Transition to adulthood of individuals with intellectual and developmental disabilities: Educational issues

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Abstract: *The purpose of this study is to be a work tool that will introduce the theoretical concepts to induviduals/educators who wish to engage themselves with the education of people with multiple disabilities and to support them in order to improve the quality of life of the above. Most people with severe disabilities and/or multiple dependencies needs, live in large closed institutions or in isolation and have no contact with family. When people with severe disabilities become adults, their families are unable to help and offer necessary support to them. Adults with severe disabilities and/or multiple dependencies needs may not be able to claim their rights as citizen. Thus, it is both a matter of sensitivity and of principle to secure those opportunities to maximize the claim of their rights. An important point in discussions about individual rights is not only the term of self-determination and independence, but also to what extent the right of self-determination is recognized for all people with disabilities. Any disability should not be an obstacle to individual's ability to be a member of the society aiming at living in dignity. For adults with severe disabilities, it is very important for them to learn how to take care for themselves. Therefore, in the framework of their education, learning skills that aim at their self-care and autonomy is essential for their quality of life*

Keywords: *Intellectual Disabilities, Developmental Disabilities, Adult Education*

I.   Introduction

Adults with developmental disabilities and/or severe mental disabilities are more vulnerable than people with disabilities [1]. They are the ones who are excluded among the excluded [2]. They are usually people with many disabilities, with severe and/or severe mental disabilities, co-existing with motor or sensory disabilities. In these cases, there are difficulties regarding autonomy in the individual, perception, expression, etc. The above restrictions have the effect of creating complex and multiple needs for the individual, while, at the same time, the risk of isolation of the individual from society is loomed. The severely disabled population consists of a highly heterogeneous population, with members distinguishing between themselves in terms of the degree of cognitive disability, the reasons of disability, the time the disabilities (congenital or acquired) occurred, etc. [1].

With regard to the concept of cognitive disabilities (Intellectual Disabilities), these refer to a fairly diverse group of individuals who have large clinical symptoms and different etiologies [3]. Thus, any adult with a heavy mental and/or other developmental disability should be considered as a special and unique person with his/her own needs, interests, as well as his/her strengths and weaknesses. In addition, individual teaching, training and rehabilitation are required [4].

Adults with severe disabilities and many dependencies needs, due to the multiplicity and specific weight of disability, as well as the lack of autonomy, are quite vulnerable to almost all kinds of negative discrimination and their primary rights are often violated [5, 6]. Research has shown that these groups are given

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little or no opportunities in their lives, starting with their daily lives [7]. However, in recent years there has been a growing recognition of the provision of choices by adults with mental and/or other developmental disabilities; these choices have had a positive effect on both their current and future lives, while, at the same time, they have improved significantly their overall quality of life [8]. Otherwise, adults with severe disabilities and many addictions needs ability to choose their daily activities, enhance the development of their initiatives, increase their happiness and reduce their dissatisfaction. Adults with disabilities have the right to make decisions and have the first say in their lives. No decision should be made on themselves without them or without being officially represented by someone [1]. As adults with mental and/or other various developmental disabilities are about to know and demand their rights in order to make their quality of life better, they should receive appropriate education from an early age which should continue for life.

II. People with cognitive and developmental disabilities

Theoretical Foundations

A person with severe disability and multiple dependence needs can be considered as a person who is severely disabled (cell growth disease, neurological syndrome, mental disabilities, autism, neuropsychiatric disorders etc.), which can co-exist with another different disability (e.g. disability, hearing disability) [5].

Special Education Unit [9] reports that multiple disabilities are a combination of two or more disabilities. From the educational perspective, a person with multiple disabilities may experience: a) Mental disabilities with severe hearing and/or vision problem, b) Mental disabilities and autism, or c) Serious orthopedic or neurological problems with mental disability. The term 'severely disabled person' refers to a person who, irrespective of his or her age, is at an early stage of development [10]. It also includes various disabilities, which have an impact on areas and aspects of the person's personality.

