




Community Integration and Social Participation for Adults with Intellectual Disabilities

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ABSTRACT

The objective of this study was to explore the experiences and perceptions of community integration and social participation among adults with intellectual disabilities (ID). This qualitative research employed semi-structured interviews to gather in-depth data from 27 adults with intellectual disabilities. Participants were recruited through purposive sampling from various community centers, support groups, and social service organizations. Data were collected until theoretical saturation was achieved. Thematic analysis was used to analyze the transcribed interviews, identifying key themes and subthemes that captured the essence of the participants' experiences and perceptions. The study identified four main themes: experiences of community integration, types of social activities, perceived benefits and challenges, and influencing factors. Participants reported a strong sense of belonging and personal growth through community activities, despite facing barriers such as stigma, accessibility issues, and financial constraints. Support systems, including family, professionals, and peer networks, played a crucial role in facilitating participation. Recreational, cultural, and educational activities, as well as volunteering, provided significant physical, emotional, and social benefits. Technological advancements, inclusive policies, and personal resilience were identified as critical factors influencing community integration. The findings highlight the importance of enhancing accessibility, support systems, and inclusive policies to promote community integration and social participation for adults with intellectual disabilities. Addressing the identified barriers and leveraging facilitators can improve their quality of life and well-being. Future research should employ mixed-methods approaches, include longitudinal studies, and consider the perspectives of family members, caregivers, and professionals to provide a more comprehensive understanding of the factors influencing community participation.

Keywords: Intellectual disabilities, community integration, social participation, qualitative research, support systems, accessibility, inclusive policies, assistive technology.

1. Introduction

Community integration for individuals with intellectual disabilities is essential for their personal development and social inclusion. The home environment and occupational engagement play significant roles in how people with ID experience their daily lives. Ashley et al. (2019) highlighted that supportive home environments contribute positively to the occupational engagement of individuals with ID, fostering a sense of belonging and purpose (Ashley et al., 2019). Similarly, the quality of neighborhood environments, including social and civic participation opportunities, has been linked to better self-rated health among adults with ID (Emerson, 2011; Emerson et al., 2014).

Participation in various activities, including sports and physical activities, is another crucial aspect of community integration. Borland et al. (2020) found that engagement in sports and physical activities significantly enhances the well-being and social inclusion of adults with ID. These activities not only promote physical health but also provide opportunities for social interaction and community involvement (Borland et al., 2020).

Despite the recognized benefits of community integration, individuals with ID often face numerous barriers that hinder their participation. Social exclusion, stigma, and discrimination remain prevalent issues. Fisher et al. (2016) reviewed the social vulnerability and victimization experienced by adults with ID, emphasizing the need for strategies to protect and empower this population (Fisher et al., 2016). Similarly, Craig and Bigby (2014) discussed the challenges in supporting the active participation of individuals with ID in community groups, highlighting the importance of tailored support and inclusive practices (Craig & Bigby, 2014).

Accessibility to services and facilities is another significant barrier. The availability of community programs and physical access to buildings and transportation systems can either facilitate or impede participation. Cameron et al. (2022) examined the social and community inclusion outcomes for adults with autism and ID in Australia, noting that environmental factors play a critical role in shaping their experiences (Cameron et al., 2022).

Support systems, including family, professionals, and peer networks, are vital in promoting community integration for individuals with ID. The perspectives of people with ID on improving inclusion were explored by Carnemolla et al. (2021), who found that inclusive policies and supportive

community environments are essential for enhancing participation (Carnemolla et al., 2021). Additionally, McCausland et al. (2021) highlighted the potential of person-centered planning to support the community participation of adults with ID, emphasizing the need for individualized approaches that consider the unique needs and preferences of each person (McCausland et al., 2021).

Technological advancements have also opened new avenues for social participation. Danker et al. (2022) explored the role of mobile technology in promoting social inclusion among adults with ID, finding that technology can significantly enhance their ability to connect with others and participate in community activities (Danker et al., 2022). Similarly, Safari et al. (2023) discussed the potential of digital technology design activities to promote digital inclusion and social participation for young adults with ID (Safari et al., 2023).

