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A Critical Analysis of How Local Autism Strategies Represent Autistic Adults' Intimate Lives

Bethany Jay, Monique Huysamen, and Chris Hatton

Abstract

Background: Intimate relationships are an important, yet ordinary, part of many people's lives. However, autistic people experience greater challenges around sex and intimate relationships and more loneliness and isolation. As diagnostic rates for autism in the United Kingdom increase, international research shows that support around sexuality and gender diversity is imperative to promote autistic people's well-being. Health and social care policies should guide social care systems to address inequalities that autistic people face. However, our recent policy analysis shows that national health and social care policies in England tend to overlook support for intimate relationships. Building upon this research, this study investigates if and how local autism strategies in England recognize and prioritize support for sex and relationships.

Methods: This empirical study employs a novel five-step process for critical policy analysis designed to identify and evidence both presences and absences within documents. We systematically identified all publicly available local autism strategies in England (89 documents). We combined keyword searches and hybrid thematic analysis (both deductive and inductive) to scrutinize the policy content. To evidence absences in the representation of intimate lives within these documents, we supplemented this with content analysis, using code quantification to support final themes.

Results: The findings evidence a clear lack of positive and proportionate representations of intimate lives across local strategies. No strategy contained a priority area focused on supporting intimate relationships, and most strategies did not consider people's intimate lives within relevant priority areas such as transition to adulthood and housing or in relation to support for LGBTQ+ autistic people. The study highlights the importance of advocating for the recognition of autistic people's intimate lives in national autism policy.

Conclusion: We present six recommendations for integrating recognition and support for sex and relationships into future autism strategies and policymaking processes, with clear significance to international autism policy contexts.

Keywords: autism, intimate relationships, sexuality, policy analysis, social care

Community Brief

Why is this an important issue?

Intimate relationships are an ordinary part of life for many people. However, autistic people often encounter challenges with sex and relationships because society focuses on how non-autistic people connect, date, and initiate sexual or romantic relationships. Many autistic people want and need some support to have a fulfilling intimate life, but they seldom get this support.

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What was the purpose of this study?

All 153 councils in England are supposed to have a local autism strategy. A local autism strategy is an action plan that outlines how local authorities will support autistic people in their area, enabling them to feel included and live a good life. This study examined whether local autism strategy documents in England mentioned support for the intimate lives of autistic people, with the aim of informing future local autism strategies.

What did the researchers do?

We searched for all local autism strategy documents in England available online. Our five-step approach to analyzing the documents allowed us to examine both what the documents said and what the documents did not say about supporting the intimate lives of autistic people.

What were the results of the study?

Our analysis of local autism strategy documents revealed:

- Only 37% of councils had up-to-date autism strategies, with just 55% mentioning sex, relationships, or intimate lives.
- Sex and intimate lives are often ignored in local autism strategies.
- Where these topics were discussed, they were often framed around risk management. This can perpetuate harmful stereotypes and overlook the duty adult social care has to support people with their intimate relationships if they want this support.
- The common priority areas in local autism strategies closely mirrored those in the National Autism Strategy, emphasizing the need for national policy recognition of intimate lives.
- No local strategy explicitly included sex and intimate lives as a priority, compared with the attention given to employment, which was a priority area in almost all strategies.
- People's intimate lives should be considered in many existing common strategy priorities, such as providing person-centered care, supporting people through adolescence to adulthood, supporting people to live independently where they want and with whom they want, and supporting diverse groups of autistic people. However, very few recognized the importance of people's intimate lives within these priority areas. They also did not acknowledge how the greater diversity of gender identities and sexualities among autistic people might impact their sex and relationship support needs.
- One strategy, *The Lancashire and South Cumbria All-Age System Strategy for Autism*, stood out for consistently representing sex and relationships as part of autistic people's ordinary lives, illustrating how intimate lives can be meaningfully included and prioritized in local autism strategies.

How will these findings help autistic adults now or in the future?

Findings and recommendations from this study will guide local councils in England in developing or updating future local autism strategies. They are also relevant to autism policy at both national level and in other international contexts. The main recommendations include recognizing intimate relationships as part of everyday life; incorporating recognition of sex and relationships within existing priorities; avoiding risk-focused narratives; engaging in genuine consultation with autistic people; including specific, measurable goals for delivering support for intimate relationships; and advocating for national policy recognition and support for intimate lives.

Background

Sex and relationships for autistic people

Intimate relationships are an ordinary part of life for many adults.^{1,2} However, this is not the case for many autistic people who experience more stigma and greater barriers around sex and relationships. Many of these barriers are related to having to negotiate sex and relationships in a neuro-normative, heteronormative society where sex and dating scripts and norms do not accommodate and are often hostile to the needs and differences of autistic people.

Infantilizing and stigmatizing tropes about disabled people in general, and autistic people specifically, position sex and relationships as inherently undesirable, inappropriate, or risky for autistic people.³⁻⁶ These stereotypes further exclude autistic people and create barriers to them receiving support for sex and relationships.

