Erasmus Mundus Master's Program in Social Work with Families and Children

Transition to adulthood of young people in condition of Intellectual Disability (ICID): A comparative study of the professional's perspective in Norway and Colombia

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June 1, 2018

With the support of the Erasmus+ Programme of the European Union

ACKNOWLEDGMENTS

I would like to take this opportunity to express my gratitude to God, for allowing me to be part of this master. I am grateful to Erasmus Mundus, for this life changing experience and all the opportunities that this scholarship brought me.

Thank you to all my MFamily colleagues who join me in this journey and showed me their support.

To all my Mfamily professors, for all the assistance and guidance they gave me during all this process.

To Tore Tjora, my supervisor who supported me until the last moment. Thank you for your valuable feedback and patience.

To Elizabeth Enoksen for her kindness and support.

To my family, specially to my mother, my father, my sisters Cecilia and Alicia, my cousin Gigina who always trusted in me, supported me and encouraged me to do my best.

To my friends Felipe, Mauricio and Andres who not only gave me their constant support but also helped me carrying out my research.

To *Best Buddies Colombia*, *Diverza*, *Institute of Applied Behavior Analysis* and *Attende* and each one of the participants interviewed. For their time and willingness to join my research, and moreover for their efforts to build a more inclusive society.

I cannot mention each person that helped me in this limited space, but I would like to thank everyone who was there for me, giving me their moral support, comprehension and encouragement. For all these small details, I am grateful.

Finally, but not least, I would like to thank specially to all the young people who has a condition of disability because they were my inspiration.

ABSTRACT

Title: Transition to adulthood of young people in condition of Intellectual Disability (ICID): A comparative study of the professional's perspective in Norway and Colombia

Keywords: Transition to adulthood; Intellectual Disabilities; comparative study; social work; psychology

This study aims to compare the perspective of professionals in Norway and Colombia regarding transition to adulthood in young people with Intellectual Disability (ID). A comparative study was carried out to explore how social, political and economic aspects affect the process of transition to adulthood of young people with ID in a developed country (Norway) and in a developing country (Colombia).

Data was collected by semi-structured interviews. Transition from school to work was identified as a key aspect in transition to adulthood. Therefore, professionals were selected from education institutions (two participants from each country) and labor insertion institutions (two participants from each country), a total of eight participants. Data was analyzed in NVivo 11 using a thematic analysis approach. As humans are multidimensional beings, this study proposes an innovative analysis approach which combines tools from psychology and social work to be able to analyze this issue in a micro and macro level.

The study found that professional's perspective regarding transition to adulthood was similar and converged with main theoretical concepts, in both countries. Further, it was found that practices of strengths perspectives, empowerment and promoting the right of participation in youth, create a positive impact on overall outcome. However, the study found major heterogeneity in the service provision in both countries, probably caused by the fact that Norway has a social democratic welfare state and Colombia has an emerging welfare regime. Nonetheless, it was identified that a major challenge for both countries is the lack of information and awareness about ID.

This study is relevant as it is focused on a population who is vulnerable in two conditions: a condition of intellectual disability and the transition to adulthood, which is characterized as a complex, unstable and uncertain period of life. Moreover, it aims to identify supports and challenges youth may face during this transition. This study also shows the importance of interdisciplinary approaches as well as it is a reminder to increase inclusive practices in micro and macro settings.

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List of abbreviations

AAIDD: The American Association on Intellectual and Developmental Disabilities

ADL: Activities of Daily Living

CIE -10: International Classification of Diseases - 10

CRPD: The Convention on the Rights of Persons with Disabilities

DANE: National Administrative Department of Statistics

DSM -V: Diagnostic and Statistical Manual of Mental Disorders- V

EPS: Health promoting entity (from its acronym in Spanish)

IAA: Institute of Applied Behavior Analysis

ICF: International Classification of functioning, Disability and Health

ICID: In Condition of Intellectual Disability

ID: Intellectual Disability

NAV: Norwegian Labor and Welfare Administration (from its acronym in Norwegian)

NSD: Norwegian Centre of Research data (from its acronym in Norwegian)

POS: Obligatory Health Plan (from its acronym in Spanish)

SRA: Social Research Association

UiS: University of Stavanger

UN: United Nations

UNICEF: United Nations Children's Fund

WHO: World Health Organization

ZPD: Zone of Proximal Development

1. INTRODUCTION

This paper strives to explore Intellectual Disability's (ID) transition to adulthood from professionals' perspective. It is a comparative study between professionals in Colombia and Norway. This first chapter gives a brief overview of the topic of research, its importance to be studied, the purpose and aims of the research.

Although this study aims to compare and identify similarities and differences between both countries, it is important to note that the finding of this study cannot be generalized. This is due both to sample size, both regarding the numbers of cities included and the numbers of professionals in each city. Therefore, it is important to bear in mind that the findings belong only to a small portion of reality of Bogotá and Stavanger in specific institutions and is not the reality of Colombia and Norway. On the other hand, the findings of this study allow to identify patterns of challenges and supports in both countries. Identifying these patterns is useful in two ways: it helps to highlight aspects that could be considered as key factors in this topic and therefore could be further study and it helps to identify positive practices and evaluates its transferability.

1.1 Basic concepts

To begin, it is important to clarify two key concepts that will be used throughout the paper. The first concept is "transition to adulthood", the second is people with ID. Both concepts are important to address early, as the definition of them are essential to this paper.

The process of transition to adulthood encompasses people aged 18 to 25 years old (Young et al., 2011), an age-definition also used in this study. The related terms *youth* and *young people* are used by the United Nations (UN) when refer to a similar age-range, from 15 to 24 years (United Nations, 2009). According to the UN, *youth* is the most used term when referring to the transition from dependence in childhood to independence in adulthood. It is also used to refer to people who are finishing compulsory education and seeking for their first job (United Nations, 2009). UN states that both *youth* or *young people* are interchangeable terms that encompasses people from 15 to 24 years old (United Nations, 2009). In this study the definition of 18-25 has been chosen, as 18 is the age of majority in both Norway (youth policy, 2014) and Colombia (Alcaldía Mayor de Bogotá D.C, 2018).

In this paper, In Condition of Intellectual Disability (ICID), will be used to refer to young people who has a condition of any intellectual disability. The researcher chose this term instead of other more common terms, as it makes explicit that a disability should be understood as a condition produced by the interrelation between an individual and its environment and not as characteristics merely defining the individual.

1.2 Problem statement and research questions

It is estimated that approximately 15% of the world's population live with any condition of disability (physical, sensorial, intellectual or mental) (World Health Organization & World Bank, 2011). The number of people with disability currently is 5% higher than what is was predicted and expected to be 50 years ago, and the number is increasing (World Health Organization & World Bank, 2011). This increase may have multiple causes. For example, it may be a result of changes that modern societies are expose to, such as global increase of chronic health conditions, detriment of lifestyle and climate change (World Health Organization & World Bank, 2011). Another possibility of this increasement may be explained by a higher number of cases getting diagnosed. The number of people currently diagnosed with ID is significantly higher than decades ago. This may be due to more awareness and research, enabling professionals to have more tools and knowledge to identify and diagnose cases that in the past could be dismissed.

The impact of modernism has implied a significant weakening of traditional ties and a re-structure in the life course of individuals. Modernism and post-modernism has shaped a world with more

opportunities, but at the same time with higher risks due to the lack of stability (Furlong & Cartmel, 2007). The traditional links between family, education and job insertion are not as strong as decades ago, creating changes in education and labor-market conditions, as well as increasing the diversity of life project pathways. In few words, youth as a period for preparing to adulthood is in constant change and is no longer as clear and as stable as it used to be (Brannen & Nilsen, 2002).

The present study has chosen as main topic the two problematics mentioned above: ID in combination with transition to adulthood. The combination of these two topics allows a focus on a small, but significant population. A population that may face an extra vulnerability due to possible interaction between disability and transition to adulthood. Therefore, the research questions that this study seeks to answer are:

-What are the differences and similarities between the perspectives of professionals about transitional experiences to adulthood for persons ICID in Stavanger, Norway and Bogotá, Colombia?

- What are the differences and similarities between professional's perspectives regarding the challenges youth ICID face during their transition to adulthood?

- What are the differences and similarities between professional's perspectives regarding supports used to help youth ICID during their transition to adulthood?

1.3 Study significance

Statistics retrieved from the Labor Force Survey shows that 17% of Norway's population had a condition of disability; a rather stable percentage that varies between 15% to 18% in the last years (Barne, ungdoms og familiedirektoratet, 2017). In 2009, 4.4‰ of inhabitants in Norway have an ID (Søndenaa, Rasmussen, Nøttestad, & Lauvrud, 2010). The last census in Colombia was in 2005, showing that 6.5% of the population had a condition of disability. 12% of the persons with disability had intellectual disabilities (Disability Rights Promotion International, 2014). Combined, the figures from Colombia indicated that 7.8‰ of the population has ID.

The statistics illustrate that people ICID are a minority group. Due to its conditions it is a vulnerable group. Another vulnerable group is youth in their process to transition to adulthood. This group is not a minority, but vulnerable as the complexity of this process could generate risks. Transition to adulthood is a complex, challenging and non-linear process

This study strives to analyze transition to adulthood in youth ICID by comparing two countries with significant economic and political differences. The World Economic Situation and Prospects (WESP) criteria divides the world's countries in three categories: developed countries, economies in transition and developing countries (United Nations, 2014). Norway is one of the 36 countries classified as a developed country. Colombia is one of 107 countries classified as a developing country (United Nations, 2014). The purpose with comparing a developed country with a developing country is to determine what is inherent and therefore transferrable in practices and services offered to youth ICID during their transition to adulthood.

Further, this study also strives to support or discard the hypothesis that higher economic resources can be translated in better overall outcomes in relation to the process of youth ICID transitioning to adulthood. According to World Health Organization & World Bank (2011), developed countries have better conditions to facilitate the participation and experience of people ICID in comparison to developing countries. Among these conditions it can be mentioned: more adequate policies, adequate funding, efficient provision and delivery of services and accessibility. As Colombia is a developing country and Norway a developed country is expected that conditions offered and therefore the youth's pathways in both countries are different.

This study also proposes an innovative analysis approach by combining theoretical tools of two fields: psychology and social work. This proposal arises from a holistic understanding of human beings and

disability. A multidimensional view of human beings considers human beings are composed by two main aspects: individual aspect and environmental aspect (Solli & Barbosa da Silva, 2012). The individual aspect is composed by physical body, living organism and person. The concept of person alludes to being self-consciousness and aware as well as associating it with morality and the understanding of human as social and cultural beings. (Hacker, 2007) A key aspect of the concept of person is that it is understood as an agent, and acting being whose actions are characterized by intentions which are shaped by personal desires, interests, motives, wishes and goals (Hacker, 2007). The environmental aspects integrates abiotic environment, biotic environment and human society (Solli & Barbosa da Silva, 2012).

