Go shopping in the supermarket" (r = 0.509, p < 0.005);
   - "Conversation and social interaction" (r = 0.491, p < 0.007).

DISCUSSION

Social competence deficits highlight the role of environmental factors in the development of autistic adults. Many of such individuals, despite their lack of intellectual deficits, are disadvantaged in the areas of employment, physical and mental health, or social relationships (Howlin & Moss, 2012). In contrast, the relationship between levels of self-efficacy and social competence in people with communication difficulties who show greater resourcefulness in everyday life is evidence of compensation for deficits. This type of adaptive mechanism of compensating social deficits with other skills, especially in autistic women (they constituted the majority of our study respondents), has also been found by other researchers (Lai et al., 2016). The physical fatigue we describe in autistic students has been noted by

other researchers, including Smith (2018). It is therefore worthwhile introducing a compulsory support system at universities for autistic students consisting of: the possibility to record lectures, peer support (classmates volunteering), communicating with the university administration units online, ensuring that university websites are neat and clear, or providing clear messages from instructors regarding requirements, grading criteria, and lesson plans.

Analysis of collected data showed no correlation of the age of autistic respondents with their level of social competence. However, the age range among the respondents was very narrow. Therefore, one cannot conclude that such a correlation does not exist in the general population. It is noteworthy that young autistic women who are increasingly requesting a formal diagnosis of autism spectrum disorders have been enrolled in the study.

Results obtained with the questionnaire that measured daily living skills are high. They indicate that the participants mostly have these skills well practised and that young autistic adults are ready for independent student life. The area of 'Talking and social interaction' has the lowest average score in this survey. However, it should be remembered that the tool examines simple activities related to self-care and resourcefulness in life. In addition, examination of the correlation between the results obtained with the PROKOS and the "I can/I can't" suggests that respondents with higher social competence are less independent. Thus, hypothesis H1a would be rejected and hypothesis H1b positively verified. Social competence does not correlate positively with the level of daily living skills. Surprisingly, the reverse relationship turned out to be true: the greater the social competence, the less developed the daily living skills. It can be supposed that autistic individuals who have greater social abilities have fewer opportunities to perform certain activities independently and thus to acquire the appropriate skills. However, the direction of influence is not certain (our results do not determine it). It may also be the case that autistic persons who find it easier to master everyday skills require less support and therefore do not have the opportunity to practice social skills, which, as a result, develop less well. Likely, both processes occur simultaneously. No sources presenting research on the correlation between daily living skills and social competencies in autistic individuals have been identified in the subject literature (Morrison et al., 2025).

Hunger for recognition and structure is of low intensity and hunger for stimulation is of average intensity. Average scores in the study group are lower than the averages for the group on which normalisation for the Polish version of the questionnaire was carried out. However, it should be noted that the authors of the questionnaire did not provide norms for particular age ranges, so we compare the study group to a group of people in a much wider age range.

Existence of a strong correlation between physical fatigue of the respondents and the year they passed their baccalaureate may suggest that the extent of time

between passing the baccalaureate and starting to study exacerbates the state of physical fatigue. We suppose that it is more difficult to start studying after a longer break in the educational process. There is a weak positive correlation between physical and mental fatigue.

Respondents become more satisfied with their studies as more time has elapsed since passing the baccalaureate. This fact may be due to unsuccessful attempts at university recruitment or dropping out during the first year. Perhaps higher satisfaction in these individuals is an effect analogous to the 'initiation ritual' studied by Aronson and Mills (1959): we appreciate more what comes our way (Cialdini, 2016). Respondents' satisfaction with their studies is related to their cooperative competence and social resourcefulness, which seems understandable and supports hypothesis H2. Thus, the higher the level of these two types of competencies, the higher the satisfaction with studying. This is a logical relationship concerning people who work with others and are surrounded by others. The more cooperative and resourceful a person is, the easier it is to work and live in a group. However, it may also be possible, which the result does not exclude, that the more social competencies the respondents have acquired in secondary schools (i.e., they are more overloaded with them), the less satisfaction they feel with studying. Satisfaction with studying correlates positively with the drives called hungers in transactional analysis, which also supports hypothesis H2. According to the creator of this analysis, "most people feel very anxious when faced with a lack of structuring" (Berne, 1991, p. 41). This implies that satisfying hunger through realisation of educational needs can optimise the educational process. Analysis of acquired data indicates that the respondents function in academic life on a relatively clear and comprehensible basis (hunger for structure); they may have had a discomfort of sensations and stimuli (hunger for stimulation) and they may have been overly noticed (hunger for recognition), which may give rise to discomfort in them (Widawska & Pierzchała, 2020). Satisfaction with studying correlates weakly but positively with daily living activities, which completes fulfilment of hypothesis H2. It may be concluded that the easier these activities are for the respondents to perform, the more satisfied they feel with their studies.

CONCLUSIONS

As a result of our research, we discovered an unexpected negative correlation between social skills and daily living skills. However, we should not jump to conclusions, such as limiting the support provided to autistic people because it hinders development of their daily living skills. Firstly, our research does not determine the direction of the correlation, and secondly, the need to support autistic people in their development is well-founded in the literature and difficult to deny at

present. However, it is worth noting that individuals who are good at practical activities should be given other opportunities to develop their social skills. Results of the present research project indicate the need to continue adapting programmes to support autistic students of all genders in the study process. It is necessary to conduct as many studies as possible on the quality of life of all autistic students, because only in this way can forms of support be properly designed. This will not only facilitate their studies and make studying easier, but will translate into increased employment of autistic people with higher education in the open employment market.

LIMITATIONS

There were limitations in the study related to the number of autistic students who declared participation in the research versus the number of students who took part in the research process. Research should take into account a more diverse (including a higher proportion of male participants) and larger group of study respondents. Further research must take into account the role of support received at university by autistic students.

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KOMPETENCJE SPOŁECZNE A UMIEJĘTNOŚCI ŻYCIA CODZIENNEGO STUDIUJĄCYCH OSÓB AUTYSTYCZNYCH

Wprowadzenie: Kompetencje społeczne i umiejętności życia codziennego są niezbędne studiującym osobom autystycznym do funkcjonowania społecznego w przestrzeni uczelni wyższej. Brakuje badań skoncentrowanych na tej problematyce.
Cel badań: Celem badań było poznanie związku między: 1. poziomem kompetencji społecznych a umiejętnościami życia codziennego u studiujących osób autystycznych na początku pierwszego roku studiów oraz 2. ich zadowoleniem ze studiowania a poziomem kompetencji społecznych, umiejętnościami życia codziennego i potrzebami edukacyjnymi.
Metoda badań: Badania wykonano wystandaryzowanymi narzędziami do badania kompetencji społecznych (PROKOS), potrzeb edukacyjnych (KPE) i ankietą "Potrafię/Nie potrafię" oraz pozyskując dane z wywiadów. Przebadano 31 osób z dwóch wiodących polskich uniwersytetów.
Wyniki: Kluczowym wynikiem jest ujemna korelacja między kompetencjami społecznymi a umiejętnościami życia codziennego.
Wnioski: Sugeruje to, że osoby lepiej radzące sobie w komunikacji mogą doświadczać mniejszej presji w zakresie kształtowania samodzielności i rozwijania umiejętności praktycznych.

Słowa kluczowe: autystyczni młodzi dorośli, studenci, kompetencje społeczne, umiejętności dnia codziennego