Developmental Disabilities Act [11] states that the term 'developmental disabilities' is a very serious chronic disability, and is mainly found in a physical disability or a mental disability or a combination of these two disabilities that has the following characteristics:

- He or she has a physical or mental disability or a combination of physical and mental disability.
- Before the age of 22, it manifests itself in people
- There is a possibility of continuing for life (indeterminate).
- The effect on effective operational limitation is clear in three or more of the following areas of activities in their daily lives:
  1. self-care,
  2. motivation (self-direction),
  3. expressive language,
  4. mobility,
  5. learning,
  6. economic competence, and
  7. independent living skills.
- It demonstrates the need for individuals to combine and continuously provide special services, individual support or other forms of assistance, which last for life or extend over their lifetime and are designed to meet the needs of the individual [11,12].
- Individuals from birth to nine years of age, who fail to attain developmental milestones, may be considered to have a developmental disability without combining at least three of the above areas of life activities, provided that those individuals who lack services and support, have a high probability of showing coexistence of the criteria later in life [12].

The group of individuals with developmental disability (Developmental Disabilities) includes people with various "general" disabilities, as well as people who have autism, people with Asperger syndrome, people with Rett syndrome and other disabilities, which appear before the age of 22 [13]. Developmental disability is the state of functionality that begins in childhood and is distinguished by several significant limitations on both adaptive skills and mental abilities [14]. This concept is generally used to describe lifelong disabilities; the latter are defined as mental, physical and neurological ones.

There are three criteria for determining developmental disability:

- A significant proportion below average mental ability, shown by the poor performance (below average) of the individual in the IQ.
- It appears before adulthood (18 years and under).
- It is related to limitations in two and/or more of the following adaptive skills:
  1. Communication
  2. Self-care
  3. Life at the House
  4. Self-determination
  5. Social skills
  6. Community use
  7. Free time and health
  8. Job [14].

Mental disability is described by Caldwell, Brinko, Krenz & Townsend [15] as a disability of intelligence that leads the individual to significant restrictions in his/her adaptive functionality. It is also known as a form of mental slowdown, consisting of a group of disorders characterized by little adaptive and cognitive development [16]. The main characteristics of a mental disability are difficulties in language, behavior and communication [17]. It is noteworthy that most cases of mental disabilities are associated with some of the following syndromes: Autism, Angelman syndrome, Down syndrome, Pervasive Development Disorder, Asperger's syndrome and Fragile X [18].

Finally, in an effort to effectively meet the needs of the individual with mental and/or developmental disabilities, cooperation of many experts and disciplines is required. At the same time, the excellent cooperation between the institutions and the individuals involved (doctors, parents, teachers, disabled person, speech therapists, psychologists, etc.) is needed so that education is effective.

The integration of persons with disabilities into lifelong learning and education

One of the inherent characteristics of man is the continuous lifelong pursuit of learning. As well as the well-known philosopher Aristotle (Metaphysics, 280 a.) stated, "All men naturally desire knowledge" [19]. The term "Lifelong Learning" defines the uninterrupted, voluntary and active pursuit of knowledge by the individual. Regardless of whether LLL concerns disabled or non-disabled people, its contribution is undoubtedly equally important. The only significant difference that exists is that people with mental or developmental disabilities, in order to achieve Lifelong Learning, need to have their lifelong education preceded, because, due to their situation, individuals cannot seek LLL of their own volition. Through Lifelong Learning, therefore, an integrated personality is achieved and formed, which, in turn, contributes to the man's development and to his/her active and equal participation in the social, economic, cultural and political environment.

According to the Coombs typology, the realization of Lifelong Learning is achieved through formal education, non-formal education and through informal education. The results expected through the programs implemented and planned under "Lifelong Learning" are, on the one hand, the continuous provision of knowledge related to the economic, work and social environment, and, on the other, the acquisition of specific skills and competences, such as to help to rehabilitate people professionally. With work being one of the important human needs, individuals express themselves socially and are driven to achieve their personal goals, thus, confirming their raison d'être. Of course, the situation is difficult when it concerns people with cognitive or developmental disabilities. After school education, there is a need for continuous specialization in order to successfully integrate into the labor market. At this key point, it is the important role played by Lifelong Learning: to cover activities during a person's life in order to improve knowledge, attitudes and skills.

The role of Lifelong Learning is to serve people in their personal development and to integrate them socially and improve their employability [20]. Disabled people are given the opportunity to empower themselves, develop their personal skills, while, at the same time, they manage to form a "self-identify," as it is necessary in the development of their social skills. This goal is achieved through Lifelong Learning. The more disabled people are involved in Lifelong Learning, the more prejudice will be reduced, the more people's rights are safeguarded and defended and the social rule of law continues to operate. The institution of Lifelong Learning for people with disabilities aims to ensure equal opportunities for full inclusion in society and self-

sufficiency and independence. It is, however, often observed that the State does not provide those appropriate opportunities to adults with disabilities.