On the other hand, a holistic understanding of disability implies acknowledging the social model of disability, which understands disability as the interaction between a physical condition and social barriers (Pallisera, Fullana, Puyaltó, & Vilà, 2016).

The holistic understanding of human beings and disability allows this study to recognize that the issue of ID cannot and should not be study in only one level. The purpose of using tools of both psychology and social work lies on the fact that it could help to analyze the individual (micro level) and the possibilities society offers to it (macro level). The micro level will be analyzed by psychological perspectives and the macro level will be analyzed from a social work perspective of policy level.

1.3.1 Young people's voice and limitations

The literature review found that most of the articles written about this topic mainly focused on either the perspective of the parents' or the professionals', not the persons ICID. Based on that fact, the researcher identified the importance on doing a research that is focused on the youth ICID with the purpose to capture their voice and feelings about the topic. Although this was the main purpose at the beginning of the study, due to difficulties as language barrier, time limitations and legislation, the recruitment process in Norway could not be successfully done. Therefore, this study focused on professionals instead of youth ICID.

1.3.2 Professional's perspective

Besides the limitations previously mentioned, this study chose to focus on the professional's perspective for two main reasons. The first reason is because professionals are considered to have a significant impact on the life of people ICID, especially in cases of low functionality (Stewart, 2006) and they play a major role during transition to adulthood. Transition to adulthood requires the alliance, collaboration and coordination of professionals in the same institution and between different institutions; if there's lack of cooperation or misunderstandings of task division and professionals are not synchronized between them and their responsibilities, this will create difficulties and challenges for the transitioning process (Gauthier-Boudreault, Couture, & Gallagher, 2017).

The second reason is to investigate the point of view of persons who not only have practical and personal experience on the field but a theoretical knowledge which can guide and provide a more conscious decision-making process during interventions. Therefore, this study will also center on asking the professional's opinion about changes, solutions or strategies they consider or suggest will make improvements in the process of transitioning to adulthood. In addition, the professional's perspective also allows to understand the topic from a wide number of cases, which enriches the knowledge in terms on quantity and in variety.

2. LITERATURE REVIEW

The following chapter strives to define the two main topics discussed in this research: ID and Transition to adulthood. The first topic is divided in two parts: the first part explains the concept of ID from a historical perspective meanwhile the second part describes extensively different classification schemes of ID.

Futher, transition to adulthood is explained with the help of definitions of key concepts such as adulthood, legal capacity and legal age. Finally, after both topics have been explained, the last part of this chapter combines both topics and gives a brief overview of previous studies on transition to adulthood in people ICID.

2.1 Intellectual Disability

What today is known as ID is a term that has been constantly changing through time. The transformations of this concept have been influenced by society changes and its understating of mental disability. The changes of the last decades have been leaned towards to a positive approach and connotation of the term.

These transformations can be identified in the changes done by recognized associations of the field. For instance, it is interesting to analyze the changes of what today is known as the American Association on Intellectual and Developmental Disabilities (AAIDD). The AAIDD is the oldest and more interdisciplinary association focused on ID. It was founded on 1876 under the name of *Association of Medical Officers of American Institution for Idiotic and Feebleminded Persons* , on 1933 it changed to *American Association on Mental Deficiency (AAMD)*¸ on 1987 it was changed to the *American Association of Mental Retardation (AAMR)* and in 2006 it finally adopted its current name (Chiurazzi, 2011).

Supporting the above-statement, Bray & Grad (2003) list the most known terms that have been used in common language to refer to ID. The list includes derogatory terms such as: “backwards, cretin, idiot, imbecile, moron”, that have developed through time to less denigrating names such as “intellectual handicap, slow learner, mental handicap, mental sub normality, mental retardation” and finally to the last development which aims to be as positive as possible includes terms such “intellectual disability, learning difficulty and learning disability”(Bray & Grad, 2003).

The transformations of terms used to refer to ID shows how denigrating names such as mental retardation were the official terms only 20 years ago and although it shows it has been changing towards a positive connotation it is not fully inclusive which indicates it requires and probably will have future changes.

2.1.1 ID and scheme classifications

Scheme classifications have been used to define and classify ID. The two main worldwide manuals of mental disorders are: ICD-10 (International Classification of Diseases) and DSM-V (Diagnostic and Statistical Manual of Mental Disorders). Besides these two scheme classifications, there is a third classification that allows professionals to have a deeper knowledge of the condition and functioning of the individual. This classification is known as ICF (International Classification of functioning, Disability and Health), and it is focused on functionality of the individual rather than on giving a diagnosis. This section describes the three scheme classifications more in detail and in addition shows the definition given by the AAIDD. It also explains in detail the different domains that are affected by the presence of ID, as well as the co-occurrence and syndromes that include ID.

Table 1
Comparison of ID definitions. American Psychiatric Association (2013), World Health Organization (2016) & American Association on Intellectual and Developmental Disabilities (2018)

	ICD – 10	DSM – V	AAIDD
Name	Disorder of intellectual development	Intellectual Developmental Disorder	Intellectual Disability
Definition	Group of etiologically diverse conditions caused during the developmental period and characterized by significantly low performance in intellectual functioning and adaptive behavior	Disorder with onset at the developmental period caused by deficits in intellectual and adaptive functioning	Disability caused by limitations in intellectual functioning and adaptive behavior
Domains affected	*Adaptive behavior* - Conceptual Skills - Social Skills - Practical Skills	*Adaptive functioning* -Conceptual Domain - Social Domain - Practical Domain	*Adaptive behavior* - Conceptual Skills - Social Skills - Practical Skills
Classification	- Mild - Moderate - Severe - Profound - Provisional - Unspecified	- Mild - Moderate -Severe -Profound	- Mild - Moderate -Severe -Profound

The definitions proposed by the ICD–10, DSM-V and the AAIDD agree on the fact that there must be a low average on intelligence functioning and adaptive behavior, nonetheless they all differed in the word used to describe what is ID, for ICD -10 is a condition, for DSM- V is a disorder, meanwhile for AAIDD is a disability (Table 1).

Regarding to the domains affected it can been seen that once again there is an agreement that there are three principal areas which tend to be affected with the presence of ID; nonetheless the only change is that according to DSM – V- these domains are called adaptive functioning, meanwhile for ICD – 10 and AAIDD are called adaptive behavior. Finally, regarding the classification of ID itself, both DSM –V and AAIDD propose the same types, meanwhile ICD-10 add two more types: provisional & unspecified (Table 1).

2.1.2 Understanding the concept of ID

After revising three of the main known definitions of ID, it can be concluded that the three definitions agree on the fact that ID is a condition which involves low average in two aspects: Intelligence functioning and adaptive behavior.

Intelligence functioning refers to the ability of reasoning, problem solving, planning, abstract thinking, learning potential and judgment (American Psychiatric Association, 2013). Adaptive behavior or adaptive functioning involves skills learned throughout development and performed when required and

expected from the environment (Tasse, 2013). Adaptive behavior can be classified in three domains, each domain includes specific skills (Table 2).

Table 2

Exemplification of adaptive behavior domains. American Psychiatric Association (2013) & American Association on Intellectual and Developmental Disabilities (2018)

Conceptual domain	Social domain	Practical Domain
- Memory - Language - Reading - Writing - Math Reasoning (Number concepts) - Acquisition of practical knowledge - Problem solving - Judgment in new situations	- Awareness of other's thoughts, feelings and experiences - Empathy - Interpersonal communication skills - Friendship abilities - Social judgment Social Problem solving -Social responsibility	- Self-management of behavior - Personal care - Job responsibilities - Money management - Recreation - School and work organization (Occupational skills) - Travel/transportation -Schedules/routines

Adaptive behavior is a key aspect to determine the level of severity of a diagnose (American Psychiatric Association, 2013). Based on the results of adaptive behavior and intelligence functioning, ID can be classified in four different levels: mild, moderate, severe and profound (Perkins, 2009). Clinicians usually measure adaptive behavior through individualized clinical evaluation and psychometric tools, this with the purpose of having the most precise and accurate measurement (American Psychiatric Association, 2013).

Etiologies & Syndromes

ID can be caused by multiple factors including genetic, acquired, environmental and sociocultural factors (Katz & Lazcano-Ponce, 2008). According to Foley et. al (2016) there are three main reasons why it is important to understand the trajectories of psychopathology in different etiologies of ID. First, it allows to identify different behavioral phenotypes, second, it allows to identify specific characteristics for each psychopathology that could provide markers of risk for other health related issues; and finally, the specificities of each trajectory allow to design more specific and effective interventions (Foley et al., 2016).

Another important aspect to consider when diagnosing ID is the highly comorbidity between ID and other neurodevelopmental disorders or medical and physical conditions. ID has a 75 % comorbidity rate (American Psychiatric Association, 2013). Among the most common co-occurring diagnoses it can be mentioned: Attention-Deficit/Hyperactivity disorder (ADHD), Down-Syndrome, stereotypic movement disorder, impulse-control disorders and major neurocognitive disorder; from all the above-mentioned diagnoses, Down Syndrome is the most common cause of intellectual disability as it occurs 1 in 650 to 1000 live births (Foley et al., 2016) and autism has been found to have high rates of comorbidity that oscillates between 10% and 40% (LoVullo & Matson, 2009).

One important aspect regarding to the comorbidity in ID is how it is expressed. Based on the etiology, each syndrome comes with specific characteristics: when ID is associated with a genetic syndrome it could have physical appearance specificities such as the case of Down Syndrome. When the presence of ID is accompanied with a set of specific behaviors it can be the case of Lesch-Nyham syndrome. If ID has periods of worsening, it could be the case of Rett-syndrome, meanwhile in cases such as San Philippo syndrome the worsening is progressive (American Psychiatric Association, 2013). Other

syndromes that also correlates with ID are fragile X syndrome, Williams syndrome and Prader-Willi syndrome (Harris, 2006).

Functionality & scheme classification
As mentioned previously, ICF is another scheme classification usually implemented in the field of ID, especially in cases where professionals tend to work from a functionality focus, where the intervention is guided to supply the supports required according to the needs of each individual.

The ICF is an international classification proposed by the World Health Organization (WHO), its main purpose is to give a classification of health and health-related domains (Tal Saban & Kirby, 2018). ICF acknowledges that the individual's functioning is influenced by the context, thus, it also includes environmental factors of the individual (Tal Saban & Kirby, 2018). In line with this thought, ICF promotes a biopsychosocial model of disability, as it recognizes the presence of a context and its social barriers as well as the functions and structure of the body focused on the level of capacity and performance of the person (Solli & Barbosa da Silva, 2012).

