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THE TRANSITION OF PEOPLE WITH INTELLECTUAL DISABILITIES TO INDEPENDENT LIVING

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Abstract. *The ultimate goal of all developmental interventions is for individuals to develop their ability to live independently. However, the deficiencies of people with intellectual disabilities in these skills can create problems in their daily autonomous living. In addition, the degree of their acquisition differs between individuals. As a result, the efforts are oriented towards targeted interventions through appropriate programs in the four main categories included in the autonomous living skills. These relate to their daily living, their relationship and activity in the community, their social skills and their adaptive behavior. In this direction, the need for support services has been supported and Active Support models have been implemented. The smooth participation and integration in all daily activities or the failure of the efforts depends on various factors, the first being related to the family and the second to the economic situation of a state, the social awareness, the legislation and the choices of the governments that do not care about people with mental retardation and their families.*

Keywords: *neurodevelopmental disorder, independent living, Support Systems*

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Introduction

The broader definition that corresponds to the essence of independent living includes every action and action of a person to defend himself in every difficult situation or in every problem he faces. People with intellectual disabilities show disabilities and lack of skills that in order to deal with, it is necessary to integrate them into appropriate training programs. Surveys identify 20 independent living skills including social and personal activities, such as tax repayment, bank account management, personal security, understanding and asserting individual rights, recognizing risk situations, participating in elections process, understanding of formal governance, use of public services, meal planning, housing security, leisure management, use of social services, mobility, good health, perception of the effects of addictive substance use, maintaining good physical condition, saving money and managing household needs. It is considered necessary to educate people with mental

retardation so that they can claim their rights and at the same time undertake and fulfill their obligations in the full range of their social and individual action. (Wehmeyer & Schwartz,1997). The legally guaranteed equal rights of persons with intellectual disabilities are not sufficient on their own unless they are accompanied by the corresponding opportunities to exercise these rights so that equality, autonomy, non-discrimination, participation and, consequently, integration into society (Schalock, et al., 2010). In order for people with intellectual disabilities to be able to participate equally in all aspects of life, the United Nations, 2006 'set out specific rules for socio-political or macro-systemic levels. In particular, the articles of the contract refer to areas of operation of life such as "rights (access and privacy); participation, autonomy, independence and choice like self-determination). physical well-being; material well-being (work / employment). social inclusion, accessibility and participation; emotional well-being (liberation from exploitation, violence and abuse), and personal development (education and specialization)" (Schalock, et al., 2010).

Independent living skills for people with intellectual disabilities are divided into four main categories (Brown & Hatton & Emerson, 2015):

In the skills required for their daily living.

- In the skills related to their relationship and activity in the community.
- Their social skills and adaptive behavior.
- As well as skills related to the profession or work.

In their daily lives, people with mental retardation must manage their money, maintain their home, take care of their appearance, their personal hygiene, understand the safety rules and take care of their diet (Brown & Hatton & Emerson, 2015).

It is also important to move, orient and move around the community without the support of another person. In addition, personal independence is directly related to the development and transfer of the individual into adulthood, where he is confronted with modern social skills (self-knowledge, self-confidence, acceptance and performance of praise and criticism), while communication with others, recognition of social behavior and the perception of the rules of social coexistence, complete the whole of independent living (Schalock, et al., 2010; Cihak et al. 2004).

Vocational skills are equally important and are acquired through appropriate vocational and training seminars, individual participation in volunteer work and the provision of vocational training services (Cihak et al., 2004).

Independent living skills are based to a large extent on the severity of mental disability (mild, moderate to severe), so the goals and aspirations of the educational process are constantly reshaped by setting new strategies that will lead to more successful self-regulation of behavior and evaluation of the performance of people with intellectual disabilities (Coleman et al., 2012).

The establishment and implementation of personal goals is a strong control point of independent living, and is achieved through continuous feedback from the social environment (Crites & Dunn, 2004).

The Transition to Independent Living

The transfer of people with disabilities to independent living occurs mainly through their adulthood. The most important and biggest transition concerns the stage of integration from school to adulthood. Especially in the case of people with intellectual disabilities, the stages of transfer, either from the stage of pre-school education to the stage of primary education and later in high school, as well as in adulthood, pose significant challenges and questions for all its phases. transfer. More specifically now, starting from the first stage of the transfer of an individual, it is very important to achieve all the future skills of independent living, to be trained with The corresponding knowledge, which is considered necessary for their adult life, start from the special transfer programs , which start around the age of 14 (maybe a little earlier) and end at the age of 16. Transfer programs are an individualized preparation of students with mental retardation, in order to enter the real world of adult responsibilities prepared and related to the full range of decisions concerning their social future (Thomas & Woods, 2008).

The main purpose of the transfer services is to provide instructions and additional experiences aimed at the autonomy of living, while the participation of the students' parents is considered very important so that after the end of the educational activity, these students choose at will. their own way of thinking. Also important is the operation of a transfer team that has parents and students at its core (Voelker,

1990), with the participation of friends and relatives of individuals considered important to provide psychological and emotional support.

When applying a transfer model, all the parameters for the success or failure of the transfer project from the family environment of the paternal home should be fully checked, in another structure with emphasis on two basic steps: 1) the first step concerns the recognition (acceptance) and 2) the second step concerns the start of the research for the selection of the appropriate infrastructure with a significant obstacle the financial cost of the appropriate structure. In the international literature, there are three more possible forms of transfer of people with mental disabilities to new housing structures: 1) the first form concerns the social beginning, which also marks the abandonment of the family home. 2) The 2nd concerns the coping mechanism, related to the stress caused by placing a person in a new environment

Finally, in the 3rd form of transfer, the postponed start is located, where all the actions of the transfer have been carried out later than expected, with the time working, I was pressured to find appropriate care for people with mental retardation (Walker, 1992).