Autistic people experience greater loneliness and isolation and more mental health problems and are more likely to die by suicide than those who are not autistic.^{7,8} Positive intimate relationships can mitigate loneliness, act as a protective factor against the risk of suicide, and improve mental health

outcomes and people's sense of well-being.^{8–12} Many autistic people want and value social care support around sex and relationships, but they seldom receive it.¹³ A group of international researchers and autistic advocates evidence that a positive focus on sexuality and gender diversity is imperative to promote the well-being of autistic people and offer clear recommendations for policy, education, and clinical practice.¹⁴

National health and social care policies should highlight the social disadvantages and health inequalities that particular groups experience and guide service systems in eliminating them. One role of adult social care (services that aim to “help people stay independent, safe, and well so they can live the lives they want to”¹⁵) is to support autistic people in enjoying an ordinary life where they are valued, included, and able to participate in all aspects of life. Intimate life should be no exception.¹⁶

This study is part of a participatory mixed methods study, SAAIL: Supporting Autistic Adults' Intimate Lives (www.autilives.com), which employed policy analysis, interviews, and focus groups to investigate how adult social care in England can better support autistic people around their intimate relationships. Our analysis of English national health and social care policy and guidance documents⁴ revealed a dearth of references to sex and relationships, finding that the national policy overlooks this area of autistic people's lives and fails to adequately and proportionally prioritize the need for sex and relationship support. We found that the National Strategy for Autistic Children, Young People and Adults: 2021 to 2026 makes no mention of sex and relationships.¹⁶ This study builds upon our previous research by investigating the local autism policy landscape, analyzing all publicly available local autism strategies in England.

The policy context

The Autism Act¹⁷ imposes a legal obligation on the English government to create, release, maintain, and update a national autism strategy. Consequently, in 2010, *Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England*¹⁸ was published, which was revised in 2014 and again in 2021 to include children and young people in the *National Strategy for Autistic Children, Young People, and Adults: 2021 to 2026*.¹⁶ Each strategy delineates key national priority areas to improve support for autistic people and enhance their quality of life (see Appendix 2 in Supplementary Data S1). Other parts of the United Kingdom—Scotland,¹⁹ Wales,²⁰ and Northern Ireland²¹—also have national autism strategies that are similar to England's strategy in their dearth of references to sex and relationships. However, in Scotland there is some recognition of intimate lives within the guidance produced to supplement the national strategy.²²

In England, at the time of writing, there are 153 local authorities (LAs) with social care responsibilities. Local autism strategies are published by LAs and/or National Health Service (NHS) bodies in England who are responsible for the provision of social care support and services for autistic people at the local level. Local autism strategies typically span 3–5 years. They outline plans and priorities for improving the lives of autistic people and their families, specify which organizations are responsible for implementation, and stipulate timescales for actions. Local autism

strategies are central to representing the needs and priorities of autistic people, determining which support needs are prioritized and funded by the local government, and ultimately shaping the support autistic people receive in their communities.

It is important to consider local autism strategies in relation to their national legislative context. The Autism Act¹⁷ legally mandates the government to provide statutory guidance to English LAs and NHS bodies on improving services for autistic people and makes these bodies responsible for ensuring that the guidance is followed in local services and practices. This statutory guidance²³ encourages LAs and NHS bodies to develop local autism strategies, tasks LA leaders with ensuring the local strategies are in place and effective, and advises LAs to establish local autism partnership boards, which bring together various stakeholders to play a role in the development of local autism strategies.^{16,23} Given these legislative imperatives and policy guidelines, most LAs should have published their own local autism strategies in collaboration with local autism partnership boards. We sought to systematically identify and provide an overview of whether these local strategy documents include support around sex and relationships.

This article includes discussion of ableism and stigma reflected within social policy, which may be emotionally challenging for some readers.

Methods

Research aims

The aims of the study were twofold: first, to systematically identify and provide an overview of all local autism strategies published by LAs in England to understand what proportion of LAs currently have up-to-date strategies; second, to develop a critical overview of whether, and how, local autism strategies in England recognize and prioritize support for autistic people's intimate lives.

Conceptualization and design

In the project conceptualization and design phase, we had two meetings with an autistic self-advocate who is a member of a local Autism Partnership Board and has experience with co-producing a local autism strategy. They helped us to understand the local autism strategy landscape in England and assisted us with designing the document search strategy, as described below.

Data collection

Inclusion criteria: We included all local autism strategies published by LAs with social care responsibilities in England, which were publicly available to access online.