The health status and risks associated with social participation for adults with ID have been well-documented. Emerson (2011) examined the health risks faced by this population, highlighting the need for targeted health interventions to support their well-being (Emerson, 2011). Engagement in community activities, including sports and recreational programs, has been shown to improve both physical and mental health outcomes (Borland et al., 2020).

Participation in structured social groups can also provide significant benefits. Wilson et al. (2016) discussed how structured social groups can transition individuals with ID from social exclusion to supported inclusion, offering them a platform to engage meaningfully with their communities (Wilson et al., 2016). Similarly, Witsø and Hauger (2018) emphasized the everyday perspectives of individuals with ID in Norway, illustrating how routine community involvement enhances their quality of life (Witsø & Hauger, 2018).

Developing social competence is crucial for the successful integration of individuals with ID into community life. Tsang et al. (2022) conducted a feasibility study on social competence intervention for individuals with comorbid autism and ID, demonstrating that targeted interventions can significantly improve social skills and community participation (Tsang et al., 2022). Additionally, Djordjevic et al. (2023) explored the pragmatic communication skills of adults with ID, highlighting the need for tailored communication strategies to support their social interactions (Djordjevic et al., 2023).

The primary objectives of this study are to:

- Explore the experiences of community integration and social participation among adults with ID.

- Identify the factors that facilitate and hinder their participation in community activities.
- Understand the perceived benefits and challenges of social participation from the perspective of individuals with ID.
- Examine the role of support systems, environmental factors, and technological advancements in promoting community integration.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a qualitative research design to explore the experiences and perceptions of community integration and social participation among adults with intellectual disabilities. A purposive sampling method was used to select participants who could provide rich and detailed insights into the research questions. The inclusion criteria for participants were:

- Adults aged 18 and above diagnosed with intellectual disabilities.
- Individuals who have been engaged in community activities for at least six months.
- Participants willing to provide informed consent.

A total of 27 participants were recruited from various community centers, support groups, and social service organizations. The sample size was determined based on the concept of theoretical saturation, where data collection continued until no new themes or insights emerged from the interviews.

Data Analysis

The audio recordings from the interviews were transcribed verbatim, and the transcripts were subjected to thematic analysis. This process involved several steps:

Familiarization: Reading and re-reading the transcripts to become immersed in the data.

Initial Coding: Generating initial codes from the data that appeared significant and relevant to the research questions.

Searching for Themes: Collating codes into potential themes and sub-themes that captured the essence of the participants' experiences.

Reviewing Themes: Refining the themes by checking them against the coded data and the entire dataset to ensure coherence and consistency.

Defining and Naming Themes: Clearly defining each theme and assigning descriptive names that conveyed their core meaning.

Writing Up: Integrating the themes and supporting quotes into a narrative that provides a comprehensive understanding of the participants' experiences.

Throughout the analysis process, strategies such as member checking and peer debriefing were employed to enhance the credibility and trustworthiness of the findings. Member checking involved sharing preliminary themes with a subset of participants to verify the accuracy and resonance of the interpretations. Peer debriefing entailed discussing the analysis with colleagues experienced in qualitative research to obtain feedback and refine the themes further.

2.2. Measure

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews, which allowed for in-depth exploration of participants' experiences while providing the flexibility to probe further into relevant topics that arose during the conversation. An interview guide was developed based on the literature review and research objectives, covering key areas such as:

- Experiences of community integration.
- Types of social activities participated in.
- Perceived benefits and challenges of social participation.
- Support systems and resources available.
- Personal and social factors influencing community involvement.

Interviews were conducted in a location convenient for the participants, ensuring a comfortable and private environment. Each interview lasted approximately 60-90 minutes and was audio-recorded with the participants' consent. Field notes were also taken to capture non-verbal cues and contextual information.

2.3. Data Analysis

Data analysis followed the principles of thematic analysis, as outlined by Braun and Clarke (2006). The steps involved were:

Familiarization with the Data: Transcriptions of the interviews were read multiple times to immerse in the data.

Generating Initial Codes: Data were coded systematically using NVivo software. Codes were assigned to meaningful segments of text that captured key concepts related to the research questions.

Searching for Themes: Codes were grouped into potential themes by identifying patterns and relationships among them.

Reviewing Themes: Themes were reviewed and refined to ensure they accurately represented the data and were distinct from each other.

