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Review Article

Review of SDG-Aligned Lifelong Vocational and Residential Supports for Autistic Individuals with High Support Needs

Mitu De[1*], Santi Ranjan Dey[2]

[1]Department of Botany, Gurudas College, Kolkata, West Bengal 700054, India
[2]Department of Zoology, Rammohan College, Kolkata, West Bengal 700009, India

**Corresponding Author's Email: mitu.botany@gurudas.education*

Abstract

As global diagnostic capabilities for Autism Spectrum Disorder (ASD) advance, a structural demographic shift has emerged: millions of autistic children are transitioning into adulthood. While early intervention has historically received significant public health funding, adult infrastructure remains severely underdeveloped, particularly in the Global South. One of the most profound yet under-recognized concerns facing families is the question often expressed by ageing parents: **"What will happen to my child after I die?"** This question encapsulates a growing humanitarian and public policy crisis. Across the world, millions of parents continue to provide lifelong care for autistic sons and daughters who require varying levels of support for daily living, healthcare, communication, financial management and social participation. This primary concern among aging parents of autistic adults is the "What after us?" dilemma, the profound anxiety regarding who will care for their high-support children once the primary caregivers pass away. This paper provides a comparative analysis of adult autism services, contrasting the structured, state-supported residential models found in high-income (First World) nations with the highly fragmented, private-dependent infrastructure in India. This paper analyses the architectural, economic, and ethical requirements needed to construct viable vocational and residential frameworks for autistic adults with high support needs. This also paper maps the implementation of comprehensive adult autism support onto the United Nations Sustainable Development Goals (SDGs), arguing that lifelong care is not merely a welfare initiative, but an essential component of global sustainable development. This paper argues for a paradigm shift toward long-term vocational support systems and neuro-inclusive, community-integrated residential frameworks to ensure equity, bodily autonomy and systemic dignity.

Keywords: *Autistic Adults; Autism Services Lifelong Care; Sustainable Development Goals (SDGs)*

Introduction

The global developmental framework outlined in the United Nations Sustainable Development Goals (SDGs) mandates a universal commitment to "Leave No One Behind." However, autistic individuals with high support needs often characterized by profound communication barriers, significant intellectual co-occurrences, and intense adaptive behaviours frequently remain on the outermost margins of social, economic and residential inclusion.

The need for lifelong autism support aligns closely with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which affirms the rights of persons with disabilities

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to independent living, community inclusion, education, employment, healthcare, accessibility, and equal participation in society. It also directly contributes to achieving multiple United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities), and SDG 16 (Peace, Justice and Strong Institutions) by promoting equitable access to lifelong services, inclusive communities and social protection for autistic individuals and their families.

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition characterized by differences in social communication and interaction, together with restricted and repetitive patterns of behaviour, interests, or activities (American Psychological Association, 2013). Historically, public health frameworks globally have treated autism primarily as a childhood condition, focusing resources heavily on early screening, paediatric speech therapy and inclusive schooling. However, epidemiological data indicates that autism does not fade with age; an estimated 40% of the global autistic population consists of adolescents and young adults aged 15 to 39.

Rather than being confined to childhood, autism is increasingly recognized as a condition that extends throughout the lifespan, with support needs evolving across adolescence, adulthood, and old age (World Health Organization [WHO], 2025; Howlin & Magiati, 2017). Although public awareness, early diagnosis, and early intervention have improved substantially during the past three decades, services for autistic individuals remain disproportionately concentrated in childhood, leaving a significant gap in adult care, community participation, employment, and residential support.

Globally, approximately 1 in 127 people is estimated to be autistic, representing millions of individuals whose needs extend well beyond school-age services (WHO, 2025). Improvements in healthcare, early intervention, and life expectancy mean that an unprecedented number of autistic children are now surviving into adulthood and old age. Consequently, the world's autistic population is ageing alongside their parents and primary caregivers, creating an urgent demographic and social challenge that many countries remain ill-prepared to address.

