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Intellectual disability and community living

Many people with intellectual disability (ID) are no longer isolated in “special care” facilities. Some settings such as the Scandinavian countries, North America and the UK have long experience in community living for people with ID. Others, such as Ireland, are currently moving people into community living [1,2].

Research has shown that deinstitutionalization (relocation of individuals with ID from institutional to community settings) can enhance their inclusion and wellbeing (8–10). A review of the literature on deinstitutionalization of care and support, covering research from 1997 to 2007, found that community living enhances interpersonal relationships, access to community services and self-determination, compared to living in large institutions [1].

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [3], a culmination of the normalization drive, enshrines community living for people with ID; people with all types of disabilities must enjoy all human rights and fundamental freedoms; all people with disabilities, should be part of the normal societal processes such as education, employment, housing, socialization and access to all societal services. In particular Article 19 of UNCRPD highlights the right to community living by all people with disabilities, a right to choose where and with whom to live, and a right to support to ensure social inclusion [2]. The Sustainable Development Goals (SDGs) [4], which reinvigorates the Millennium Development Goals [5], aims to “leave no one” behind through inclusion of all people, including those with ID who are among the most vulnerable to social exclusion [6]. It follows that then that people should not be “left behind”, either through exclusion in institutions, or through isolation in the community.

Assistive technology and community living

Assistive technology (AT) is defined variably [7–10]. AT can refer to personal aids, assistive products [7] or assistive medical

devices [11]. AT in this commentary refers to any product or service that can be used by persons with disability to overcome challenges they may face in carrying out daily activities of their choice that would otherwise be limited by their impairments. Eye glasses, hearing aids, wheelchairs, brails and lifts are examples of AT. However, innovations such as Skype, Twitter and Facebook are currently largely inaccessible to most people with ID. Importantly, AT covers services and the environment in which they operate, and includes “mainstream” technologies and those developed specifically for people with disability [12].

AT has the potential to enhance community living and the normalization process of persons with disabilities [13,14] as illustrated in Figure 1.

Comprehensive access to AT can enable a person with ID to interact with friends and family. AT can enhance mobility and access to health and social care services. Inclusive designs can improve environmental access and safety for people with ID [12]. AT can enhance digital inclusion [15] and enable children with ID to attend regular schooling [11] instead of isolation in “special” schools. AT can also be used for skills training [16] to include people with ID in the labour market. As Tebbutt et al. [17] argue, AT can facilitate the achievement of each of the 17 SDGs. Lack of access to AT in a technologically mediated world, increases the *technological divide* between people with ID and the rest of the society; a recipe for social exclusion and isolation; a trajectory into abject poverty with detrimental impacts on the person with disability, their family members and society in general [7].

Towards access to AT

A mere 10% of the people who need AT have access [7]. The need for AT among the most vulnerable – those with ID – is profound and their risk of exclusion much higher [6] across many

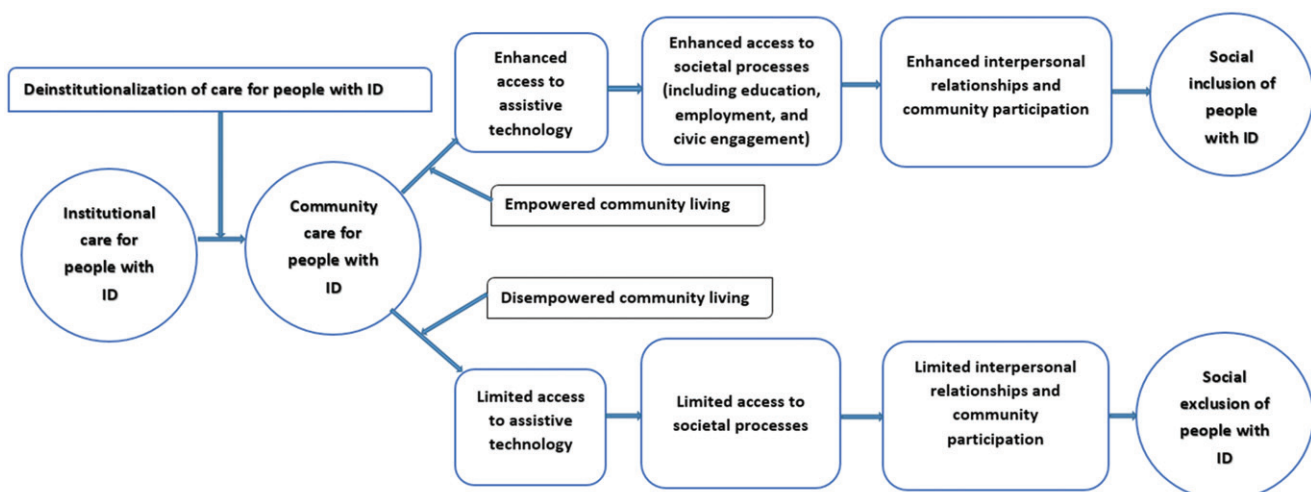


Figure 1. Transforming community care for people with intellectual disabilities (ID) through enhanced access to assistive technology.

domains, including health and rehabilitation services [18]. One of the barriers to the provision of and access to AT is the lack of, or incoherent, policy on AT [19]. The creation of the Global Cooperation on Assistive Technology is step towards aligning global action on AT [20]. As highlighted below, the UNCRPD [21] can benchmark global activity on AT through several different articles (see Figure 2) [12].