Search strategy: The search was conducted between April 11, 2023, and May 10, 2023. We compiled an up-to-date list of the 153 LAs with social care responsibilities at the time of data collection. To retrieve documents, we conducted separate online searches by including the name of each LA on our list along with the term “local autism strategy.” If a strategy for a particular LA was not retrieved using this method, we entered the term “local autism strategy” into the search

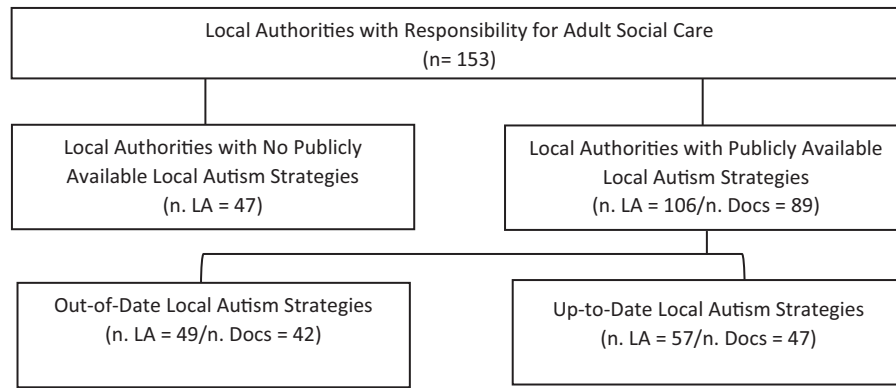


FIG. 1. An overview of the local autism strategy dataset.

bar of each relevant LA website and thoroughly reviewed the health and social care pages of each LA.

Eighty-nine publicly available local autism strategy documents were retrieved online, representing 106 LAs (Appendix 1 in Supplementary Data S1). Some local autism strategies (15) were produced by multiple LAs, which is why there are fewer strategies (89) than LAs (106) (see Fig. 1).

A database consolidating local autism strategies by each LA was created and is available open access. To aid transparency and promote the replicability of our five-step method, all data and metadata are available via the Open Science Framework (OSF) <https://doi.org/10.17605/OSF.IO/JZUTB>

Theoretical framework

We apply a material-discursive lens to critically analyze social policy, which emphasizes the intertwined nature of material realities and discursive representations in shaping complex social phenomena.²⁴ Our research is underpinned by the Neurodiversity Paradigm, which conceptualizes autism as a part of natural neurological diversity.²⁵

Data analysis

While we drew on others' approaches to critical policy analysis,^{4,26,27} we found no existing method that could systematically evidence and contextualize absences and omissions within policy documents. Therefore, we developed a rigorous and transparent five-step process for critical policy analysis to identify and evidence both presences and absences within policy documents. We used NVivo to organize the data throughout.

Step 1: Keyword search to produce data subsets. The dataset of 89 documents was uploaded to NVivo, where a keyword search was conducted using the following intimacy-related terms: "intimacy," "sex*," "romantic," "relationship," "love," "marriage," and "dating." Each document was screened to ensure the keywords pertained to intimacy. These occurrences were coded as "mentions intimate lives." The documents were accordingly divided into two subsets: those that included one or more intimacy keywords (58) and those that did not (31). This division allowed us to identify potential differences between documents that mentioned sex and relationships and

those that did not, sensitizing us to potential absences and silences within the data.

Step 2: Familiarization. All 89 documents, divided into two subsets, were read in full by the first (B.J.) and second authors (M.H.). We attended to both the content and the structure of the documents, including imagery. Both researchers made initial notes.

Step 3: Hybrid thematic analysis (deductive and inductive). We used a hybrid approach to thematic analysis, adapted from Fereday and Muir-Cochrane.²⁷ We selected a hybrid approach because the deductive thematic analysis allowed us to apply the findings from our national policy analysis on autism and intimacy (co-led by an autistic researcher) as a framework for analyzing local autism policy,⁴ while inductive thematic analysis allowed us to capture and incorporate new patterns and insights from the local policy landscape.

We developed a deductive code manual (available from OSF) based on key findings from our national policy analysis.⁴ To test code reliability, two documents (one from each subset) were randomly selected and independently coded on NVivo by B.J. and M.H. After comparison, no modifications were needed. B.J. then deductively coded all documents, while both B.J. and M.H. identified new codes inductively. For consistency, B.J. and M.H. worked together to confirm and then connect the inductive and deductive codes into initial themes and subthemes and confirmed and agreed the semifinal themes (see Appendix 3 in Supplementary Data S1).

Step 4: Content analysis to evidence and contextualize absences. While thematic analysis is useful for identifying and summarizing common patterns and occurrences (or presences) across a dataset, it is less effective for evidencing absences or disproportionate representations within whole documents. For example, it is difficult to code specific segments of text to reflect the observation that, although most aspects of social life are mentioned throughout a policy document, there is a notable absence of recognition of intimate lives across the document as a whole.

To address this and support emerging themes, we supplemented our hybrid thematic analysis with a content analysis²⁸ to quantify the occurrences of relevant codes and to evidence and contextualize absences and omissions within

the documents. We developed a codebook in Excel based on selected codes and themes from step 3 and created codes that allowed us to quantify omissions or the absence of references to intimate lives within the dataset (Appendix 4 in Supplementary Data S1).

Step 5: Consolidating analysis and finalizing themes. Finally, we considered the findings of the hybrid thematic and the results of the content analysis together to finalize the set of themes that are presented below.

We sent these themes to the autistic person who had advised on project design for sense checking. They helped to refine the policy recommendations based on their experience with local policy making.

Findings and Discussion

Findings are presented according to our two aims.