While childhood intervention programmes have expanded considerably, comparable investment in adult support systems including vocational training, supported employment, community living, respite care, mental healthcare and residential infrastructure have lagged far behind.

The systemic failure to provide targeted resources violates fundamental human rights and undermines the United Nations 2030 Agenda for Sustainable Development. Sustainable Development Goal 8 (Decent Work and Economic Growth) and Goal 11 (Sustainable Cities and Communities) cannot be achieved while an entire subset of the disabled population is functionally excluded from the labour market and safe housing infrastructure.

With global prevalence rates remaining stable yet absolute case numbers rising due to population growth and expanded diagnostic criteria, a massive demographic wave of autistic individuals is entering adulthood. Autistic adults often face ongoing challenges in executive functioning, social navigation and independent living. For a significant portion of this population, high-support needs necessitate lifelong care.

Despite this reality, systemic infrastructure drops off significantly once an individual turns 18, a phenomenon frequently described by families as "falling off a services cliff." The lack of specialized adult services, vocational programs and dedicated residential facilities constitutes a pressing public health and human rights issue.

The "What After Us?" Dilemma

For millions of aging parents raising individuals on the autism spectrum, a singular, haunting question dominates their later years: **"What happens to my child after I am gone?"**

As massive early-childhood diagnostic cohorts age into adulthood, their lifelong primary caregivers face their own twilight years with extreme anxiety. The "What After Us" dilemma is not just an emotional burden; it is a critical societal blind spot characterized by a severe lack of long-term planning, social exclusion, and a stark deficit in adult support structures.

Unlike neurotypical adults who generally achieve residential and financial independence, many autistic individuals remain completely dependent on their parents for basic activities of daily living (ADLs), such as financial management, self-care and medical navigation. When parents reach their 60s, 70s and 80s, their capacity to provide intensive, round-the-clock physical and emotional care naturally declines.

For families raising autistic individuals with high support needs, the aging process triggers a unique psychological and structural crisis. The "What after us?" question refers to the acute, compounding anxiety experienced by elderly parents regarding the long-term survival, safety and quality of life of their adult children after the parents die or become incapacitated.

For decades, the cultural and medical narrative surrounding Autism Spectrum Disorder (ASD) has focused heavily on early intervention and children. However, autism is a lifelong neurodevelopmental condition. When these children reach adulthood, they encounter what families frequently describe as a "services cliff" which is akin to a sudden drop-off in state-mandated educational and therapeutic supports.

Consequently, the burden of lifelong care falls squarely back onto families. Research indicates that parents of adult children with ASD face severe social exclusion and prolonged caregiving complexities that prevent them from experiencing normative life transitions, such as the "empty nest" milestone (Marsack & Perry, 2017). Instead of preparing for retirement, aging parents must maintain their caregiving "nest" while simultaneously battling their own cognitive and physical decline.

The crisis peaks when parents become medically incapacitated or pass away. Without a pre-established roadmap, the sudden transition of an autistic adult out of the family home can be catastrophic. The loss of a primary caregiver—who usually serves as the individual's primary advocate, routine-stabilizer, and sensory shield frequently triggers severe regression, mental health crises and behavioural challenges (Roestorf *et al.,* 2019).

The Critical Need for Adult Vocational Services

Employment is a cornerstone of adult identity, financial independence, and social integration. Yet, the current landscape for autistic adults is grim. Functional limitations and social communication differences often create insurmountable barriers to traditional workplaces, leaving a significant majority underemployed or unemployed (Westbrook *et al.,* 2012).

To bridge this gap, structured adult vocational rehabilitation and employment assistance are vital. These services include:

Supported Employment: Tailored job placement paired with professional job coaches who translate workplace expectations, design sensory accommodations, and assist with executive functioning tasks.

*Customized Job Creation***:** Aligning an individual’s hyper-focused strengths (e.g., precise data entry, patterns, technical specialization) with an employer’s distinct needs, proving highly cost-effective for corporations (Jacob *et al.,* 2015).