A call to action

There is need to act now to stop the growing exclusion of people with ID. The more general *technological divide* [22] – where the most vulnerable have least access – is currently reflected in the provision and use of AT. For most people with ID, the risk of exclusion may become worsened by accessibility challenges; such

as the motivation to acquire AT, material and physical ability, and the training and skills to use AT [22], as all these are dependent on their support ecosystem.

The evidence is clear on the benefits of community living for people with ID. However, without access to assistive technologies, people with ID can be isolated in the community. They can be excluded and “left behind”; possibly with even less support and access than they would have had in institutions. AT is a mediator for people with ID to attain not just their rights but also the highest possible quality of life and sense of participation and belonging in society. Different contexts will require different approaches, addressing different barriers and facilitators [23] for the use of AT. Without systematic and context-specific planning for such provision; however, community living may become a disconnected life for many.

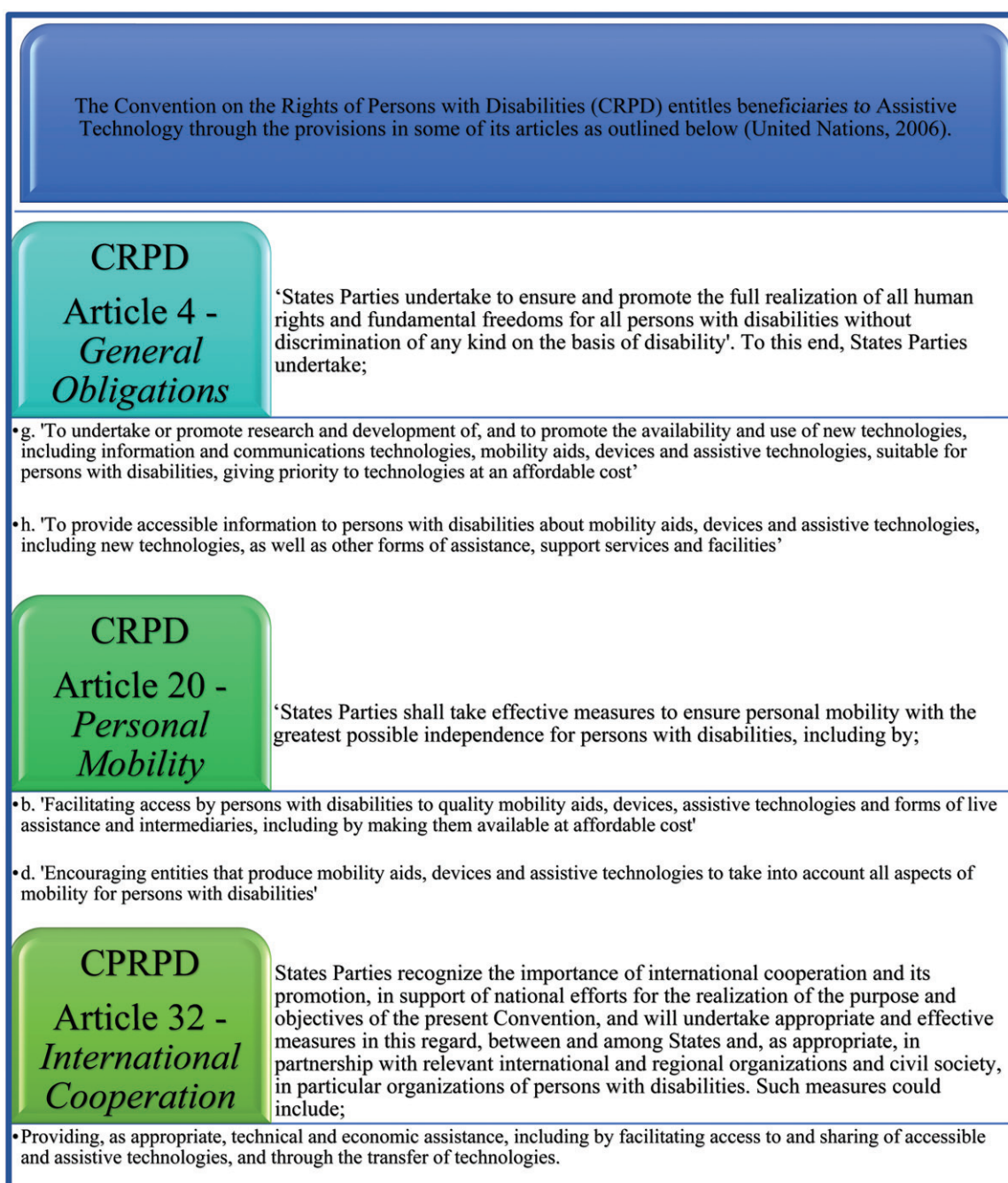


Figure 2. Sections of the UNCRPD concerned with AT.

Disclosure statement


The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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