Aim 1: To provide an overview of local autism strategies published by LAs in England

We aimed to ascertain how many LAs in England had up-to-date local autism strategies (see Fig. 1). Overall, 69% of LAs with social care responsibilities (106 of 153 LAs) had a publicly available local autism strategy at the time of data collection.^a The remaining 31% (47) of LAs did not. Moreover, 42 strategy documents (47%) were out-of-date, with half of these documents (21) being significantly out-of-date (published 2011–2015). A strategy was deemed up-to-date at the time of analysis if the document's stipulated date range extended to 2022 or later, and a strategy was deemed out-of-date if the document's stipulated date range ended in 2021 or earlier. For example, "Local Autism Strategy 2019–2022" would be up-to-date at the time of analysis, while a "Local Autism Strategy 2015–2018" would be out-of-date. Therefore, our study identified that only 37% (57) of LAs had up-to-date local autism strategies at the time of data collection.

A majority (63%) of LAs either do not have local autism strategies or had out-of-date strategies. Given that LAs are advised to produce and update these policies in statutory guidance mandated by the Autism Act 2009, many LAs should currently be working to produce or update their local autism strategy.

Aim 2: To explore whether, and how, local autism strategies in England recognize and represent autistic people's intimate lives

The absence of positive representations of intimate lives. Over one-third of the strategy documents (31 of 89; 35%) did not contain keywords pertaining to intimate lives. Much like in the National Autism Strategy,¹⁶ autistic people's intimate lives were erased from these local autism strategies. Of the documents that did contain intimacy keywords, a further nine documents were deemed to lack any meaningful discussion around intimate relationships because the intimacy keywords in these documents appeared only tangentially, for example, a named sexual health service in a list of other health services. This left just over half (49 of 89;

55%) of strategy documents making any mention of intimate lives.

Many documents discussed sex and relationships in the context of risk and risk mitigation. Four documents discussed sex and relationships only in the context of autistic people's vulnerability and/or the societal danger they may pose and failed to include any positive aspects of intimate relationships, for example:

Children, young people, or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk (such as firesetting or sexually inappropriate behaviour) and which leads to contact with the criminal justice system. (LAS1, p. 23)

Statements such as these contribute to the stigmatization and infantilization of autistic people and long-standing broader dual portrayals of disabled people as both at-risk and a risk to society in terms of sexuality requiring state control/management.²⁹ When sex and relationships are only mentioned through the lens of risk, social care providers are positioned as having responsibilities primarily related to risk management and mitigation rather than having a positive obligation to facilitate opportunities for autistic people to engage in safe and positive intimate relationships.^{4,29} Recognizing the risks and vulnerabilities that autistic people encounter when navigating intimate relationships in a neuro-normative society is vital.^{13,30–32} However, when autistic people's intimate lives are represented disproportionately in terms of risk, and in the absence of positive representations, it reinforces harmful stereotypes about autistic people's sexuality and promotes restrictive risk-averse approaches to care and support.

The failure to recognize intimate lives proportionally. Our analysis revealed that local autism strategies in England do not recognize and prioritize support for intimate lives in ways that were proportionate to how other aspects of autistic people's lives are prioritized.

Disproportionate focus on work. We found that local autism strategies were almost always structured according to a set of between five and seven priority areas, mirroring the structure of the National Autism Strategy (Appendix 2 in Supplementary Data S1). Across the dataset, the most common priority areas in local autism strategies pertained to work and employment, transition to adulthood, education, health care, diagnostic pathways, housing and independent living, public understanding of autism, carer/family well-being, the criminal justice system, and equality and diversity. No local autism strategy in our dataset included a priority area dedicated to intimate relationships. In contrast, 57 documents had a key priority dedicated to work and employment, and 86 of the 89 documents made repeated reference to supporting autistic people to work.

The sharp disparity in prioritizing support for autistic individuals in the workforce while neglecting their intimate lives mirrors broader neoliberal values intertwined with the British state's agenda on health and social care.⁴ This neoliberal approach to social care, a shifting focus from welfare to workforce, began in the 1980s under the Thatcher government³³ and centers on reducing state expenditure by emphasizing individual responsibility, productivity, and self-

^aFive documents were autism and learning disability strategies.

reliance. Our analysis reflects how support for employment is prioritized over areas like intimate relationships, despite the latter's potential to be humanizing and dignifying and to promote social connection, which can address the loneliness and alienation that many autistic people experience.⁴ These findings support Chapman's²⁵ contention that neurodivergent lives are valued and supported within a neoliberal capitalist system only so far as their cognitive differences can be harnessed for productivity.