Vocational Skill Training: Explicit instruction on soft skills, corporate communication styles, and navigating sensory-heavy work environments.

Investing in vocational frameworks alleviates the financial anxiety of aging parents, knowing their children have acquired practical skills to contribute meaningfully to society.

The Vulnerable Present Scenario

Without a reliable, state-sanctioned institutional or community framework to inherit this caregiving responsibility, families face severe vulnerabilities:

The Risk of Institutionalization: In the absence of specialized homes, aging parents are often forced to default to psychiatric wards or general geriatric nursing homes, neither of which are equipped to handle autistic sensory profiles or behavioural needs.

Financial Depletion: The cost of securing private, lifelong care options forces families into extreme financial strain, often exhausting retirement savings to set up private trusts or secure spots in scarce non-governmental organization (NGO) facilities.

*Sibling Burden***:** Parents frequently face the painful choice of shifting an intense caregiving dynamic onto neurotypical siblings, disrupting the sibling's career and family planning.

The Imperative for Specialized Residential Services

Equally pressing is the necessity for neuro-inclusive, permanent housing solutions. When an aging parent can no longer provide care, the default alternatives are often highly inappropriate—such as generic geriatric nursing homes or psychiatric wards, which lack trained staff and can overwhelm an autistic individual's sensory system (Roestorf *et al*., 2019).

Adequate Residential Infrastructure Requires a Robust Continuum of Care:

Supported Group Homes: Small-scale community residences where a handful of neurodivergent peers live together under the supervision of trained, autism-informed staff.

*Independent Living with Assistive Technology***:** Smart-home setups equipped with visual schedules, automated cues, and remote monitoring for highly independent autistic adults (Zhou *et al.,* 2025).

*Lifespan-Informed Geriatric Residences***:** Housing specifically designed to accommodate the unique intersections of autism and early-onset age-related decline or dementia (Roestorf *et al.,* 2019).

Comparative Analysis: High-Income Nations vs. India

The stark disparity between the structural safety nets available in high-income (First World) countries and developing economies like India illustrates how national development modifiers alter the burden of care.

Adult Autism Support Ecosystems in High-Income Nations

In many high-income nations, adult autism services are integrated into broader state-funded social security and healthcare frameworks. While these systems are rarely flawless and frequently suffer from long waitlists, their foundational designs prioritize systemic continuity:

The United States: Through Medicaid Home and Community-Based Services (HCBS) waivers, the government funds individualized support plans. These allow autistic adults to live in community-integrated settings, such as Small Group Homes (typically housing 3 to 6 residents) or supported independent apartments, with state-funded direct support professionals (DSPs).

The United Kingdom & Western Europe: Under frameworks like the UK Care Act, local authorities are legally mandated to assess adult care needs. The emphasis has shifted decisively away from large, isolated institutions toward personalized budgets, enabling adults to choose supported living arrangements that maintain community access.

The Landscape of Services in India

India is home to an estimated 5 million or more autistic individuals, yet the infrastructure available to support them post-adulthood is profoundly limited. Historically, the Indian social fabric has relied heavily on the joint-family system to absorb caregiving demands. However, rapid urbanization and the proliferation of nuclear families have eroded this traditional safety net, leaving a massive systemic void.

While legislation like the National Trust Act (1999) established schemes such as *Gharaunda* (group homes for adults), the reach of these programs is minor relative to the population's needs. The few high-quality residential facilities that exist are private or NGO-run, concentrated in urban areas, and cost-prohibitive for the average citizen. This leaves the vast majority of autistic adults in India entirely

dependent on parental care, vulnerable to systemic neglect once their parents pass away (Dey *et al.,* 2024).

Alignment with United Nations Sustainable Development Goals (SDGs)

Developing comprehensive support systems and specialized residential infrastructure for autistic adults is not a luxury or a secondary welfare concern; it is a fundamental requirement for achieving the United Nations 2030 Agenda for Sustainable Development. The UN explicitly notes that its core promise to "Leave No One Behind" cannot be achieved without the active inclusion of neurodivergent populations.