Defining and Naming Themes: Each theme was defined clearly, and sub-themes were identified where necessary.

Producing the Report: A coherent narrative was developed around the themes, supported by direct quotes from the interviews to illustrate key points.

To ensure the credibility and trustworthiness of the findings, several strategies were employed:

Member Checking: Participants were invited to review the preliminary findings to confirm that their experiences were accurately represented.

Peer Debriefing: The analysis process was discussed with peers and experts in the field to ensure the validity of the themes.

Triangulation: Data were compared with existing literature on sleep disorders in children with ASD to enhance the robustness of the findings.

3. Findings and Results

The study included a total of 27 participants with intellectual disabilities, comprising 15 males (55.6%) and 12 females (44.4%). The age range of the participants was 18 to 65 years, with a mean age of 34.8 years. The majority of the participants (18, 66.7%) were between the ages of 25 and 45, while 5 participants (18.5%) were aged 18 to 24, and 4 participants (14.8%) were over 45 years old. In terms of educational background, 10 participants (37%) had completed secondary education, 9 participants (33.3%) had some form of vocational training, and 8 participants (29.7%) had primary education or less. Employment status varied among the participants, with 8 participants (29.7%) employed part-time, 5 participants (18.5%) employed full-time, and 14 participants (51.8%) unemployed. Additionally, 17 participants (63%) lived with their families, 7 participants (25.9%) lived in supported living arrangements, and 3 participants (11.1%) lived independently.

Table 1

The Results of Qualitative Analysis

Category	Subcategory	Concepts
1. Experiences of Community Integration	Sense of Belonging	Feeling accepted, Inclusion in activities, Making friends
	Accessibility of Services	Availability of programs, Physical access, Transportation issues
	Personal Growth	Increased confidence, Learning new skills, Independence
	Barriers to Integration	Stigma and discrimination, Lack of awareness, Limited resources
2. Types of Social Activities	Support Systems	Family support, Professional assistance, Peer networks
	Recreational Activities	Sports participation, Attending social clubs, Hobbies
	Cultural Activities	Visiting museums, Attending festivals, Participating in cultural groups
3. Perceived Benefits and Challenges	Educational Activities	Adult education classes, Workshops and seminars, Learning opportunities
	Volunteering	Community service, Helping others, Gaining work experience
	Physical Health Benefits	Improved fitness, Reduced stress, Enhanced well-being
	Emotional and Psychological Benefits	Increased happiness, Reduced isolation, Enhanced self-esteem
	Social Skills Development	Improved communication, Conflict resolution, Teamwork
4. Influencing Factors	Challenges Faced	Accessibility issues, Social anxiety, Financial constraints
	Overcoming Challenges	Adaptive strategies, Seeking support, Personal resilience
	Personal Factors	Motivation, Personality traits, Past experiences
	Environmental Factors	Community environment, Availability of facilities, Social attitudes
	Socio-economic Factors	Financial status, Employment opportunities, Access to education
	Policy and Legislation	Disability rights, Government support, Inclusion policies
Technological Factors	Use of assistive technology, Online communities, Digital literacy	
	Family Influence	Parental involvement, Sibling support, Family expectations

3.1. *Experiences of Community Integration*

Sense of Belonging: Many participants expressed a strong sense of belonging as a result of their involvement in community activities. They felt accepted and included, often highlighting the friendships they had formed. One participant shared, "I feel like I belong when I'm with my friends at the community center. It's like my second home."

Accessibility of Services: Accessibility of community services was a significant factor for participants. Availability of programs, physical access, and transportation issues were frequently mentioned. A participant noted, "It's hard to get to some places because the bus routes don't go there, and my wheelchair can't always get through the doors."

Personal Growth: Engagement in community activities contributed to personal growth among participants. They reported increased confidence, learning new skills, and greater independence. "I've learned so much from the workshops. Now, I can do things on my own that I never thought possible," said one interviewee.

Barriers to Integration: Participants identified several barriers to community integration, including stigma and discrimination, lack of awareness, and limited resources. "People sometimes treat us differently because they don't understand. It makes it hard to feel included," explained a participant.