Person-centered care discourse. The discourse of "person-centered care" was prevalent across the local autism strategies we examined. Originating from Carl Rogers'³⁴ psychotherapeutic work, person-centered care is now a fundamental philosophy in health and social care in the United Kingdom and internationally that emphasizes individual empowerment, addressing personal needs and experiences, and involving individuals in decision-making processes.³⁵ This approach aims to consider the whole person's life in assessments and service provision to support overall well-being.^{36,37}

Our analysis revealed that 57 out of 89 strategies (64%) mentioned or advocated for a person-centered approach. Ideally, such a holistic approach should include a proportionate focus on all aspects of a person's life, including intimate relationships. However, we found that 11 of the strategies that claimed to follow a person-centered approach did not mention intimate lives at all in the strategy. For instance, one strategy (LAS2, p. 24) committed to "actively encourage and promote" person-centered plans for young autistic people that support them with future planning in areas such as employment and housing but did not mention intimate relationships anywhere in the strategy. This highlights a contradiction: despite claiming a holistic, person-centered approach, these strategies often overlook the significance of intimate lives in relation to personhood.

National policy influences local policy. Our findings demonstrate the significant influence of national autism policy on local strategies. Many local autism strategies have priorities which closely align with the National Autism Strategy priorities (Appendix 2 in Supplementary Data S1), with some explicitly stating this alignment. For instance, 14 local strategies (16%) replicate almost all National Autism Strategy priorities and often contain statements such as the following:

... in developing this Strategy, we felt it was important to directly link our strategic aims to the National Strategy. We have therefore used the same 6 themes. (LAS2, p. 11)

In addition, we found that public consultations for local strategies frequently followed the National Autism Strategy. We identified 38 documents (43%) that referred to their public consultation process; they revealed that National Autism Strategy priorities were often used to develop questions asked in local consultations. One local autism strategy described its public consultation process as follows:

... a number of listening and consultation events have taken place locally ... inviting the general public to explore the key themes from the national strategy. (LAS3, p. 11)

This evidences how priorities set at national level policy dictate what the public is asked to discuss in local consultations

and, by implication, which areas of their lives they are not asked about, including notable omissions such as intimate lives.

This demonstrable interconnection between national and local policy structures is crucial to the issues addressed within our study. When we submitted our findings on the omission of autistic people's intimate lives in the National Autism Strategy for publication in a peer-reviewed journal, reviewers criticized this focus on sex and relationships as being "too niche" for national policy and that this "level of detail" could not have been expected in the first place.⁴ We contest this view, arguing that people's intimate lives are no more "niche" than their working lives. This study provides empirical evidence to rebut this assertion that one should not expect national autism policy to recognize intimate lives—in fact, it evidences why there is a need to lobby and advocate for its inclusion in national policy. If autistic people's intimate lives are not represented in national policy priorities, these priorities cannot filter down into local autism policy.

The absence of intimate lives within existing policy priorities. We investigated whether autistic people's intimate lives were recognized and considered within three relevant priority areas, which were common across most local autism strategies, namely, "transition to adulthood," "housing and independent living," and "equality and diversity."

Transition to adulthood. Transition to adulthood is conceptualized within UK policy as a period occurring between ages 14 and 25 where health and social care professionals support young people to prepare for adulthood and for the changes related to moving from children to adult health and social care provision.³⁸ The "transition" to adulthood is recognized as a particularly challenging time for autistic young people.³⁹ Curtiss et al.⁴⁰ describe transition to adulthood as a "time that young people explore love, work, and world-views" and found that autistic young people's key goals include finding interesting and achievable careers, having romantic partners and starting families, and being independent in the future.

Of the 89 strategies analyzed, 75 (84%) included discussions on transition to adulthood for autistic young people. Despite transition being a time when autistic young people will likely need support as they navigate challenges related to sex and intimate relationships,^{39,40} only six strategies (7% of all strategies) made any mention of intimate lives in relation to transition. Rather, discussions on transition were skewed to supporting young people around education, apprenticeships, and vocational opportunities. These findings again reflect the disproportionate focus on work and productivity along with the systematic exclusion of sex and relationships from discussions around support. Kulick and Rydström⁶ caution that:

Ignoring sexuality or believing that it should be the secondary focus of struggle, is also misguided because sexual agency is a decisive marker of adult status in society.

However, we did identify six documents that did include sex and relationships within transition to adulthood priorities. Excerpts such as the one below offers examples of how policy can recognize intimate lives within transition to adulthood priorities:

We know that life's transitions are hard for everyone but can be extremely difficult for people with an autistic spectrum condition. We want to help prepare individuals, families and services for the unique challenges that preparing for adulthood can bring for people, which includes navigating relationships and sexuality, moving into a home of your own, seeking further skills and employment, becoming financially independent and how to build a network of support to enable people to cope with these challenges. (LAS4, p. 5)

Here, "navigating relationships and sexuality" is constructed as one of many ordinary challenges associated with becoming an adult, positioning the autistic young person as a whole person with a multifaceted life. Most importantly, in this text the LA and those who deliver social care are positioned as responsible for supporting autistic young people to navigate sex and relationships as part of their duty to support their transition to adulthood.