Finally, to sum up, is important to point out how difficult and complex has been to define ID and the importance of continue working towards a positive and appropriate terminology. Is crucial to have the most accurate understanding of ID, as its definition causes implications in real life. Its definition is used by governmental and non-governmental institutions to determine the type of education, the eligibility for support services, the level of autonomy and other legal aspects of the person ICID (Bray & Grad, 2003).

2.2 Defining adulthood

In typical development, adulthood is supposedly reached by accomplishing determined developmental milestones or outcomes; nonetheless adulthood is a complex term which needs context to be defined, for some authors is understood as a process that goes beyond merely development and that involves multifaceted processes (Redgrove, Jewell, & Ellison, 2016). Besides its complexity due to cultural relativism this concept has different implications depending on how it is approached; when referring to adulthood in the framework of disability it is usually reduced to legal and social implications, therefore is important to discuss two concepts related to these implications: age of majority and legal capacity.

2.2.1 Age of majority

Age of majority is understood as the age at which an individual is no longer under the legal responsibility of their parents or guardians and therefore is considered as an autonomous and independent person (Levesque, 2011). Linked to this concept is relevant to mention the concepts of age of consent and age of license, which also determined the age where an individual is legally allowed to do behaviors that are only restricted for "adults", specifically speaking, age of consent refers to the age at which an individual is considered mature enough to consent to an specific act such as signing a contract, engage in sexual intercourse, receive medical treatment or join the military (Levesque, 2011). Regarding to age of license, it refers to the age at which an individual is allowed by the State to do certain actions such as drive, vote, marry, smoke or drink alcoholic drinks (Levesque, 2011).

The age of majority, consent and license vary between countries and in the same country. For instance, in some countries it can be stated the same age of majority, consent and license; meanwhile in others the same age will vary for each one of them. In the case of Colombia and Norway that are the countries used for this study, the age of majority, consent and license in both countries is at 18 years old (Alcaldía Mayor de Bogotá D.C, 2018; youth policy, 2014).

2.2.2 Legal capacity

Legal capacity is understood as a fundamental right entitled to every human being since the moment of their birth until their death (Universidad Autónoma Latinoamericana et al., 2017). Legal capacity grant individuals the capacity to have rights and to exercise one's rights (Dinerstein, 2011). From the previous statement it could be inferred that denying the legal capacity of a human being will involve not recognizing him or her as a subject of rights. The aforementioned assumption makes difficult to determine and discuss legal capacity within the framework of disability (Dinerstein, 2011).

When discussing about legal rights of people in a condition of disability, the most known legal document all around the world is the CRPD (Convention on the Rights of Persons with Disabilities) developed by the UN (United Nations). Article 12 of this convention specifically address the issue of legal capacity:

> Article 12 (2): States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
>
> Article 12 (3): States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity (United Nations, 2008, p.1)

Article 12 was probably between the most debated articles from the CRPD, and the final outcome was to recognize people ICID as subjects of rights that depending on the situation will need or not an extra support for exercising their legal capacity (United Nations, 2008). As both Colombia and Norway have signed and ratified the CRPD, it therefore means, that in theory, both countries recognize the legal capacity of people ICID. The findings of this study will allow to get a closer idea of how this is put in practice.

2.3 From transition to adulthood to transition to adulthood in ID

According to Leonard et. al (2016) perspectives related to intellectual disability can differ according to cultural aspects, service systems, societal attitudes and identity. The comparison for this specific study which strives to identify the differences and similarities between professionals of Colombia and Norway, will allow to determine whether cultural aspects and services systems in these two countries affect the perspective created about ID in each country.

2.3.1 Transition to adulthood

Transition to adulthood can be simply defined and reduced to the movement from childhood to adulthood; nonetheless the real implications of this process go beyond a change of category, first of all, as mentioned previously, its understanding differs across cultures and moreover it must be considered that the success of this process requires specific internal and external assets of the individuals (Young et al., 2011).

Regarding to the internal and external assets required to successfully transition to adulthood, theories and authors have been more focused on internal skills, rather than on the context or external factors that may affect this process; nonetheless both aspects are equally important when analyzing transition to adulthood. According to Leonard et. al (2006) transition to adulthood besides being affected by cultural aspects it also involves collaboration and task division between school staff, families and community agencies.

The internal assets include individual skills which are currently linked to skills that every adult should possess, at least theoretically speaking. According to (Eliason, Mortimer, & Vuolo, 2015) there are three personal characteristics that enable successful transition to adulthood: financial self-sufficiency, maturity and independence. Arnett (2000) also agrees on the importance of self-sufficiency understanding it as the capability of accepting own's responsibilities and making autonomous decisions; to be self-sufficient its required to be financial independent as it will allow the individual to

reach full independence and adopt adult roles as living by its own. Another internal asset is enough emotional maturity to be engaged in a long term and serious romantic relationship that will fulfills the individual's life project (Arnett, 2000). Finally, one last characteristic is self-determination, as the capacity of living and planning a consistent and coherent life project with the own personal choices and preferences (Kim & Yurnbull, 2004a).

2.3.2 Adulthood in ID

Before discussing about transition to adulthood in people ICID is relevant to discuss what is understood as adulthood in the framework of disability. To begin, as mentioned in the previous section, adulthood in typical development is usually determined by the successful accomplishment of determined developmental milestones; nonetheless, this criterion does not apply to most of the cases of ID, or at least not the same criteria defined for typical development (Redgrove et al., 2016). The idea of adulthood as an accomplishment of developmental milestones has created the idea of distinguishing chronological age and psychological age in ID, stating that is possible to be an adult in a chronological sense but still in need of supports to supply some basic needs (Redgrove et al., 2016).

Previous studies have found that as there's no clarity and fully established parameters to defined adulthood in disability, transition of services such as "transition from school" is usually considered as a parameter to determine what adulthood is (Redgrove et al., 2016). The above-mentioned statement elucidates how important is to analyze the role of services in youth ICID and how the lack of theories and conceptual knowledge of adulthood in ID has made external be the parameters to determine adulthood rather than internal parameters focused on the individual's development.

2.3.3 Transition to adulthood in ID

Transition to adulthood is described in a vast amount of academic literature; nonetheless when it comes to transition to adulthood in youth ICID it occupies a marginalized position on academic discussions (MacIntyre, 2014).

Consequently, the literature review of this specific topic had limited results, as the present research was conducted with participants in Colombia and in Norway, the data base search was done in both Spanish and English databases. The search in Spanish gave a significant lower number of results in comparison to the search in English, in fact only two studies match the exact topic, both studies are from Spain (Fernández & Vicente, 2005) and (Díaz, Noell, Pazos, & Suñé, 2013). Regarding to the search in English data bases, the number of results was significantly higher, including both articles and books, it is important to mention that although the search was looking for ID in general and not any diagnose or syndrome in specific, most of the studies were conducted with participants with autism, some examples of those studies are: (Wei, Wagner, Hudson, Yu, & Shattuck, 2015); (Taylor & Seltzer, 2011); (Senland & Higgins-D'Alessandro, 2016) and (Havlicek, Bilaver, & Beldon, 2016).

The search for previous studies in Colombia and in Norway didn't give any exact match for Colombia's case where it wasn't even possible to find a Latin-American study; meanwhile for the case of Norway it was found the study of (Midjo & Aune, 2017) and studies that explore transition to adulthood in Norway but not with people with ID (Brannen & Nilsen, 2002).

Regarding to the content of the studies, is important to mention that most of the studies were centered on exploring the experiences of the families or professionals rather than the experiences of the young people itself, Pallisera et. al (2016) states that few studies take the voices of the young people. It was also found that most of the studies analyze the transition to adulthood around two main axis: either the labor dimension or the role of the educational system (Díaz et al., 2013).

Having clarified the results from the literature research, the rest of this subsection discusses the overall literature of this topic. Transition to adulthood for youth ICID can be more challenging in comparison to youth who does not have this condition. (Leonard et al., 2016). According to (Kim & Yurnbull, 2004b) the period of transition to adulthood is characterized by being a period of growth and change, but mainly a period of uncertainties and challenges, which is even more stressful and confusing for adults ICID.

Another reason why transition to adulthood might be stressful for young people ICD is the challenge of moving from a monitored individualized program to adult's programs with individuals of different ages and different diagnoses. (Harris, 2006). Adding to this aspect, it also can be mention the fact that in comparison with people who does not have a disability, people ICID count with less options for meaningful daytime activities after finishing school (Young-Southward, Philo, & Cooper, 2017), in general activities to enable community participation, supports and helpful information to guide them through this process are not easily accessible (Stewart, 2006). This challenge has been identified in studies conducted in developed countries where the offer of services to the overall population is higher than in developing countries; considering this, the situation in developing countries where health and education services are limited for the whole population discussing about services in transition to adulthood in ID becomes even more complex and a problematic of economic resources and political conditions.

The difficulties and challenges faced during this process are reflected on their poorer outcomes. There is evidence for the last two decades that, in comparison to youth without ID, youth ICID have poorer outcomes in main domains such as insertion in the labor market, interpersonal relationships, social participation, health status and academic achievement (Stewart, Stavness, King, Antle, & Law, 2006). Regarding to the poor health status of youth ICID during transition to adulthood the main hypothesis is it is caused due to effective limited health services; in some of the studies whose objectives have been to explore health outcomes for youth ICID have identified poor results in two specific areas of health: obesity and sexual health (Salomon & Trollor, 2018). Linked to limited health services, evidence shows youth ICID count with limited supports and information to guide them during the transition (Gauthier-Boudreault, Gallagher, & Couture, 2017).

Another challenge youth ICID face during transition to adulthood and at the same time another reason why is essential to have further research in this topic is the difficulty on shifting from a family-centered planning to a person-family interdependent planning approach. In first place, while it is true that the main concern about transition to adulthood despite if we are referring to typical or atypical development is the shift from a family-dependent environment to an individual-independent environment, in typical development is usually embraced and expected to happen, meanwhile in ID is in fact the opposite, where the family support tends to be more conservative and restricted with the purpose of protecting the wellbeing of the person ICID; limiting the possibilities of the youth to develop the adequate skills for transitioning to adulthood and therefore becoming autonomous and independent (Kim & Yurnbull, 2004a). In second place, when discussing this shift in cases of low functionality the debate is even more complex, the family dependence is even higher and the possibility of transitioning to adulthood are limited (Kim & Yurnbull, 2004a).

