From Parenting to Partnership

When Your Child Becomes an Adult

Parenthood does not end at eighteen, but the relationship changes. The person who once needed decisions made for them becomes an adult with legal rights, preferences, relationships, responsibilities and a life that belongs to them. For many families this transition is gradual. In neurodivergent families it can be particularly complicated because practical support needs may continue long after childhood.

> The goal is not necessarily independence from other people. A more useful goal can be **autonomy with appropriate support**: having meaningful choice and control over one's own life while receiving the assistance that makes that possible.

Why the transition can be difficult

Parents may have spent years organising appointments, advocating at school, prompting daily routines, monitoring safety, managing crises and fighting for services. These behaviours may have been essential. Then adulthood arrives and society expects a sudden role change, even though the person's needs have not disappeared.

A parent may think, 'If I don't remind them, it won't happen.' The adult child may think, 'If you remind me constantly, I never get the chance to work out how I want to manage it.' Both can be describing something real.

Different pathways into adulthood

Neurodivergent adulthood does not have one correct timetable. Leaving home, driving, university, employment, romantic relationships, managing money or living without support are not universal measures of maturity. Some adults live independently; some use supported living; some remain in the family home; some move in and out as needs change.

Comparing an adult child with siblings or peers can obscure the more important question: what combination of support, skills, accommodation and autonomy helps this individual build a life that works for them?

Support is not the opposite of autonomy

Human beings are interdependent. Adults routinely rely on partners, family, colleagues, professionals, technology and community. Neurodivergent adults may need more explicit or ongoing support with executive functioning, communication, transport, food, finances, appointments, sensory environments or emotional regulation.

> The presence of support does not automatically justify control. An adult can need somebody to attend an appointment and still decide what is discussed. They can need help budgeting and still have a voice in spending decisions. They can need reminders and still choose how reminders are delivered.

From doing for to doing with

A helpful transition is moving from **doing for** to **doing with**, and where possible to standing back while remaining available. Ask: 'Would you like help getting started?' 'Do you want a reminder?' 'Would it help if I came with you?' 'Do you want ideas or do you already know what you want to do?'

This can feel slower and riskier than taking over. Yet opportunities to practise decision-making are part of developing autonomy.

Respecting the right to make mistakes

Parents have years of experience spotting consequences before their children do. It can be painful to watch an adult make a choice that seems unwise. But ordinary adulthood includes mistakes. Preventing every manageable mistake can also prevent learning, confidence and ownership.

This principle has limits. Significant risk, impaired decision-making capacity in relation to a particular decision, exploitation or safeguarding concerns may require a different response. In England and Wales, the Mental Capacity Act 2005 starts from a presumption of capacity and makes clear that an unwise decision does not, by itself, establish lack of capacity.

> Capacity is decision-specific, not a global label attached to autism, ADHD, learning disability or another diagnosis.

Privacy changes in adulthood

Parents may be accustomed to knowing about health, education, friendships and daily routines. Adult privacy can therefore feel like sudden exclusion. But privacy is a normal part of adulthood.

An adult child may decide not to share details about therapy, medication, relationships, money or work. If they want a parent involved, clarify what involvement means rather than assuming unlimited access.

Unsolicited advice

Advice can be experienced as love by the giver and as criticism by the receiver. Before offering it, ask: 'Would you like my thoughts?' If the answer is no, respecting that answer can strengthen the relationship.

When the adult lives at home

Living together requires boundaries in both directions. The adult child has rights to privacy and dignity; parents also have legitimate needs around shared space, finances, safety and household responsibilities. The aim is an adult household agreement rather than simply continuing childhood rules.

Discuss contributions, chores, quiet times, visitors, shared food, privacy, notice about plans and what happens when agreements are not working. Accommodations may be needed for disability-related difficulties, but accommodations work best when expectations are explicit rather than assumed.

Partners and relationships

A parent's protective instinct may intensify when an adult child begins dating or forms a long-term partnership. Neurodivergent people can be vulnerable to exploitation, but vulnerability does not remove the right to relationships, sexuality, privacy or choice.