SDG 3: Good Health and Well-being

SDG 3 promotes healthy lives and well-being for all ages. Providing specialized residential care directly reduces the high rates of mental health comorbidities such as severe anxiety and depression common among autistic adults navigating unaccommodating environments. Furthermore, it addresses the severe physical and psychological toll placed on aging caregivers, fostering a holistic approach to family health.

SDG 8: Decent Work and Economic Growth

Vocational Supports and SDG 8: Moving Beyond "Unemployable"

Standard workforce inclusion strategies rely heavily on self-disclosure, interview adjustments, and mild environmental modifications. For autistic individuals with high support needs, these superficial adjustments are insufficient. Traditional gatekeeping mechanisms, such as unstructured behavioral interviews, create insurmountable obstacles to employment (Raymaker *et al*., 2023). True inclusion requires a shift toward personalized, long-term vocational assistance.

Autistic adults experience some of the highest unemployment rates among all disability groups globally. Aligning adult services with vocational training and supported employment models directly fulfils SDG Target 8.5, which calls for full and productive employment and decent work for all women and men, including persons with disabilities. It transitions autistic adults from being perceived as economic dependents to active contributors within inclusive economies.

Long-Term Vocational Supports and Customized Employment

For individuals with intense adaptive and cognitive support profiles, vocational success relies on specialized methodologies:

Customized Employment: Rather than forcing an applicant into a pre-existing job role, vocational specialists negotiate with employers to carve out specific tasks that align precisely with the individual's unique visual-spatial or repetitive processing strengths.

*On-Site Job Coaching***:** Continuous or high-frequency job coaching is essential. As noted in vocational guidelines, long-term vocational support requires continuous or periodic job-skill training services provided regularly at the work site throughout employment (Spearman, 0000).

*Universal AAC Integration***:** Incorporating visual schedules, robust speech-generating devices, and simplified digital workflows directly into the workspace allows non-speaking individuals to independently execute complex tasks.

SDG 10: Reduced Inequalities

SDG 10 aims to empower and promote the social, economic, and political inclusion of all, irrespective of disability status. The current lack of adult services in developing nations creates a profound socioeconomic divide: wealthy families can purchase private lifelong care, while low-income families face devastating vulnerability. State-backed residential frameworks equalize this landscape, providing safety nets that reduce absolute inequality.

SDG 11: Sustainable Cities and Communities

Specialized Residential Units and SDG 11: Dismantling Housing Ableism

Access to safe, stable, and affordable housing is a fundamental human right. However, systemic bias within the housing market regularly isolates individuals with developmental conditions. People with disabilities are disproportionately forced to live in inaccessible, insecure, unaffordable and poor-quality environments, frequently facing profound housing ableism during their search for independent residential options (Lindsay *et al.,* 2024).

Target 11.7 demands universal access to safe, inclusive, and accessible green and public spaces, particularly for persons with disabilities. Designing residential infrastructure specifically tailored to neurodivergent needs incorporating sensory-friendly architectural designs, low-stimulus environments and predictable community layouts serves as a model for modern, inclusive urban development.

By cross-examining current structural limitations through the lens of SDG 8 (Decent Work and Economic Growth) and SDG 11 (Sustainable Cities and Communities), we demonstrate that current paradigms often conflate neurodivergent inclusion with the accommodation of low-support profiles, leaving high-support individuals institutionalized or isolated.

Excluding high-support individuals from vocational frameworks reduces their economic self-determination and creates an extensive macroeconomic strain on family networks and state welfare infrastructures. Research shows that stable, meaningful employment dramatically improves health, life outcomes, and overall adaptive functioning for autistic individuals, while significantly reducing long-term public costs associated with crisis hospitalizations and intensive emergency service use (Raymaker *et al.,* 2023). When public systems invest in continuous workplace support, they transform a historical expenditure into an active economic contributor. This advances SDG Target 8.5, which aims to achieve full and productive employment and decent work for all women and men, including young people and persons with disabilities.