So far it has been mentioned the different challenges and disadvantages faced during transition to adulthood by youth ICID; this description may give an idea to the reader of the difficulties youth ICID normally face during this period; nonetheless it's important to mention that in the last three decades it has been noticed a significant increase in the extent and range of adult roles available and reachable for youth ICID (Mill, Mayes, & McConnell, 2010). This shift has been noticed in a higher number of youth ICID contracting marriage, becoming parents and working at full-time positions, at the same time, this shift has become possible as awareness towards diversity and disability is increasing nowadays (Mill et al., 2010). To create bigger and more significant changes it is necessary to continue

working towards diversity and promote positive and inclusive attitudes towards disabilities; the effort done so far had contributed to significant changes nonetheless is still not enough.

3. THEORETICAL BACKGROUND

This chapter will briefly explain the theories used for analyzing the data. This research explores the thoughts and perspectives of professionals regarding transition to adulthood in young people ICID. Therefore, this chapter has three subsections, the first one describes theories for understanding disability (models in disability), the second one describes theories to analyze the concept of transition to adulthood and the third one describes approaches of intervention in disability. It is important to mention that the literature research for models in disability was done in both Spanish and English with a focus in Latin America and Nordic countries. This was done to identify if there was any difference between approaches; nonetheless, there was no significant difference between the models proposed and used in both regions of the world.

3.1 Models of disability

This subsection aims to give an overview of the main theoretical models to understand disability. Throughout history there has been different theories and models to understand and classify disability; each model is an analytic framework which reflects different beliefs, assumptions and understanding of disability.

There are different classifications of the models of disability, they mostly differ on the name rather than in the content of the models; in few cases authors propose new typologies. Nonetheless, in general the four best known models currently are: medical model, social model, biopsychosocial model and human rights model. Table 3 shows different classifications of disability based on a literature review done for this research; it shows six classifications obtained from the literature research. The objective of the table is merely to illustrate the variation among classifications along the history and not to show the most representative ones.

Table 3

Classifications of models of disabilities

Padilla-Muñoz (2010)	Velarde (2011)	Lidón Heras (2013)	Mckenzie (2013)	Albarrán (2015)	Dirth & branscombe (2017)
Medical model	Traditional model	Traditional model	Medical model	Traditional models	Medical model
Social model	Medical Model	Medical model	Social Model	Medical models	Social model
Model of colonized minorities	Social Model of functional diversity	Social model	Interactive model	Social models	
Universal model of disability		Integration model	Disability discourse	Emerging model	
Biopsycho social model		Functional diversity model			
		Human rights model			

As mentioned before, table 3 shows us models that have the same principles but different name. It is also important to mention that some models are the union of two different models, for instance the model of colonized minorities, proposed by Padilla-Muñoz (2010), also known as political-activist model, shares the same principles of the social model, but it also counts with components of human rights.

To have a better understanding of the principles and assumptions of each model, the following paragraphs will briefly define the four more known models (medical model, social model, biopsychosocial model and human rights model) and the prescience model. The reason to describe the prescience model is to give the reader an idea of the historical changes these models have passed through and how dramatically the concept of disability has changed moving along to social changes.

Prescience Model: This model was the predominant one in the Middle Age, it was strongly attached to religious beliefs where the main assumption was to believe that disability was a divine punishment given to the parents of the person with disability, it was also believed that disability was an omen of a future catastrophe (Velarde, 2011).

Medical model: This model is also known as the biological model. Disability is understood as a sickness, trauma or health condition which must be treated individually (Dirth & Branscombe, 2017). Under the framework of this model, the treatment of disability is the cure of the medical condition (García & Obando, 2007). The initial aim of this model was to define and classify disability so it was possible to develop more adequate interventions; nonetheless, the focus on diagnosing has tended to produce marginalization and stigmatization of the individual (Padilla-Muñoz, 2010). For some disability scholars and activists this model tends to marginalize and discriminate people with ID , as it gives excessive power to medical professionals who characterize disability as an individual and technical problem rather than the outcome of social interactions (Mckenzie, 2013).

Social Model: This model is also known as constructivist (Albarrán, 2015). The social model is originated as an answer to some of the limitations faced by the medical model; unlike the medical model, the social model understands disability as an outcome obtained from the interconnections between context, structures, activities and social relationships. (Padilla-Muñoz, 2010). The main premise of this model assumes that disability is created from the interaction between the individual and the environment; in this sense, this model could be understood as variation from an interpersonal to an intra persona perspective. Disability is a social construction. This model approaches the individual-environment interaction (Padilla-Muñoz, 2010).

Biopsychosocial model: This model aims to have a universal approach which conceives disability not as characteristic of the individual but as an issue within society, therefore its treatment and understanding should include the integration of the medical model, psychological model and social model (Padilla-Muñoz, 2010). This model is an attempt to build a holistic model which is derived from the idea that human beings are the product of physical, psychological and social (García & Obando, 2007). Consequently, from this model health is understood not only as the lack of sickness but it must be considered that psychological or social alterations may affect the condition of disability and therefore the wellbeing of the individual. (García & Obando, 2007)

Human rights model: The assumptions of this model are based on the principles proposed on the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD in a convention on human rights specifically focused for people with disabilities and its main objective is to recognize the rights of people with disabilities and promote an equal treatment within the society. Based on the principles of this convention, this model promotes three main principles: dignity, individuality and autonomy (Lidón Heras, 2013).

The above-mentioned description of the models of disability illustrate changes of modern societies over the years, and how the most recent approaches tend to have a focus on diversity, inclusion and empowerment. If the models of disabilities are compared with the terminology used to refer to ID along the history, the same pattern can be found: both the theories and the concepts made a shift from discrimination and devaluation of people ICID to more positive approaches. These changes are the

reflection of societies that are progressively embracing diversity in different areas; nonetheless, there is still a long path to reach a fully inclusive society.

3.2 Theories on transition to adulthood

Transition to adulthood can be analyzed through different approaches in different angles, it can be analyzed from a developmental angle, a biographical perspective, a social process or it could even be understood as a process influenced by time conception (Brannen & Nilsen, 2002).

As this research is focused on transition to adulthood in atypical development, more specifically in ID, this section puts emphasis on understanding the Similar Sequence Model (Harris, 2006), a developmental model that can be pertinent for ID. To understand this model, is first mentioned theories that explain transition to adulthood solely from a typical development. To begin, it explains the three dominant perspectives on this field and the main developmental psychological theories build upon this topic. After showing these theories it is explained the importance to understand typical developmental for analyzing and characterizing atypical development. Finally, this subsection ends with the explanation of the Similar Sequence Model.

3.2.1 Dominant perspectives on transition to adulthood

According to Young et. al (2011) there are three main dominant perspectives or approaches to explain transition to adulthood. The following paragraphs will describe each one of them.

Life Events: This perspective has been broadly used in the fields of sociology and demography, where social markers such as leaving home, starting a long-term romantic relationship or starting a full-time job life are considered as life events used to determine transition to adulthood (Young et al., 2011).

Rites of Passage: Structured and meaningful events that highlight public recognition of change; for the case of transition to adulthood those types of events are called as coming-of-age rituals(Young et al., 2011). As mentioned before this perspective is more focused on the actions of the community and therefore the strong influence of individualization brought by postmodernism has weakened it; nonetheless, this perspective was highly influential for many decades and is still present in some contexts (Furlong & Cartmel, 2007).

Psychosocial Maturity: Unlike the first two perspectives, this last approach is focused on internal processes of maturation required to successfully become an adult; some of these internal processes are: autonomy, responsibility, capacity for intimacy, future goals and plans (Young et al., 2011).

3.2.2 From typical development to atypical development

Developmental theorists have mainly established developmental landmarks by measuring and monitoring people with typical development. This have caused significant lack of application of developmental theories on atypical development (Harris, 2006).

Developmental theories are focused on identifying, describing and analyzing two main aspects: sequences and developmental rate; these aspects will allow to determine which changes and behaviors are expected in certain ages or life moments (Harris, 2006).

Studies of developmental sequences carried out on people with different intellectual syndromes have allowed to understand the development in different syndromes and make clear that people ICID does not belong to only one group, but that the patterns identified will differ according to the specific syndrome, context and how social experiences are internalized (Harris, 2006). Evidence suggests that there are universal sequences in development despite the presence of a syndrome or brain dysfunction

either acquired or not; based on those findings developmentalists postulate the applicability of developmental theory in ID (Harris, 2006).

On the other hand, studying the developmental rate over the life span will allow to fully comprehend the role of maturational changes in neurological structures that have a major role in specific syndromes (Harris, 2006). It's important to mention that as neuroimaging allows to identify dynamic changes in brain anatomy and changes throughout adolescence, it has been used as a tool for studying developmental rate and as it improves, it will help to identify specificities for each syndrome (Harris, 2006).

The understanding of both sequence and developmental trajectory in both atypical and typical development has allowed to have a better understanding of the development in ID and most of all to shift from developmental delay to cognitive progression. The most common term used in disability's development is the term "developmental delay". Despite of its popularity, the term itself could be misleading. Developmental delay assumes that the individual ICID is having a delay in its development, implying that there's the possibility to catch up later, nonetheless, on reality, what happens is that there's a failure in the development and therefore the trajectory is not delayed, but different from the typical one (Harris, 2006). Is extremely important to denote the difference between delayed development and different development as this confusion may be the root of non-adequate interventions, false expectations and stigmatization in youth ICID.

3.2.3 Developmental psychological theories

The field of developmental psychology postulates theories that allow to understand changes of humans along their course-life, this field is mainly focused on analyzing and explaining the changes in behavior and attitudes, as well as exploring the psychosocial transitions (Henry & Kloep, 2012). The following paragraphs briefly described what is transition to adulthood for four developmental psychological theories.

Erik Erikson's Theory: In this theory development is understood as constant adaptation. Life course has various stages during life that can be divided in different periods according age and defined each one by having a crisis; every crisis has to be resolved before passing to the next stage (Henry & Kloep, 2012). The main goal in transition to adulthood is to achieve real intimacy; if this goal is not reached, the person could face social isolation (Henry & Kloep, 2012).

Roger Gould's Theory: Development is understood as an individualistic approach of changes through the human's course-life (Henry & Kloep, 2012). In Gould's theory transition to adulthood goes from 16 to 22 years old; the main adjustment people must face during this period, is to shift from being protected by their parents to being protected and taking decisions by themselves (Henry & Kloep, 2012).

Daniel Levinson's Theory: Development is understood as a succession of periods, all periods along life-course involves a moment of stability and a moment of transition (Henry & Kloep, 2012). Transition to adulthood is the period that goes from 17 to 28 years old where the young person begins an independent life by leaving her/his parental home; there are no goals to achieve and no psychological consequences from failure or success (Henry & Kloep, 2012).

Robert Havighurst's Theory: Development only occurs when individuals identify and solve a new developmental task; there are three types of developmental tasks: physical maturation, personal values and social demands (Henry & Kloep, 2012). Adulthood will be achieved when the person has achieved the goals of what an adult is expected to do according to the society (Henry & Kloep, 2012).