Offer information about healthy relationships and safety without treating the adult as permanently incapable. Where there is a genuine safeguarding concern, respond proportionately to the concern rather than using disability as a reason to control all relationships.

When parents struggle to let go

Letting go can bring grief as well as pride. A parent may miss being needed, fear losing closeness, worry that nobody else will understand their child, or feel that years of caregiving have become part of their identity.

> These feelings deserve support. They do not need to be solved by keeping the adult child dependent.

Parents can ask themselves: Who am I when I am not managing this part of my child's life? Where can I take my worry when it is not appropriate to place it on them? Can I remain connected without needing to be consulted about every decision?

When the adult child wants more distance

Requests for privacy or reduced contact are not necessarily rejection. Sometimes they are part of establishing adulthood. If a parent responds to distance by increasing calls, questioning, guilt or unannounced visits, the adult may need even more distance.

Respecting a boundary can be one of the clearest ways to demonstrate that the relationship is changing.

Changing the language

Instead of: 'You need to…'
Try: 'Would you like an idea?'

Instead of: 'Have you taken your medication?'
Try: 'Do you still want me to help with medication reminders?'

Instead of: 'Tell me what the doctor said.'
Try: 'If there's anything from the appointment you'd like to share, I'm here.'

Instead of: 'I'm your mother/father; of course I need to know.'
Try: 'I care about you, and I respect that some things are private.'

This language is not a script that must fit every person. The principle is consent, collaboration and respect.

Support or control? A reflection worksheet

What support does my adult child currently ask me for?

_____

What help do I give without asking first?

_____

If they decline my help, what feelings come up for me?

_____

Am I preventing a serious risk, or preventing a choice I dislike?

_____

Which responsibilities could I hand back gradually?

_____

What would collaborative support look like?

_____

For the adult child

I would like help with _____.
I would like to manage _____ myself.
The kind of reminders that help me are _____.
Advice feels helpful when _____.
A boundary I would like respected is _____.
If I need more support in future, I would like us to _____.

Repairing the relationship

> If a parent realises they have continued treating an adult child as a child, repair can be straightforward without being superficial: 'I can see that I have been making decisions before asking what you want. I think some of that comes from years of trying to protect you. You are an adult now, and I want my support to help rather than take over. I am going to start asking first.'

The adult child does not have to immediately trust the change. Trust often follows repeated behaviour rather than one conversation.

A message from Space to Breathe Therapy

Your relationship does not have to become less close because your role changes. In many families, adulthood creates the opportunity for a different kind of closeness — one based less on authority and more on mutual respect.

> You can still be the person who knows them deeply, celebrates them, helps when invited and stands beside them when life is difficult. The difference is that the life you are standing beside belongs to them.

References & evidence notes

United Kingdom. Mental Capacity Act 2005. Core principles include presumption of capacity, support to make decisions and recognition that an unwise decision does not by itself indicate incapacity.

National Institute for Health and Care Excellence (NICE). Autism spectrum disorder in adults: diagnosis and management (CG142).

National Institute for Health and Care Excellence (NICE). Attention deficit hyperactivity disorder: diagnosis and management (NG87).

Trew, S., & Russell, D. H. (2026). Family Adaptation in Families with Autistic Members: A Scoping Review and Thematic Synthesis of Relational Systems, Context, and Development. *Clinical Child and Family Psychology Review*.

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.).

Family-systems and transition-to-adulthood literature emphasises renegotiation of roles, reciprocal relationships and the interaction between individual support needs and family context.

Evidence and legal note: This resource provides general educational information, not legal advice or an assessment of mental capacity. Capacity law differs between jurisdictions; the Mental Capacity Act discussion relates specifically to England and Wales. Autism, ADHD or another diagnosis does not automatically mean a person lacks capacity. Support needs, autonomy and safeguarding must be considered individually.

Space to Breathe Therapy