Recommendations

To build a sustainable future aligned with the SDGs, the following interventions are urgently required:

Public-Private-Philanthropic Partnerships: Developing economies like India must combine state land allocations, corporate social responsibility (CSR) capital and family-funded trust models to establish sustainable, community-integrated group homes.

Standardization of Adult Care: National frameworks must define strict licensing standards, low staff-to-resident ratios, and evidence-based behavioural care methods tailored specifically to adults rather than children.

De-institutionalized Supported Living: Policymakers must bypass old-world models of isolated, large-scale institutional asylums. Instead, they should invest directly in small, neighbourhood-integrated residential units that promote autonomy, social dignity, and active community participation.

Discussion

The need for lifelong autism support aligns closely with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which affirms the rights of persons with disabilities to independent living, community inclusion, education, employment, healthcare, accessibility, and equal participation in society. It also directly contributes to achieving multiple United Nations Sustainable Development Goals (SDGs).

A Call to Action

Despite increasing recognition that autism is a lifelong condition, research, policy, and service development continue to be heavily weighted toward early childhood. Studies indicate that only a small proportion of autism research specifically addresses adulthood, ageing, or lifelong support systems, resulting in limited evidence to guide policymakers and service providers in planning comprehensive

adult services. Consequently, autistic adults frequently encounter barriers to higher education, employment, healthcare, independent living, social inclusion, and access to appropriate mental health services. These disparities are particularly pronounced among individuals with high support needs and those with co-occurring intellectual disabilities, who often require lifelong assistance and structured living arrangements.

As caregivers age, many experience declining physical health, financial insecurity, emotional stress, and uncertainty regarding future care arrangements. In many low- and middle-income countries, including India, formal adult autism services remain scarce, leaving families as the primary and often only source of lifelong support.

The evolution of the neurodiversity movement has driven significant progress in public awareness and corporate accommodation strategies worldwide. Yet, the dominant public narrative surrounding autism spectrum conditions (ASC) tends to favour high-functioning, verbally fluent individuals. This leaves autistic adults with high support needs structurally invisible. Individuals within this demographic often require continuous, specialized assistance to navigate activities of daily living, manage severe sensory dysregulation, and utilize alternative or augmentative communication (AAC) systems.

The evidence base regarding specialized, long-term adult autism services remains severely underdeveloped, leaving families to struggle blindly with their clinical and systemic choices (Shattuck *et al.,* 2012). To grant aging parents peace of mind, public policy must shift from a reactionary crisis-management model to a proactive, lifespan-oriented framework. Only by establishing sustainable, community-integrated vocational and residential pathways can society ensure that the answer to "What after us?" is one of dignity, security and belonging.

Conclusion

The global expansion of autism diagnoses requires an equivalent expansion of lifelong care infrastructure. The burning "What after us?" question asked by aging parents reflects a systemic policy failure to protect vulnerable autistic citizens across their entire lifespan. As demonstrated by the comparative gap between high-income nations and India, relying entirely on family units or private wealth to sustain high-support needs autistic individuals is unsustainable and inevitably leads to humanitarian crises.

The development of sustainable adult autism services is therefore no longer solely a healthcare issue but a multidisciplinary challenge encompassing social welfare, housing, education, labour, disability rights and community development. Comprehensive support systems should include coordinated transition planning from adolescence to adulthood, vocational and supported employment opportunities, community participation, respite services, long-term residential options, skilled caregiving, healthcare across the lifespan and legal and financial planning for future care.

Such systems not only enhance the quality of life of autistic individuals with high support needs but also reduce caregiver burden and promote social inclusion. Investment in lifelong support systems is not merely a social welfare imperative but a human rights obligation and a prerequisite for sustainable and inclusive development. There needs a paradigm shift toward long-term vocational support systems and neuro-inclusive, community-integrated residential frameworks to ensure equity, bodily autonomy and systemic dignity.

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding this publication.

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