All the above-mentioned theories propose diverse ways for understanding development, and although each theory emphasizes different concepts and have different approaches; all these theories may be catalogued as proposals that are merely explaining typical development, in a specific context, mainly in western developed societies. Based on the scope of these proposals, they are not the most suitable for analyzing the data of this study, nonetheless is crucial to explain them as theories as Gould's or Erikson's are still predominantly used and have been the base for studying atypical development. Section 3.2.4 will focus on a developmental model that has been applied in atypical development: similar sequence model.

3.2.4 Similar sequence model

As mentioned in subsection 3.2.2, developmental theories could focus either on sequences or developmental rates, depending on the focus there are two different models: Similar Sequence Model and The Multiple Pathway Model. Both can be applied to ID, but this study will specifically focus on the first model, as there is more research and applicability of it in different syndromes.

The similar sequence model is a Piagetian approach which main assumption is that the development of cognition, morality and language has a universal and invariant sequence (Harris, 2006). As this model follows the principles of Piaget's stages of cognitive development, before going deeper on the assumptions of the model, there will be a brief introduction to Piaget's theory. Piaget's theory consider every child is born with innate predisposition to interact with the environment and that the cognitive development of a child occurs when they guide their behavior by generating schemes or mental patterns (Kimonen & Nevalainen, 2013). Cognitive abilities develop and improve over time through 4 stages: sensorimotor stage, preoperational stage, concrete operations stage and formal operations stage (Ojose, 2008).

Following the main assumptions of Piaget's theory, the similar sequence model assumes children develop by creating new and complex patterns by using simpler patterns that are already present in the actual stage (Harris, 2006). This model considers that learning occurs through interaction with both the material and the social environment; therefore, the appearance and performance during each may be influences by environmental experience (Harris, 2006).

This model assumes neurobiological development follows a specific sequence through simple to complex and higher functions both in brains with or without ID, nonetheless, as mentioned paragraphs ahead, in the case of ID, depending on the disability and the associated syndrome there will differences in the sequence of development (Harris, 2006). This developmental approach to ID emphasizes how development is organized both in typical and atypical development, and highlights that "some behaviors have a lock-step sequence and other may follow a different course depending on the neurobiology of the specific disorder" (Harris, 2006, p. 271).

Is also important to mention that both Piaget's theory which is what this model is based on, and the model itself has been criticized by different authors. Some of the critics include that it does not give a complete description of cognitive development and it underestimates the abilities of young children (Ojose, 2008).

Finally, it is important to state that although this study is focused on transition to adulthood, understating the overall development of the person it is essential for a better understanding. As mentioned in the first chapter, an intellectual disability could be either genetic or acquired and therefore it is important to analyze the development of the person not only during the transition, but also since childhood. Trace the context and development of the person since birth will allow to have a better understanding of the behavior of the person nowadays and therefore would allow to propose a more effective and accurate intervention.

3.3 Approaches of intervention in ID

As this study is focused on the perspectives of professionals who work in the field of ID, is necessary to have theoretical concepts to analyze their interventions. As this study aims to merge theories and concepts from Social Work and Psychology, it was chosen to choose one approach that is frequently use in social work practice: strengths perspective and one theory use both in pedagogical and psychological settings: Vygotsky's Zone of Proximal Development (ZPD) and one theory used in both psychology and social work practice: empowerment.

3.3.1 Strengths perspective

The principles of Strengths Perspective have been mainly used in social work practice when practitioners are working with minorities and/or vulnerable groups (Juárez & Lázaro, 2014), and although it's applicable, this approach has not been extensively used in the field of disability, at least theoretically speaking. Although this approach is not frequently used for ID, its considered to be a relevant approach for this field as its principles goes along with the human rights model on disability and it recognizes the context and internal or external challenges each person may face.

Following its name, this perspective promotes an intervention centered on the individual's strengths; focusing on strengths does not imply to deny or forget the issues and challenges the person is facing, it involves to discover new solutions or strategies to face the challenges by rediscovering the strengths and supports in the person's life (De la Paz Elez, 2011). This perspective is based on 6 key concepts: empowerment, resilience, membership, healing and wholeness, dialogue and collaboration and suspension of disbelief (Saleebey, 2009).

According to Saleebey (2009) there are 6 principles that guide the assumptions of Strengths perspective. These principles are not definite, they are still evolving and subject to revision.

1. *Every individual has strengths:* Strengths perspective recognizes that every individual possesses wisdom, knowledges and assets.
2. *Struggle, illness and trauma may be injurious, but they may also be sources of challenges and opportunities:* Struggles cause harm and pain to individuals, but it may also have allowed them to acquired traits and capacities to face them; This principles support the idea that individuals are motivated to change when instead of their problems, their strengths are embraced.
3. *Professionals should not assume to know the upper limits of the capacity to grow and change of the individuals*: Struggles and diagnosis are some of the pre-assumptions professionals use to define their intervention with the individuals. Those assumptions should not be taken for granted, professionals should allow the individuals to show them their full capacity
4. *The best outcome will be achieved if professionals collaborate with the clients*: This principle promotes a horizontal relationship between professionals and clients, where both are learners and have knowledge to teach.
5. *Every environment is full of resources*: Despite the conditions and challenges each environment has, every environment counts with different organizations, individuals, groups, associations that have something to offer.
6. *Caring, caretaking and context*: This principle recognizes the importance of caring as essential to human-being and as a basic form of civic participation and democracy.

3.3.2 Empowerment

Empowerment is a multifaceted construct (Vashdi, 2011) applicable in different disciplines such as social work, community psychology and social psychology (Peterson, 2014). Empowerment is a strengths-based and non-expert driven construct which focuses on the ability of individuals to confront and successfully overcome life or community challenges (Peterson, 2014).

Empowerment is an active, participatory process through which individuals and groups gain greater control over their lives, acquire rights, and reduce marginalization (Peterson, 2014). The notion of empowerment relates to expanding freedom of choice and action to shape one's life (Kuipers, 2014). Empowerment is a process by which people, organizations, and communities gain mastery over issues of concern to them.

The ideology behind empowerment has its origins in Paulo Freire's concept of "liberation pedagogy" and became broadly used within social work practice in 1980's in USA and later in Europe in the 1990's (Andersen, 2016). The understanding of empowerment and the strategies stemmed from it have differed according to the context. In developing countries such as Colombia, the main objective of empowerment is to "enable poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives" (Kuipers, 2014, p.25). Meanwhile, in developed countries such as Norway, the focus has been usually psychological and individual focused (Kuipers, 2014)

Discussing empowerment in a country like Norway involves discussing about clientisation as a side-effect of the interaction between social work and the welfare system. Clientisation in this specific situation, is understood as a group of individuals pacified and dependents of the welfare provisions (Andersen, 2016). This clientisation process is characterized by individuals being diagnosed and forced to fit categories which are provided what the welfare system considered is needed for each condition (Andersen, 2016).

The essence of empowerment in social work practice is to provide a critical perspective of the role of vulnerable groups and challenge the traditional perspectives of power (Andersen, 2016). Empowerment might be particularly useful to revitalize a critical social work practice in a Nordic welfare context (Andersen, 2016).

3.3.3 Vygotsky's Zone of Proximal Development

The concept of ZPD was developed by Lev Vygotsky (1978) and has been used in the field of pedagogy and psychology as a theoretical tool implemented in teaching strategies (Kozulin, 2003). ZPD is relevant for this study as it links development with instruction/teaching. To understand what is ZPD and the contributions of Vygotsky to the field of disability, it will be first described Vygotsky's understanding of development, the core principles of ZPD and the contributions to Vygotsky's assumptions to special education.

Vygotsky's understanding of teaching and learning is influenced by constructivists notions (Yan-bin, 2009). From Vygotsky's perspective, teaching and learning are holistic, dialogic and emergent processes in which learners and teachers are in constant communication (Warford, 2011). According to Vygotsky, cognitive development is originated from a social interaction formed between the individual and society (Yan-bin, 2009).

The concept of ZPD is stemmed from Vygotsky's understanding of cognitive development. Vygotsky (1978) defined ZPD as the distance between the actual development of a child and its potential development. Actual development refers to what a child can independently perform; meanwhile, potential development refers to the maximum performance a child can achieve under guidance of adults or more advanced peers (Mestad & Kolstø, 2014). Recapitulating, ZPD discusses the relationship between learning and development and postulates two levels of development: real level of development and potential level of development

Recent postures (Guk & Kellog, 2007; Lunetta, Hofstein & Clouug, 2007) have discussed about the importance of practical work in the applicability of ZPD. Practical work is understood as "learning experiences in which students interact with materials or with secondary sources of data to observe and

understand the natural world" (Mestad & Kolstø, 2014, p.1056). Thus, practical work helps to connects the world of objects with the world of ideas implying that the learner can connect the theoretical content with the real-life situations. To summarize, is considered that practical work is potentially a significant support for enriching the students learning and understanding experience (Mestad & Kolstø, 2014)

Vygotsky's theory is relevant to the field of disability as its principles can be and have been applied to special education, in fact Vygotsky himself studied atypical development and gave two major contributions to this field (Yan-bin, 2009). First, Vygotsky considered that pedagogical strategies should be focused on the merit and ability of the children rather than in their limitations and defects. Second, Vygotsky considered that the deficiency of society and cultures are a bigger barrier than the condition of the child (Yan-bin, 2009).

These two major contributions are important to discuss in this paper, as both overlap with other theoretical concepts that have already been explained in this chapter. The first contribution can be linked with the principles of strengths perspective, as it is proposing to focus intervention on strengths rather than weaknesses. The second contribution can be linked with the social model of disability, as it understands disability not merely as an issue located in the individual but instead, disability is understood as the interaction between society and the individual's condition.

4. CONTEXT OF THE STUDY

The main objective of a comparative study is to discover similarities and differences across two cases. To arrive to the most accurate conclusions, it is crucial to demark beforehand the structural differences between the two cases. Doing this demarcation will clearly state that some differences are originated from structural sources inherent to each case and not because of a different approach given to the phenomenon studied. Chapter 4 strives to point out the structural difference between Colombia and Norway by briefly describing demographical, economic, political and legislative aspects of both countries.

4.1 Demographic & economic indicators

The statistics illustrated in table 4 displays demographic and economic indicators of Colombia and Norway that allows the reader to get familiarized with the context of this study. Statistics about education and employment are displayed to address the main topic studied in this paper: transition to adulthood. Statistics about employment or education in disability could not be found.

Table 4

Demographic & economic indicators: Norway & Colombia. Based on UNICEF (2013a; 2013b), World Bank (2018), Trading Economics (2018) & DANE (2018).