Home, housing, and independent living. Support around housing and independent living is a common priority area across local autism strategies, with 71 documents (80%) discussing the importance of accessible accommodation and providing opportunities for independent living. Campbell et al. describe home as "the site where everyday life plays out, the location where family life and intimate personal relationships are undertaken."⁴¹ National statistics report that approximately 60% of the general population of England live with someone they are in a romantic relationship with and many more visit non-cohabitating partners in their homes, highlighting the intersection between home and intimate life.⁴² However, our analysis revealed that only six documents (7%) consider intimate relationships in the context of housing and independent living arrangements. This discrepancy underscores the systematic erasure of love, sex, and relationships from representations of autistic people's everyday lives and support needs.

These silences may also contribute to the ways in which care systems explicitly hinder autistic people's opportunities to have an intimate life. For the many thousands of autistic people who are likely to live in supported living and residential care settings, home can represent a barrier to intimate life.⁴³ These supported settings are often sites of control, where institutionalized routines and practices produce a poverty of opportunities for intimate lives to flourish,⁴⁴ places where sex and intimacy are managed, restricted, and prohibited by risk-averse and under-resourced systems of care.^{45,46} These institutional barriers to having an intimate life are bolstered when local autism strategies are silent around intimate lives in discussions of home and housing.

However, we identified instances where local autism strategies included some recognition of autistic people's intimate relationships in relation to housing:

Maintaining relationships with families, friends and partners are essential. Housing and support options are being developed that ensure that people are able to live in their communities, and provide choice about who they live with. (LAS5, p. 43)

This provides an example of how easily intimate relationships can be included in discussions surrounding the home and housing. It positions autistic people as autonomous adults: it recognizes the possibility of partners and intimate lives for autistic people, and a discourse of choice serves to resist infantilizing discourses and practices that position

autistic people as children who simply need to be cared for, managed, and protected.^{5,44}

Equality and diversity. Research consistently shows that autistic people are more likely to identify as gender diverse (e.g., transgender or non-binary) and/or as a sexual minority (including asexual and/or aromantic) than those who are not autistic.⁴⁷⁻⁵¹ Those who identify as both autistic and LGBTQ+ are more likely to experience stigma, marginalization, and multiple forms of discrimination—intersectional disparities that negatively affect their mental health and quality of life.^{51,52}

Under the Equality Act 2010, LAs in the United Kingdom are mandated to promote equality and prevent discrimination across their policies, practices, and service delivery. The Equality Act designates various "protected characteristics," including "sexual orientation." While the term "sexual orientation" is consistently mentioned across local autism strategies, it often appears only tokenistically as part of a list of other protected characteristics. Despite the logical place within these documents for addressing support for sex and relationship needs within equality and diversity priorities, genuine recognition of how gender diversity and LGBTQ+ identities intersect with and influence autistic individuals' relationships and support needs is rarely evident.

For instance, our analysis identified 12 local autism strategies, which merely reproduced an equality and diversity priority statement verbatim from the 2014 National Autism Strategy, "Think Autism," without further elaboration:

I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

This finding highlights how discussions around gender and sexual diversity in local autism strategies often rely on outdated, static equality and diversity discourses that read more like checklists than thoughtful considerations. This reflects a lack of genuine engagement with how queer autistic individuals can be supported in this area.

However, we identified three strategies that incorporated nuanced discussions and commitments regarding sex and relationships within equality and diversity priorities. For example, one strategy (LAS6) identified "Supporting LGBTQ+ Autistic Residents" as a priority and outlined its commitments in this area:

You said:

[Support for LGBTQ+ autistic residents] was not initially included as a category in our survey, but has been added as a result of a number of conversations, and an increasing research base.

We will:

- Recognise that autistic individuals are more likely to identify as homosexual, bi- or pan-sexual, asexual, and/or trans or non-binary, and that this may bring additional support and service needs.
- Work with organisations and individuals supporting LGBTQ+ communities to ensure recognition and understanding amongst both groups of the crossover.
- Seek to challenge possible infantilisation of autistic individuals—the perception that autistic individuals, especially those with LD [learning disabilities], may not be aware of their sexuality or gender when this is not the case. (LAS6, p. 32)

This excerpt illustrates clear and actionable commitments to support LGBTQ+ autistic people, which are driven by priorities expressed in the public consultation process. It acknowledges the intersections of autism with gender and sexual diversity, emphasizing the importance of equipping LGBTQ+ organizations to effectively support autistic people. It recognizes that some autistic people identify as asexual and frames asexuality as a minority sexual identity rather than an inevitable aspect of being autistic and rejects discourses that infantilize autistic people.

While quoting decade-old national policy and tokenistic use of equality and diversity discourse are insufficient, this good practice example demonstrates how discussions grounded in equality and diversity priorities can serve as meaningful platforms for recognizing and prioritizing support for intimate lives.