Bodies providing lifelong learning should, among other things, focus on:

- Upgrade of the quality of education provided and promotion of social integration of people with disabilities.
- Upgrade of programs and systems related to pre-vocational training and education, as well as interlinking of education with the labor market.
- Reform of the education system, with the result that LLL is provided to all individuals [21].

In recent years, both globally and at European level, it is remarkable that there is a 'shift' in the concept of disability based on the socio-ecosystem model [22,23]. Based on the model above, disability is approached as a social construct, and not as a medical problem, with more emphasis on the cultural and environmental causes that cause disability [6]. There is no question about the fact that the theoretical model of each period, which approaches disability, affects the public policies (including education policy) implemented for people with disabilities and related to their quality of life.

At this point, it should be noted that the evolution of the theoretical models for disability went hand in hand with significant changes in the notions related "disability". Years ago, the main goal was simply to "categorize" people with disabilities, as opposed to today, that particular attention is given to supporting people in their daily lives. As a result of this development, in recent years there has been a strong convergence between the policies of the countries of the European Union, which emphasize the need for the institution of co-education and the integration of people with special disabilities in general education schools [22]. Co-education is the principle according to which equal participation of the disabled person in the social and cultural events the country will be achieved, and it is a fact that Greece follows the same direction as the rest of Europe. Besides, the demand for education, equal rights and equal opportunities in the process of acquiring education, but also for economic and professional rehabilitation, are the content of decisions, declarations and resolutions, made by national and global organizations, (the UN Standard Rules could be seen as the basic and most representative form) [24].

Starting from the assumption that the standard of quality of life of people who have no disability of any kind is higher than that of persons who have some mental, psychological, physical and social problems or "peculiarities", it is concluded that people with disabilities need support, in order to help them improve their quality of life.

As "quality of life", one can perceive a set of positive and/or negative characteristics, which constitute the way in which one person lives, compared to the prevailing standard of life of another person. Quality of life also shows the degree of social inclusion and integration of people with disabilities [24]. The most important aspects of quality of life, according to Wehmeyer & Schalock, [25] are physical and emotional well - being, social inclusion, material well - being, interpersonal relationships, personal development, rights and self - determination. Quality of life is the factor that enables individuals to enjoy the considerable potential of their lives, with the latter referring to opportunities and obstacles during their lives.

Turnbull & Turnbull [26] emphasize that self-determination, which is one of the main characteristics of the quality of life of individuals, is the means to determine the quality of life through needs, preferences and values. For people with developmental and mental problems, decision making is important as it provides more autonomy and independence and maximizes independence of individuals. Higher levels of independence are associated with higher levels of life satisfaction [27]. In particular, in order to achieve this result, it is necessary to have provision and planning by the State, which will aim to create appropriate conditions, as well as to take concrete measures from the beginning of life of people with disabilities.

With the universal design of services and means, attempts are made to include all aspects of the life of people with disabilities. It must be about the whole and not overlook any sector, placing the burden on, for example, education alone [28]. In particular, universal design in the field of education, "dictates" the way of teaching, is related to the provision of multiple information, making the hiring of this information more accessible and easier, for people with various developmental disorders and disabilities. It should be noted here that the application of the principles of universal planning in the field of education does not automatically

eliminate the need for facilities for people with severe disabilities and multidimensional addiction needs. Equally essential is the experience, which is very important in the education of adult people with disabilities.

III. Discussion

To sum up, for a better transition to adulthood for people with intellectual and developmental disabilities we need to consider their needs for "Lifelong Education" and lifelong training. A more substantial assessment and careful coordination of the bodies providing Lifelong Learning and training, as well as the link with vocational training and employment, are essential. In this way, the main objective of Lifelong Learning for people with disabilities will be effective.

The LLL of People with Disabilities, through its efforts, seeks to develop their personality, and to maximize their integration into the professional, family, cultural and social life of their country. In the long term, through lifelong learning, vocational training and education for people with disabilities, it will make it easier for them to integrate into the social environment, and phenomena such as social exclusion will be eliminated. This also ensures a higher degree of productivity in all areas, but also a better quality of life with happy people.

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