		Colombia	**Norway**
Demographic Indicators	Population	49.294 million	5.326 million
	Population 2012, under 18	16.081 million	1.130 million
	Population 2010, under 5	4.521 million	0.319 million
Economic Indicators	GDP per capita 2016 (current US$)	5,805.6	70,876.9
	Public spending as a % of GDP (2007-2011*) allocated to: health	4.6	8.2
	Public spending as a % of GDP (2008-2010*) allocated to: education	4.5	7.3
	Public spending as a % of GDP (2008-2010*) allocated to: military	3.3	1.7
Education	Primary school participation, Net attendance ratio (%) 2008-2012*, male	90.3	100
	Primary school participation, Net attendance ratio (%) 2008-2012*, female	92	100
	Secondary school participation, Net attendance ratio (%) 2008-2012*, male	72.7	100
	Secondary school participation, Net attendance ratio (%) 2008-2012*, female	79.2	100
	School life expectancy (in years). Primary to tertiary education. 2012, male	13	17
	School life expectancy (in years). Primary to tertiary education. 2012, female	14	18
Employment	Youth unemployment rate (%), 14 – 28 years old, 2018	18.7	8.4
	Youth employment rate (%), 14 – 28 years old, 2018	46.3	63

Demographic statistics indicate how significant larger is Colombia than Norway in terms of population; nonetheless the percentage of people under 18 and under 5 is similarly proportional in both countries. Economic indicators states Norway as a developed country with a significant higher Gross Domestic Product (GDP) than Colombia, a developing country. Norway has a higher public spending of GDP allocated in education and health, and lower in military than Colombia.

Education statistics show that Norway has higher attendance ratio and higher life expectancy than Colombia, both in primary, secondary and tertiary level. In both countries the attendance of ratio and the higher life expectancy in women is equal or higher than in men. Finally, employment statistics that Colombia has a higher unemployment rate and a lower employment rate than Norway.

4.2 Disability & law

Different measures around the world have been designed to protect the rights of people ICID. The United Nations (UN), an international organization made up of 193 member states, adopted on 13 December 2006 the first human rights convention in the 21st century: the Convention on the Rights of Persons with Disabilities (CRPD)(Strand, 2014). The CRPD came into force on 3 May 2008 and has been catalogued as ground-breaking and ambitious as it fills a gap in the international human rights field (Strand, 2014). By 2017 the CRPD has been ratified by 175 member-states including Norway and Colombia (United Nations, 2017).

After the ratification of the CRPD, both Colombia and Norway have adjusted their national law according to the principles and guidelines of this convention. The following subsections will briefly describe the most representative laws and acts within the field of disability in Norway and Colombia, as well as the main services offered for people in disability in the spheres of education and health.

4.2.1 Colombia's legislation

Colombian legislation on disability is guided under the principles of the CRPD and the principles of the ICF. In this sense, disability is understood as: "A concept that evolves and that results from the interaction between people with deficiencies and barriers due to attitude and environment that prevent their full and effective participation in society, in equality of conditions with others" (Rosales, 2007, p1).

The above-mentioned definition is endorsed by the Health Ministry of Colombia and is framed under the biopsychosocial model of disability. The essence of the biopsychosocial model can be identified in this definition as it understands disability from a relational approach , product of complex interactions between functional limitation of an individua and the physical and social environment that surrounds him/her (Rosales, 2007).

International Conventions

Colombia ratified the CRPD in 2009 with the approval of the law 1346 of 2009 which was declared enforceable by the Constitutional Court of Colombia through judgment C-239 of April 22, 2010 (Rosales, 2007). Colombia, Guyana and Suriname are the only three countries of South America that have ratified the convention but not the optional protocol (United Nations, 2017).

Colombia has also ratified *The Inter-American Convention of All Forms of Discrimination against Persons with disabilities* developed by the Organization of American States (OAS); this conventions was ratified with the approval of the law 762 of the 31 of July of 2002 which was declared enforceable by the Constitutional Court of Colombia through judgment C-401 of 2003. (Rosales, 2007)

National Law

Before describing the most important laws on disability in Colombia, it is vital to mention that the Political Constitution of Colombia also alludes to the protection of rights of people ICID. Articles 13,

47, 54 explicitly targets the topic of disability by the promoting protection, rehabilitation, education and employment of people in condition of disabilities (Rosales, 2007).

- Law 1145 of 2007: It organized the National System of Disability of Colombia which works towards the establishment and reinforcement of public policies focused on the disability field. The main objective of the National System of Disability is to guarantee the link and cooperation between public policies, resources and attention given to people ICID (ROJAS, s. f.).

- Law 1438 of 2011*:* It made a reform of the General System of social Security and Health in Colombia. Although this law is not focused on disability, articles 66 and 18, estipulate that the health system should guarantee the health of people with disabilities, according to their needs and that those services should have no cost for people under 18.

- *CONPES 166 (Consejo Nacional de Política Económica y Social República de Colombia – National Council of Economic and Social Policy of the Republic of Colombia)*: This document is the National Public Policy on Disability and Social Inclusion, which after its creation in 2004 it was reformulated in 2012 aiming to blend with the National Development Policy (2010 - 2014) (Departamento Nacional de Planeación, 2013). Among the major changes done to this last version are included the emphasis on individual autonomy, dignity, right to participation, fully inclusion practices and respect of diversity and difference (Departamento Nacional de Planeación, 2013).

Health

The *Plan Obligatorio de Salud* (POS: Obligatory Plan Health) covers activities, interventions and procedures in the following branches: orthopedics, psychiatry, psychology, physical therapy, occupational therapy, language therapy, therapy for cardiac rehabilitation, early stimulation and respiratory therapy (Discapacidad Colombia, 2018).

In case the patient needs a therapy, procedure or medicine not included in the POS, the patient is in the right to make a request to the *Entidad Promotora de Salud* (EPS: Health promoting entity). This request must be fulfilled and its backed up by the judgement T-760 of 2008 which demands that any individual who requires a health service that is not included in the POS should be offered by the EPS, the costs of this extra service will be sponsored by the government. In case of non-compliance, a claim must be sent to the National Health Superintendence (Discapacidad Colombia, 2018).

To access to the services offered by the POS exclusively designed for people with disabilities, the article 5 of the law 361 of 1997 stipules that patients must count with a disability card that certifies their condition, this must specify the type and level of limitation (Discapacidad Colombia, 2018). Besides providing health services, the Government and Society of Colombia are also in charge of providing support to people with disabilities other areas such as in education, justice, participation in cultural activities, economic development and communications (Discapacidad Colombia, 2018).

Education

The education rights of people ICID are comprised in Chapter 2 of Law 361 de 1997 (Secretaría senado, 2018). This chapters explains the duties of the State in relation to the provision of educational services to people ICID. Through the Colombian Ministry of Education, the State is in charge to promote the integration of people ICID in regular schools and private institutions that offers adequate services for this population. The State also has the responsibility to train and guarantee institutions count with a wide range of professionals including special educators, psychologists, social workers, occupational therapists, language therapists, speech therapists, among others (Discapacidad Colombia, 2018).

On the same way, all educational institutions must have the resources (human and physical) to guarantee the adequate educational attention of every student; under the Law 11 of 1994 no one can be

discriminated by their condition to access to any type of educational services (Discapacidad Colombia, 2018).

4.2.2 Norway's legislation

Norwegian legislation is also framed under the biopsychosocial model. Theoretically speaking Norway follows this model as is the one postulated in the CRPD, nonetheless the predominant model in current interventions is the social model (Barne, ungdoms og familiedirektoratet, 2017).

International Conventions

Norway ratified the CRPD on 3 June 2013, being one of the most recent countries to support it (Strand, 2014). Besides Iceland, Norway is the only Nordic country that has ratified the convention, but not signed the optional protocol. (United Nations, 2017).

In 1952, Norway ratified the European Convention of Human Rights (ECHR), which has been strengthen in different occasions with new Acts: Act No. 30 of 1999 was created to strengthen human rights position in Norway, Act No. 49 of 2005 was designed to strengthen the incorporation of Protocols 13 and 14 of the ECHR (International Labor Organization, 2014). The ECHR is catalogued as the most representative convention in Europe in the field of human rights (Utenrisksdepartement, 2009).

Despite the importance of adopting and integrating international conventions into national law, for the last 10 years, Norway has been discussing the issue of the division of power between the national legislator and international courts and supervisory organs. It has been claimed that international courts are gaining power and excluding the national legislator resulting on the Norwegian government establishing a more strict policy (Strand, 2014).

National Law

- Guardianship Act (Act 26 March 2010 No.9): The current guardianship Act has been specially adapted to be in accordance with article 12 (equal recognition before the law) of the CRPD. Thus, this Act as is established in the CRPD determines that the withdrawal of legal capacity will be only used as a last resource, and emphasizing the importance of recognizing and grating to people ICID the right of legal capacity (Strand, 2014).

- The Act on the Equality and Anti-Discriminatory Ombud and the Equality and Anti-Discrimination Tribunal (The Anti-Discriminatory Commissioner Act): Under the principles of this act, the Ombud and the Norwegian Tribunal shall monitor and verify the implementation of 7 acts. Act of 3 June 2005 No.33, has as main objective to prohibit any kind of discrimination against all citizens in all areas of society. This act makes emphasis on promoting equal treatment and opportunities in labor insertion for all citizens, irrespective of age, gender, religion, ethnicity, language, sexual orientation, disability, among others (Regjeringen, 2007).

- National Insurance Act: Chapter 12 of the Norwegian Insurance Act describes the disability insurance (uføretrygd). Chapter 12 specifies who is entitle to receive this type of insurance and it also describes the requirements needed to apply for it (LovData, 2014).

Health

The Health and Care Services Act is the primary measure used in Norwegian tool to ensure the health-related rights of all citizens (United Nations, 2015). This Act aims to prevent, treat and cope with any type of health condition which includes sickness, injury and disability. One of the main objectives of this act is to promote the right of participation and equality through their services by giving information specifically adapted to the patient's condition and wishes (United Nations, 2015).

The mental health-services delivery have significantly changed with the establishment of the *Opptrappingsplanen for psykisk helse 1999 - 2008* (Escalation Plan for Mental Health). Among the major changes can be mentioned the transition from hospital attention to district psychiatric centers and the transition from inpatient to external services; both changes were executed following the recommendations given by the European Union (EU) and WHO (United Nations, 2015).

The right to a decent dwelling has also been discussed in the Health and Care Services Act which jointly with the Labor and Welfare Administration Act stipulates the municipality's duty of providing housing to people ICID (United Nations, 2015). This housing policy aims to avoids discrimination by separating people ICID from society and on the contrary promoting their inclusion by helping them to live independently in regular residential environments with the possibility to access to the services they need to (United Nations, 2015).