Consulting with stakeholders. The aforementioned example shows how policy commitments to support previously overlooked needs around sexuality were made in direct response to public consultation feedback. Although most local autism strategies do not proportionally recognize and prioritize intimate lives, there were instances where sex and relationships were discussed meaningfully and proportionally—we coded these as “pockets of good practice.” Our analysis revealed that most of these instances in the text were references to public consultations. For example, in one consultation, residents were asked what was needed to improve their lives, leading to this strategy text:

Feedback from residents indicated . . . people living independently (will) receive support to retain and make friendships, build safe relationships including sexual relationships, getting into employment, and retaining their jobs, ensuring that the community is inclusive, and the environment plus services are accommodating of their needs. (LAS28, p. 4)

These findings show why consultation processes are crucial for involving autistic people and their supporters in setting strategy priorities. While most local autism strategies tend to overlook intimate lives, the two examples demonstrate that autistic people and their supporters do raise these issues in consultations, and these perspectives are sometimes included in the strategies. However, our national policy analysis suggests that public consultations should also ask people directly about their priorities around intimate lives so that sufficient data are collected to build an evidence base to ensure these important needs are not ignored in the final published strategies.⁴

Good practice example and discussion: “gloriously ordinary lives.” The *Lancashire and South Cumbria All-Age System Strategy for Autism* (LAS7) was identified as the sole exemplar of good practice within the dataset. This document provides proportionate recognition and representation of autistic individuals’ intimate lives and support needs throughout, accompanied by clear actionable commitments to deliver such support. Structured around five priority areas, this strategy includes a section titled “Gloriously Ordinary Lives,” which acknowledges and integrates intimate relationships as one aspect of an ordinary life:

Gloriously Ordinary Lives: Ensuring autistic people have access to quality housing, excellent employment opportunities,

a good education, and meaningful relationships. . . (LAS7, p. 8)

We need to . . . ensure that autistic people live a rich and fulfilling life, with a recognition of the importance of love, sex, friendships and relationships. (LAS7, p. 37)

Central to this document is the concept of an “ordinary life,” emphasizing that love, sex, and relationships are not exceptional but components of everyday life, alongside housing, education, and employment. Furthermore, the strategy recognizes the significance and material implications of common, but erroneous, representations of autistic people that appear in local autism strategies:

There is often a mainstream view around autism and autistic people that doesn’t reflect the ordinary lives of autistic people. We should strive to ensure that there aren’t limited representations of autistic people and that autistic people live gloriously ordinary lives. . .

This acknowledges the responsibility that those delivering the strategy have to represent autistic people in dignifying ways that resist representations that feed into limited, impoverished, and stigmatizing understandings of autistic people’s lives and capabilities.³

In addition to explicit priority statements, the document incorporates illustrations depicting autistic people engaged in everyday activities, including depictions of autistic people in relationships, thereby reinforcing the message that love and relationships can be part of an ordinary life for autistic people. The document also contains case studies/vignettes narrated by three local autistic people who depict themselves as interested in and valuing intimate relationships, contextualizing sex and relationship needs within their own everyday lives.

The consistent recognition and representation of love and relationships as part of an ordinary life is significant for both policy and practice. In contemporary sociopolitical landscapes such as the United Kingdom and the United States,⁵³ which are characterized by a prevailing age of neoliberalism and austerity and overstretched and underfunded social care systems, support around sex and relationships is simply not considered an immediate social care priority. Addressing key health care needs, safeguarding vulnerable populations, reducing the state’s financial responsibilities to individuals, and shoring up the foundations of a strained social care infrastructure take precedence over providing “niche” or “specialized” support. Conversely, when intimate relationships are correctly re-framed as part of an ordinary life, sex and relationship needs become basic rather than niche or specialized needs; this positions the state, which has a duty to support everyone to have an ordinary life, as responsible for providing and funding support in this area. Moreover, it positions autistic people as having a right to ask for and expect to receive this support.

Our analysis highlights how representations within local policy documents are likely to have material implications for the support people receive on the ground in their communities. It is not a coincidence that the only document to represent intimate lives proportionally is also the only document in the dataset to include clear actionable commitments to supporting intimate lives and hold the LA accountable for delivering that support. These commitments go beyond recognition to responsibility. This constructs support for sex

and relationships as a social care issue and positions social care providers as having a positive responsibility to provide this support.

The choice of the word “ordinary” over “normal” aligns with the Neurodiversity Paradigm, which rejects normalization and embraces autism as a part of natural, and necessary, neurocognitive diversity.^{7,25} Our call for a commitment to support autistic people to enjoy an ordinary life is not a call for interventions that allow autistic people to live lives that resemble the norm but rather to live full lives where they are recognized as having the capacity for and afforded the opportunities to have what others may perceive as part of an ordinary life. We do not claim that all people must engage in intimate relationships to have fulfilling lives. Some autistic individuals, like non-autistic individuals, identify with labels like asexual or aromantic and may choose not to participate in sex and/or romantic relationships. Identifying in this way and having this minority sexual identity recognized by the state is their right as sexual citizens.^{4,54} These individuals are no less likely to demand that autistic people be recognized within social care policy as adults with sexual identities who are capable of and entitled to an intimate life if they choose, in the same ways neurotypical people are. The state’s recognition of autistic people’s intimate lives in social policy is a matter of social justice and equality. This good practice example evidences how local autism strategies can be part of the discursive shift within social care policy from erasure to recognition of autistic people’s intimate lives.