Support Systems: Support systems such as family support, professional assistance, and peer networks played a crucial role in facilitating community integration. One participant remarked, "My family and my support worker always encourage me to join activities. Without them, I wouldn't have the confidence."

3.2. *Types of Social Activities*

Recreational Activities: Participants enjoyed a variety of recreational activities, including sports, attending social clubs, and hobbies. "Playing basketball at the community center is my favorite. It keeps me active and I get to see my friends," mentioned one individual.

Cultural Activities: Cultural activities such as visiting museums, attending festivals, and participating in cultural groups were also popular. "I love going to the museum. There's always something new to see, and it's fun to go with friends," said a participant.

Educational Activities: Many participants were involved in educational activities like adult education classes, workshops, and seminars. "The computer classes at the

library have helped me a lot. Now, I can send emails and look up things online," shared one participant.

Volunteering: Volunteering was a common activity, with participants engaging in community service, helping others, and gaining work experience. "Volunteering at the animal shelter gives me a sense of purpose. I feel like I'm making a difference," noted an interviewee.

3.3. *Perceived Benefits and Challenges*

Physical Health Benefits: Participants reported improved fitness, reduced stress, and enhanced well-being from their involvement in community activities. "Swimming at the pool helps me stay fit and relaxes my mind," mentioned a participant.

Emotional and Psychological Benefits: Engagement in community activities also led to increased happiness, reduced isolation, and enhanced self-esteem. "Joining the book club has made me so happy. I don't feel lonely anymore," said one interviewee.

Social Skills Development: Many participants noted improvements in their social skills, including communication, conflict resolution, and teamwork. "I've learned how to talk to people better and work together as a team," explained a participant.

Challenges Faced: Accessibility issues, social anxiety, and financial constraints were among the challenges faced by participants. "Sometimes I get really nervous around new people, which makes it hard to join new activities," admitted one participant.

Overcoming Challenges: Participants employed various strategies to overcome challenges, such as adaptive strategies, seeking support, and relying on personal resilience. "I always ask my support worker for advice when I'm unsure about something," shared a participant.

3.4. *Influencing Factors*

Personal Factors: Personal factors like motivation, personality traits, and past experiences influenced participants' community involvement. "I'm very outgoing and love meeting new people, which helps me join different activities," mentioned an interviewee.

Environmental Factors: The community environment, availability of facilities, and social attitudes played significant roles. "Our community is very supportive and offers a lot of activities for people like me," said one participant.

Socio-economic Factors: Financial status, employment opportunities, and access to education were critical socio-economic factors. "Finding a job that accommodates my needs has been challenging, but it's important for my social participation," noted a participant.

Policy and Legislation: Disability rights, government support, and inclusion policies were vital in shaping participants' experiences. "The new policies have made it easier for me to access services and join community activities," explained one interviewee.

Technological Factors: The use of assistive technology, online communities, and digital literacy significantly impacted social participation. "Using my tablet to join online groups has opened up new opportunities for me," shared a participant.

Family Influence: Parental involvement, sibling support, and family expectations were crucial in influencing community integration. "My parents always encouraged me to try new things and supported me in every step," said one participant.

4. Discussion and Conclusion

The findings from this study reveal critical insights into the experiences of community integration and social participation among adults with intellectual disabilities (ID). Participants highlighted a strong sense of belonging when engaged in community activities, despite facing significant barriers. Accessibility of services emerged as a crucial factor, impacting their ability to participate fully. Personal growth, support systems, and overcoming challenges through adaptive strategies were notable themes.

Recreational, cultural, educational activities, and volunteering were key types of social activities that participants engaged in. These activities provided substantial physical health benefits, emotional and psychological improvements, and social skills development. However, challenges such as accessibility issues, social anxiety, and financial constraints were prevalent.

Personal, environmental, socio-economic, policy, and technological factors influenced participants' community integration. The presence of robust support systems, inclusive policies, and the use of assistive technologies facilitated their participation, while personal resilience and motivation played significant roles in overcoming barriers.

The sense of belonging reported by participants aligns with the findings of Ashley et al. (2019), who emphasized the positive impact of supportive home environments on

occupational engagement and feelings of inclusion among individuals with ID (Ashley et al., 2019). Similarly, Emerson et al. (2014) found that neighborhood quality and social participation opportunities significantly enhance self-rated health and well-being, supporting our participants' experiences (Emerson, 2011).