Education

Education is one of the priorities of the Norwegian State as it is considered as the tool that will allow children to get inserted in the labor market and be independents as adults (Norwegian Ministry of foreign affairs, Norwegian Ministry of children, equality and social inclusion, s. f.). Article 109 of the Norwegian Constitution specifies that everyone has the right to education (United Nations, 2015).

Education in Norway follows the principle of inclusion. Aiming to promote an inclusive society, Norway counts with inclusive kindergartens and schools that promotes and protects human rights and human dignity (United Nations, 2015). Education in Norway is based on the premise that the content and teaching methods should be adapted to the student's needs, emphasizing the importance of teacher's competence (United Nations, 2015). Only in the cases where students cannot satisfactorily benefit from mainstream education, they are entitled to special needs education (United Nations, 2015).

4.3 Welfare systems

To understand the accessibility and options of services offered to youth ICID it must be considered who provides them, under which conditions and most of all who are entitle to which services and why. To be able to understand the situation in both countries, this section describes the welfare system in Norway and Colombia, which will clarify the overall services-delivering process in each country.

4.3.1 Norway welfare State regime

The most representative classification of welfare States regimes is Esping-Andersen's classification. For Esping-Andersen (1990) welfare States are identified by two fundamental dimensions: the degree of decommodification and social stratification. Based on these two dimensions, Esping-Andersen established three types of Welfare State Regimes types: liberal, conservative corporatist and social democratic welfare state regime (Esping-Andersen, 1990).

Norway has been positioned under the category of social democratic welfare state regime also known as the Nordic welfare model. The Nordic welfare model has a clear focus on services, high level of public expenditure, generosity, gender equality and full-employment (Greve, 2011). The essence of social democratic regimes is to displace the market and build up a universal solidarity in favor of the welfare State (Esping-Andersen, 1990).

The three core values underpinned by the Nordic welfare model are: equality, solidarity and universalism (Lister, 2009). Equality is aimed to be achieved by an equitable distribution of resources which purpose is to promote the well-being of citizens and nurture their life projects (Lister, 2009). Solidarity is reflected in a model of citizenship which emphasizes the right of participation of citizens and strengthen the relationship between individuals and the State (Lister, 2009). Universality is

achieved by universalistic tax-funded public services, which every citizen is entitle to access to; among the public services can be mentioned education, health, social security among others (Lister, 2009).

4.3.2 Colombia emergent welfare regime

In comparison to Europe, welfare States in Latin America have not fully developed, and the number of studies focused on this region of the world is significant lower (Huber, Mustillo & Stephens, 2008). Different authors such as Huber & Bogliaccini (2010) categorized them as *emerging*, Esping-Andersen labeled them as *welfare States in transition* (Martínez, 2008) and Riesco quoted on Cruz-Martínez (2014) considered them as *developmental welfare States in the making*.

To understand Colombia's situation, is essential to clarify the difference between Welfare State and Welfare regime. According to Gough and Wood, quoted on Martínez (2008), welfare regimes are the practices in charge of the redistribution of resources which may or may not be state-led; for developing a welfare State regime, it is indispensable to have an accountable State and extended labor markets. The previously authors indicate that most Latin American countries do not count with legitimate states or labor markets that include the entire population; these conditions have led Latin America countries to rely on families and community rather than on the State (Martínez, 2008).

In 1998, Fernando Filgueira was the first one to adapt Latin America's context under Esping-Andersen's work (Martínez, 2008). From this adaptation, he proposes three patterns in Latin American countries; nonetheless not all the countries of Latin American met the standard for this classification and therefore not all of them were classified. Colombia is one of the countries that was not included. Despite this, 18 years before Filgueira's classification, Mesa Lago made a classification that included all Latin American countries, this classification was based on the year of introduction of social security and pension programs in each country (Ubasart-González, 2017). This classification is divided in three categories: pioneer-high, intermediate and late-low. Colombia belongs to the intermediate group next to Bolivia, Ecuador, México, Panamá, Perú and Venezuela (Ubasart-González, 2017).

The first scheme of social expenditure that was developed in Latin America was the social security's system. The development of the social security system allowed the expansion and consolidation of the healthcare system. In the beginning, the employers that counted with social security could also access to health benefits; in the following decades, the goals of the health care system differed according to the dominant political party of the country (Huber et. al, 2008). In countries with left-center parties the main goal was to provide health care to blue collar workers and poor people by improving public health care institutions; meanwhile in countries with dominance of right-center parties, as Colombia, the main purpose was to provide health care to middle and upper class by private institutions (Huber et. al, 2008).

Following the same tendency as the health care system, the education system has also been influenced by both public and private efforts. There's a division between primary and secondary education and university education as well as a difference according to the social class of the citizen; middle and upper classes have access to private schools, most of them are Catholics, meanwhile, from an university level, the predominance for all citizens has been public universities, although there's still a wide offer of private Catholic universities and a more recent trend of non-religious private universities (Huber et. al, 2008)

The description of legislation of Colombia and Norway showed that both have signed and ratified the CRPD and have made changes in their national law to adjust this convention. On the same way it was identified that both countries also support conventions that are relevant according to their geographical location. One of the main differences is the presence of the social democratic welfare State in Norway and its benefits.

5. METHODOLOGY

This chapter describes the overall methodology used to carry out this research. It is divided into seven subsections aiming to explain each methodological consideration as deep as possible and providing a justification for each selection. The limitations faced during this research and which implications it has on the result are mentioned in each section.

5.1 Research strategy

Research strategy is understood as the general orientation of a research. The three main research strategies are: quantitative research, qualitative research and mix method research (Bryman, 2012).

As mentioned in the first chapter, one of the purposes of this research is to describe and have a deeper understanding of the thoughts, perceptions and perspectives of the professionals about transition to adulthood of youth ICID, this aim matches better with a qualitative approach which focuses on the content and depth of the data rather than in the quantification of it (Hernández, 2010).

Qualitative research uses an inductive approach. This research strategy focuses on the creation of theories and has an emphasis on exploring how individuals interpret their social reality, understanding by social reality as the individual's creation which is in constant change. (Bryman, 2012).

5.2 Research paradigm

According to Denzin and Lincoln as quoted in Levers (2013) a paradigm is the "researcher's net that holds the ontological, epistemological and methodological beliefs"(p.3) .Thus, the paradigm of a research must be congruent and coherent with the researcher's understanding of reality (ontology) and the understanding between the knowledge and the knower (epistemology) (Levers, 2013).

According to Bryman (2012) by its nature, the epistemological orientation for qualitative research is interpretivism and the ontological orientation tends to be constructionism. Denzin and Lincoln (2005) identify five interpretive paradigms frequently used in qualitative research: positivist and post positivist, critical, feminist, constructivist-interpretivist and participatory-postmodern-poststructural.

The present research adopts the constructivist paradigm. This paradigm considers that there are many realities (relativist ontology) and assumes that the interpreter and the interpreted co-create understandings (subjectivist epistemology) (Denzin & Lincoln, 2005). For this paradigm, context and societal influences are highly important as they shape the interpreter's observations, this means that from this paradigm the observations and findings are co-constructed by the interaction between the knower and respondent in an specific context (Levers, 2013). To sum up, and following its name, the constructionist paradigm assumes that knowledge is constructed rather than discovered (Levers, 2013).

5.3 Design

As the main purpose of this research is to compare cases of two countries, the most suitable design is comparative design. Comparative design can be used both for quantitative or qualitative research, when it is applied for qualitative research, as in this case, it takes the form of multiple-case study (Bryman, 2012).

The main purpose of comparative design is to compare. Comparing data allows to identify shared and divergent patterns of a phenomenon, as well as it allows to identify the causes of the similarities and differences (Castree, Kitchin, & Rogers, 2013). Comparisons are also helpful to determine whether a shared social phenomenon may be caused by the same reason (Hernández, 2010).

The most known type of comparative design is the cross-cultural or cross-national research (Hernández, 2010). This type of design goes along with the objectives of this research as it systematically compares two cultures (Colombian context and Norwegian context) with the aim to understand variations of human behavior in an specific topic (Goldstein & Naglieri, 2011).

5.4 Procedure

The research was conducted in 7 phases that were carried out in the first semester on 2018 comprising the months between January and May. The following paragraphs give a brief description of each step:

1. *Problem statement:* Previously to the official beginning of the research, the researcher made a first literature review which allow her to determine which specific topic and questions were relevant to research within this field.

2. *Literature Review*: Following the principles of a deductive and inductive approach of analysis, the literature review done for this research was an extensive process conducted from the beginning to almost the end of it. The literature search slightly differed in each stage of the study, nonetheless, in general, the overall process was conducted following four main principles.

In first place, all the literature included in this study is at least from 2000 onwards, being 80% of it from the last 10 years; the only exceptions of literature before 2000's is either laws or acts that were released on those dates and remain in force or major theoretical concepts that are still relevant and currently used; as for instance Esping-Andersen's classification of Welfare States or Vygotsky's ZPD. In second place, the literature search was done in English & Spanish data bases aiming to include relevant content for both countries. In third place, the academic literature included in this study was mainly retrieved from articles, nonetheless books and official documents such as Acts, laws, policies and reports were also consulted. Finally, linked to the third principle, looking for the most accurate and reliable sources, all the articles revised for this study are peer-reviewed.

3. *The Norwegian Centre of Research data (NSD) application & approval:* As this research was carried out under the supervision of University of Stavanger (UiS), the research had to apply and be approved by NSD, the Official Data Protection Institution of Norway. NSD supervises most of research centers in Norway and all the Norwegian universities, its main purpose is to verify that researchers are fulfilling their statutory duties (NSD, 2017). This research applied for NSD approval on January 4th, 2018 and its approval was given on February 21st, 2018 (Appendix A).

4: *Recruitment process*: The recruitment process began parallel to the NSD application process in early January until early March. The researcher made an initial contact with the institutions in both countries via email and via phone, for each institution and each country it was carried out a different sampling process, section 5.6 explain in detail each one of them. It is important to mention that the recruitment process in Norway took longer than in Colombia and the number of organizations contacted in Norway was significant higher than in Colombia, for Colombia's case it was contacted 3 organizations, meanwhile in Norway 21 organizations were contacted.

5. *Pilot Interview & Expert Interview*: To test the content, structure and quality of the interviews a face to face pilot interview was conducted with a professor of UiS who has experience on the field. Besides conducting a pilot interview, it was also conducted an interview with the representative of the national disability Council of Colombia. This interview was a key part of the process, as the representative gave feedback on the content and theories used in this research.

6. *Data collection:* The data was collected through eight semi-structured interviews that were carried out between February and April of 2018. The interviews with the participants in Colombia were conducted by videocalls aiming to reproduce the most similar face to face scenario, meanwhile the

ones of Norway were conducted face to face. The interviews had an average duration of 1 hour and a half.