The relocation of people with intellectual disabilities to appropriate institutions or large support structures may provide timely and comprehensive forms of assistance and support, but it limits the autonomy of individuals. Improving the quality of life of people with mental retardation in these structures, has a temporary character with a declining product of time and disappear later in the effort of social inclusion of people, which remains limited even today even when they move in some independent or semi-independent living structure (Alborz, 2003).

Support Systems

The American Association for the Mentally Handicapped (AAMR, 2002) places great emphasis on support services and all community-based services, either in terms of functionality and enhancing the adaptive behavior of people with mental retardation, or level of evaluation and supportive intervention, recognizing the important role they play in their lives. Individualized learning programs, communication skills, emotions, social interaction of individuals and especially adaptive behavior, which harmonizes all the perceptual and social-practical skills

required by each individual to be able to function in his daily life. , enjoy the utmost importance. Constraints on the adaptive behavior of the individual, have an impact, both in his daily life, and in his ability to respond and adapt to the changes that bring about reality and the broader environmental requirements and effects. Thus, another area of evaluation is based on the performance of individuals in daily activities, as well as on their harmonization with all possible or possible changes (Wehmeyer et al., 2008).

For support systems there should be a centralized character with all the common elements (characteristics of the group) that will apply to all individuals, despite their individual differences with flexible strategies, which will aim at promoting personal development, education , of the interests, of the individual improvement of a person's life, while strengthening his wider social functionality, having the necessary psychological structures as well as the human resources. Support should be provided based on the identified individual needs, so that you expect individual support. which will enhance and improve human function with the corresponding desired individual results (Schalock, 2010; Schalock, et al., 2010).

It is also important that the support that an individual receives depends to some extent on the same, that is, support systems and programs that leave the individual himself the opportunity to try and act voluntarily. When the support systems work successfully, then the personal balance of the person occurs, but in case the support systems collapse, the balance of not only the person, but also of the whole system that supports it is automatically affected. Therefore, new methods must be constantly explored to restore these potential imbalances (Heller, 2009).

As pointed out, support systems also provide the psychological structures that meet the standards of support for the needs of individuals, which can be distributed based on 4 fundamental principles: Initially, there is an objective need that is identified by professionals and trained scientists. Second, there is the need to cover the emotion, that is, what he wishes to perceive as a need. Thirdly, there is the need expressed which signals the perception of the need that has been turned into action, while finally (fourth), there is the comparative need which is observed after first

studying the characteristics of a particular population or a particular group, which will work as proof of receiving a particular service (Thomas & Woods, 2008).

Again, according to the American Association for Mental and Developmental Disabilities, the support model that will be applied to each case and its needs is based on four basic propositions: Correlation between individual competence and environmental requirements, individual support based on a specialized and careful planning, bridging between what the educational and behavioral services of the support systems should set as the core of their action, all the above dimensions can lead to the recognition and development as well as the organization of the support systems, the which will aim at enhancing individual outcomes and the smooth functioning of people with mental retardation (Schalock et al., 2007).

To successfully complete the design and organization of the curriculum for students with mental retardation, a five-step process is followed which is based on: 1) exploring the needs and desires of individuals, 2) evaluating the nature and special needs of support systems3) the development of an action plan to provide support; from its application. Equally important is the role of the family to strengthen the field of communication and each member to speak openly about possible problems they face by providing the corresponding support to each other (Buntinx & Schalock, 2010; Schalock, 2010; Schalock, et al., 2010).

The most important support system is the family, which strengthens and promotes the effort of the person with mental disability to participate in the school reality, while emphasizing the importance of his progress, as well as the strengthening of his sociability for the establishment of friendly relations and active his involvement in the community (Heller, 2009).

The family of people with mental retardation often needs some additional state and social support to cope with the needs of everyday life and the person with mental retardation. A typical example of this type of family support is the "family support" program received by the families of people with intellectual disabilities in the United States of America and based on government funding. It should be emphasized that support services do not focus only on in the financial field, but it is multifaceted (provision of teachers, therapists or support staff in the homes of families, provision

of support with technological or environmental adaptations and corresponding medical aids, movement of the disabled person through a specialist).

The economic situation, the social values, the political ideology and the government programs, the corresponding financing and the culture of the specific services, as well as the legislation, play a very important role in the nature of the content and the development of the provided services. Factors that negatively affect the implementation and planning of support services are the economic situation, the state's dependence on the international economy, low levels of social awareness, insufficient protection of their rights by law and the choices of governments are indifferent to both people with mental retardation, as well as for their families. In England and Wales, the Active Support Model was developed, which aims to provide services to people with mental retardation in order to participate smoothly in all daily activities, emphasizing the way in which the mentally retarded person interacts to participate. fully and normally in all daily activities. With the model of active support, individuals regularly participate in activities that have a special meaning for their emotional and spiritual world, radically changing the established ideology of the normality of these individuals, which can only occur through their institutionalization. With the model of the United States mentioned, this Active Support Model provides services that relate to activities of daily living, providing opportunities for people with intellectual disabilities to participate actively in social and community life, without being marginalized by it (Brown, Ashman & Macdonald, 2002).

The educational support that should be provided to students with mental retardation, should not be interventional teaching because it reduces the margins of personal development of the student and his interest in active action in educational reality. People with intellectual disabilities must act independently and develop their personal will, as well as the corresponding feelings of trust and free access to teachers, in order to resolve their learning needs or shortcomings, but also to share their inner concerns. The school must therefore be an open support system that promotes the participation of all students in society by providing general services and

practices useful in matters of daily living, education, learning, work and leisure management (Schalock et al., 2007).

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