The importance of accessibility to services and facilities corroborates with Cameron et al. (2022), who noted that environmental factors are critical in shaping the social and community inclusion outcomes for adults with autism and ID (Cameron et al., 2022). This study's findings on the barriers to integration, such as stigma and discrimination, are echoed by Fisher et al. (2016), who highlighted the social vulnerability and victimization faced by this population (Fisher et al., 2016).

Support systems, including family, professional assistance, and peer networks, were vital in promoting community integration. Carnemolla et al. (2021) and McCausland et al. (2021) emphasized the importance of inclusive policies and person-centered planning in enhancing participation (Cameron et al., 2022; McCausland et al., 2021), which aligns with our findings on the facilitators of social participation.

The role of technology in promoting social inclusion, as discussed by Danker et al. (2022) and Safari et al. (2023), is supported by our findings (Danker et al., 2022; Safari et al., 2023). Participants noted that mobile technology and assistive devices significantly enhanced their ability to connect with others and participate in community activities.

The physical and emotional health benefits of participating in community activities reported by our participants are consistent with Borland et al. (2020), who found that engagement in sports and physical activities improves well-being and social inclusion (Borland et al., 2020). Similarly, Wilson et al. (2016) and Witsø and Hauger (2018) highlighted the positive impacts of structured social groups and routine community involvement on quality of life (Wilson et al., 2016; Witsø & Hauger, 2018).

Despite the valuable insights gained from this study, there are several limitations to consider. First, the study's qualitative nature and purposive sampling method may limit the generalizability of the findings. While the sample size was adequate for achieving theoretical saturation, it may not represent the broader population of adults with intellectual disabilities. Additionally, the reliance on self-reported data through interviews may introduce bias, as participants might have provided socially desirable responses or may have had difficulty articulating their experiences accurately.

Another limitation is the lack of longitudinal data, which would provide a more comprehensive understanding of the long-term impacts of community integration and social participation. The study also did not extensively explore the perspectives of family members, caregivers, and professionals who play significant roles in supporting individuals with ID, which could offer a more holistic view of the factors influencing community participation.

Future research should aim to address these limitations by employing a mixed-methods approach, combining qualitative and quantitative data to enhance the generalizability and robustness of the findings. Longitudinal studies are needed to examine the long-term effects of community integration and social participation on the well-being of adults with intellectual disabilities. Including larger and more diverse samples will also help to capture a wider range of experiences and perspectives.

Additionally, future studies should explore the perspectives of family members, caregivers, and professionals to provide a more comprehensive understanding of the support systems and environmental factors influencing community participation. Investigating the impact of specific interventions, such as inclusive policies, assistive technologies, and person-centered planning, on community integration outcomes will also be valuable.

Based on the findings of this study, several practical recommendations can be made to enhance community integration and social participation for adults with intellectual disabilities. First, increasing accessibility to community services and facilities is crucial. This includes improving transportation options, ensuring physical accessibility of buildings, and providing information about available programs and activities.

Developing and implementing inclusive policies at the local government and community levels is essential for promoting social inclusion. As Carnemolla et al. (2021) highlighted, involving individuals with ID in the decision-making processes related to community planning and service provision can help address their specific needs and preferences (Carnemolla et al., 2021).

Support systems should be strengthened by providing training and resources for family members, caregivers, and professionals to better support individuals with ID in their community participation efforts. Encouraging the use of assistive technologies and mobile devices, as discussed by Danker et al. (2022), can significantly enhance social connectivity and participation (Danker et al., 2022).

Creating more opportunities for structured social groups, recreational activities, and volunteering can help individuals with ID develop social skills, build relationships, and improve their overall well-being. Programs that promote physical and emotional health should be prioritized, as Borland et al. (2020) emphasized the benefits of sports and physical activities for this population (Borland et al., 2020).

In conclusion, enhancing community integration and social participation for adults with intellectual disabilities requires a multifaceted approach that addresses barriers, leverages facilitators, and involves all stakeholders. By implementing the suggested practices and conducting further research, we can work towards creating more inclusive and supportive communities that promote the well-being and quality of life for individuals with intellectual disabilities.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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