Concluding Remarks and Recommendations

Our analysis of 89 publicly available local autism strategies in England demonstrates significant omissions regarding the representation and prioritization of autistic adults’ intimate lives. These absences perpetuate damaging discourses dominant in social care,⁶ including the infantilization of autistic people and sex exceptionalism⁵⁵ (the assumption that sex should be treated differently than other aspects of people’s everyday lives) while bolstering risk-averse regimes of care that hinder the provision of adequate support and opportunities for intimate relationships. Discursively, the absence of discussions around love and relationships in home and housing and transition to adulthood further reinforces the misconception that these aspects of social life are not relevant to autistic people and do not warrant state support.⁴ Because these documents guide local priorities and practices for delivering care, these discursive omissions also have material significance. The positive responsibility and the obligations social care providers have to support autistic people to have fulfilling intimate lives is concealed by these absences. Our study underscores the need to rectify these gaps in policy discourse and implementation.

Building on our national analysis,⁴ the current study shows that national autism policy priorities, particularly the lack of recognition of intimate lives, are reflected in local autism strategies. To better understand how national and local autism policies are connected, future research could replicate this study in contexts such as Scotland,²² where there is evidence of recognition of intimate lives in national policy documents, to explore if and how this national-level recognition of intimate lives is reflected in local policies.

While this study analyses English policy documents, a systematic approach to addressing the question of how local autism policy can recognize, prioritize, and support local autistic adults’ intimate lives has pertinence internationally. Our findings highlight the need for evidence-based guidance to shape local autism policies and show the importance of ongoing efforts to address the omission of love, sex, and relationships from discussions of autistic people’s everyday support needs in policy. Based on our findings, particularly the pockets of good practice we did identify, we offer a set of practical recommendations, along with reference documents, to guide policymakers in England and beyond in addressing these gaps in local autism policy. For more detailed recommendations, please refer to our accompanying policy brief.⁵⁶

Policy-Making Recommendations

When revising or producing new local autism policy, we recommend policy makers together with local autism partnership boards:

Recognize and represent intimate lives as part of an ordinary life

Ensure autistic people’s intimate lives are proportionally acknowledged as one part of an ordinary life within the strategy, alongside other aspects of everyday social life such as work. Incorporate statements, images, and case studies to convey that love and relationships are integral to an ordinary life for many, as demonstrated in *The Lancashire and South Cumbria All-Age System Strategy for Autism*.⁵⁷

Incorporate recognition of sex and relationships within existing policy priorities

Consider integrating discussions on love and relationships into key strategy priority areas including but not limited to transition to adulthood, home and housing, and equality and diversity. This ensures support for navigating intimate relationships is embedded in support for various aspects of life and life stages.⁵⁸

Avoid risk-focused representations in policy

Include balanced discussions of sex and relationships, acknowledging both risks and positive potentials of intimate relationships. Emphasize professionals’ responsibility to support individuals in fostering positive intimate relationships, not just their responsibility to manage risks.^{59–61}

Engage in genuine consultation with autistic people

Involve autistic people and their supporters in the co-production of local autism strategies and in public consultation processes. People involved in writing local autism strategies should consult relevant groups, which might include autism partnership boards, self-advocacy groups, local National Autistic Society branches, and/or autism outreach teams to start the consultation. Consultations should include questions that ask autistic people about their priorities for support around sex and relationships to ensure autistic people’s needs in this area are reflected in the evidence that is collected.

Include actionable commitments

Local autism strategies should move beyond vague or abstract promises of support by including clear, actionable, and measurable commitments for supporting intimate lives. Outline specific strategies and timelines for implementation, and establish a system for regularly monitoring progress to ensure these commitments are met.⁵⁸

Advocate for recognition and support at the national policy level

Lobby for the inclusion of recognition and support for autistic people's intimate lives in national autism policy, recognizing the significant influence of national priorities on local strategies.⁶²

By implementing these suggestions, policymakers can contribute to fostering more inclusive local environments and supportive, respectful, and humanizing care systems for autistic people.

Authorship Confirmation Statement

B.J.: Data curation (lead); investigation (lead); project administration (equal); formal analysis (equal); methodology (equal); resources (equal); visualization (lead); writing—original draft (supporting); and writing—reviewing and editing (supporting). M.H.: Conceptualization (lead); funding acquisition (lead); project administration (equal); supervision (lead); validation (lead); writing—original draft (lead); writing—reviewing and editing (lead); formal analysis (equal); methodology (equal); and investigation (supporting). C.H.: Writing—reviewing and editing (supporting); funding acquisition (supporting); and supervision (supporting).

Data Availability Statement

All data are publicly available at <https://doi.org/10.17605/OSF.IO/JZUTB>

Ethics Statement

Ethical approval was obtained from Manchester Metropolitan University Faculty of Health and Education Research Ethics Committee.

Disclaimer

The views expressed are those of the authors and not necessarily those of the National Institute for Health and Care Research (NIHR) School for Social Care Research (NIHR SSCR), NIHR, or Department of Health and Social Care.

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Supplementary Material

Supplementary Data S1

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