7. *Analysis:* The data was analyzed using NVivo 11, and a thematic analysis technique. As the initial codes were based on previous literature review. As emergent themes were identified during and after the data collection, the data was analyzed using an inductive – deductive approach also known as top down research. (Southampton Education School, s. f.).

5.5 Participants

The following paragraphs will briefly explain which considerations were taken for the final selection criteria of participants as well as in more detailed information of the participants in both countries.

As mentioned, the original idea to interview youth ICID was abandoned, and the focus was changed to professionals. Based on the conditions of each country, the accessibility and objectives of this study, the participants were selected by the following selection criteria: professionals who have experience working with youth in condition of intellectual disability, minimum work experience of two years in a full-time job position and with a professional background at least of three years of university level.

5.5.1 Number of participants

Following the principles of quantitative research, qualitative research attempts to establish numerical requirements for the selection of participants. Nonetheless, establishing an optimal sample size in qualitative research has been challenging and authors differ in their opinions proposing different range of sample sizes from 6 to 12 or 5 to 25, or 2 to 10 (Gubrium, Holstein, Marvasti, & McKinney, 2012a).

The principle of saturation was also used when considering the number of the sample. Reaching the principle of saturation means to collect data until it starts repeating itself (Dale & Volpe, 2006). In qualitative studies the data tends to repeat after collecting data from two or three similar cases (Hennik, Hutter & Baily, 2011). Considering the time given for developing this study, it was chosen to interview two participants per group of analysis. The following sections will describe in detail which are the groups of analysis.

5.5.2 Characteristics of the participants

It is important to consider that one of the selection criteria of the sample was to interview professionals with similar profiles in both countries, so it was possible to do a comparison between their perspectives. Nonetheless, is important to acknowledge that the participants in both countries do not belong to institutions with the exact same conditions.

One of the main reasons is that institutions working in the field of disability in Colombia and in Norway do not have the same exact conditions, this is due to the approach and socio-political-economic conditions of each country. In despite of the differences of the country, as this research is focused on transition to adulthood, and both education and employment are essential during this process, it was considered as a priority to interview professionals that work in institutions that offers education and employment for youth ICID. In that sense, the participants were divided in the following way: two participants of each type of organization in each country, making a total of eight participants.

5.5.3 Type of organizations

As mentioned previously, the participants for this study were selected from two types of organizations: education focused and labor focused (Table 5).

Table 5

Types of Organizations

	Colombia	**Norway**
Labor focused	Best Buddies Colombia	Attende
Education focused	Diverza	Institute of Applied Behavior Analysis (IAA)

Institutions in Colombia:

- *Best Buddies Colombia*: This institution is an International Organization located in 35 cities of Colombia and its main objective is to empower people with ID by improving their social inclusion through labor insertion. It has alliances with 66 companies where 600 youth ICID are working (Best Buddies, 2018).

-*Diverza*: This institution is a private non-profit organization located in Bogotá. Its main objective is to offer psychoeducational services and clinical intervention to children and youth ICID (Proyecto Diverza, 2018).

Institutions in Norway:

- *IAA*: This institution is in Stavanger and its main objective is to offer services to children and youth with autism, Down Syndrome and other developmental disabilities. It offers both educational and personalized therapeutic services (Institute of Applied Behavior Analysis, 2018).

- *Attende*: This institution is in Stavanger. Unlike the other three organizations, this organization is not an institution, but a company which is protected by the government and most of its staff is people who for several reasons have not been able to be inserted into ordinary working life (Attende, 2018). Attende has 114 workers who have a condition of ID and 22 supervisors that guide them during their daily work.

5.6 Sampling

In qualitative research the most used type of sampling is purposive sampling (Bryman, 2012). Purposive sampling is a non-probabilistic form of sampling, nonetheless this does not imply that this type of sample is random based, in fact, purposive sampling functions in a strategic way and the sample is selected because of their relevance to the research question (Bryman, 2012).

Patton and Palys quoted on Bryman (2012), identify nine types of purposive sample: extreme or deviant case, typical case, critical case, maximum variation, criterion, theoretical sampling, snowball, opportunistic and stratified purposive sampling. For Dale & Volpe (2016) there are five types of purposive sample: gatekeepers, snowball, formal networks & services and informal networks. This study used three types of sampling strategies, the following paragraphs will describe the sampling process for both countries

Sampling process in Colombia:

For the case of Colombia, the sampling process was a combination of snowballing and use of informal networks. As mentioned previously, the participants in Colombia belong to 2 different institutions: Best Buddies and Diverza.

The sampling recruitment was different for each organization:

-*Best Buddies:* The sampling process used for this organization was informal networks as the initial contact was done with the help of a contact of the researcher who is currently working in this

organization. After this, the researcher had a video meeting with a member of the institution to explain the project. After this meeting, the institution approved the project.

- *Diverza:* The sampling process used for this organization was a combination of informal networks and snowballing. The first professional that was interviewed was contacted using the researcher's informal network. Using snowballing, the first participant helped the researcher to have contact with the second participant.

Sampling process in Norway:
In Norway, the sampling process was a combination of informal networks, snowballing and formal networks. The recruitment process for each organization was different. The participants in Norway belong to two different institutions: IAA & Attende.

-*IAA*: The sampling process used for this organization was a combination of informal networks and snowballing. The first participant was contacted through the help of a contact of the researcher. After this first interview, the first participant helped he researcher to have contact with the second participant.

-*Attende*: The sampling process used for this organization was formal networks. The researcher asked professionals within this field and searched online for institutions that work towards labor insertion for people ICID. The researcher contacted these institutions either via e-mail or telephone. A formal request which contained the NSD approval and a brief description of the project was sent to each organization. In the case of Attende, which was the only organization which gave a positive answer, the first contact was with the Chief Executive Officer (CEO) of the organization via phone. The CEO gave the researcher the email of one of the professionals who arranged the interviews.

5.7 Data collection

The data collection must be coherent to the research question and the final purpose of the research (Bryman, 2012). In line to this thought, the instrument used in this study was semi-structured interviews. This type of interview was chosen as it is a flexible tool which allows to explore a topic in depth and to know the thoughts and perspectives of the participants (Dale & Volpe, 2006).

5.7.1 Pilot-testing

Pilots studies are a trial run or a small-case test of the methods and procedures of full-case studies; their main objective is to test the feasibility of the methods (Leon, Davis, & Kraemer, 2011). Pilot studies allow to develop and asses the adequacy, structure and quality of the research instruments, they also allow to assess the strategies of participant's recruitment, as well as assess the proposed data analysis technique (Cope, 2015).

As the instrument of this study has not been previously tested or used in other studies and the participants in Norway were not interviewed in their mother tongue, it was suggested to carry out a pilot interview (Dale & Volpe, 2016).

Besides assessing the adequacy, quality and structure of the interview, this pilot testing also aimed to assess the content and relevance of the questions for this study. To achieve these objectives, the researcher decided to interview a professor of UiS who has knowledge and expertise within the field. The pilot interview was divided in three stages:

1. Before starting the pilot interview, the researcher briefly explained the objectives and scope of the study. The interviewee read the research questions and the interview guide of the study. Based on that, the interviewee gave feedback on the themes included in the interview guide, suggested to add some questions and to delete other. The interviewee considered that the

questions and theme were relevant for the purpose of the study, nonetheless, she suggested to check the interview guide with an English native speaker.
2. The interview was conducted.
3. The interviewee gave a feedback on the interview. After the pilot interview, the researcher transcribed the interview. The transcription was used to detect other changes that could be done to improve the quality of the instrument. The analyses of the transcription also suggested a change in the order of some questions. After the revisions suggested by the pilot-interviewee and the analyses of the transcription, interview guide checked by a native English-speaker. The final English version was translated into Spanish by the researcher.

5.7.2 Semi-structured Interviews

Interviews are used when the aim of the research is to explore the participant's perspective, their understanding about a specific issue and their decisions (Hernández, 2010). There are two types of interviews used in qualitative research: unstructured interview and semi-structured interview (Bryman, 2012). This study adopted semi-structured interviews; this type of interviews is characterized by having a pre-designed set of research questions and spontaneous questions which emerge from the answers of the interviewee (Hernández, 2010). This type of interview was chosen as it allows to include questions inspired in the theoretical background but at the same time add questions that emerge during the conversation with the participant.

Aiming to preserve the principle of transferability, which is one of the principles of trustworthiness in qualitative research, this study strived to be as transparent as possible in its data collection and contextual factors by attempting to replicate similar conditions of interviews in both countries (Connelly, 2016). Nevertheless, there were several conditions in which they differ. First, and foremost, the language of the interviews in each country was different; the interviews in Colombia were in Spanish meanwhile the interviews in Norway were in English. As the researcher does not speak Norwegian, the second option of language for doing the interviews was English. It was considered to make the interviews of Colombia in English, so both group of professionals had the same conditions of not speaking their mother tongue, but nonetheless the percentages of English speaking people in Colombia is significant lower than in Norway and it was not possible to find enough participants willing to speak English for the interview.

Second, the interviews in Norway were face to face interviews, meanwhile in Colombia they were conducted via video conference. Due to time and economic resources limitations it was not possible for the researcher to go to Colombia. As it was not possible to conduct face to face interviews in Colombia, it was chosen to conduct the most similar type of interview. The videoconference synchronous interview was the most suitable interview as it allowed to conduct the interview in real time but in an online context (Gubrium, Holstein, Marvasti, & McKinney, 2012b)

The guide of the semi-structured interviews both in English and Spanish (Appendix B) are divided in 8 themes. The following paragraphs give a brief description of the purpose of the questions of each theme:

- *Background questions*: This theme aims to know the educational background and professional experience of the participants in detail.
- *Cooperation*: The main objective of this theme is to identify who is involved in the process of transition to adulthood and which is the role of each actor. It also looks to explore which professionals work in the field of disability and their role.
- *Decision-making & Participation:* Considering that transition to adulthood involves making important decisions for the life project of a person, this theme aims to identify who is involved

in this process. It also aims to explore the agency and autonomy given to the youth ICID during this decision-making process.

- *Perceptions about adulthood:* Achieving independence, autonomy and being self-determined is one of the most important goals that youth with disability must reach during this period. This theme aims to explore what is understood by adulthood in ID and identify which skills are needed to face this transition and how are those skills trained and developed in the youth ICID.
- *Support Service:* This theme aims to identify which services are offered to the youth ICID to support them during their transition to adulthood, it also aims to identify who in charge of providing these services and how accessible and efficient they are.
- *Education*: Recognizing the importance of education in the life of a person, and specifically recognizing it as a tool to prepare youth for the challenges during their adulthood, this theme aims to identify what if offered in terms of education to youth ICID.
- *Employment*: As mentioned in previous paragraphs employment is recognized as a key factor during transition to adulthood as it guides the individual's purpose of life, it helps him/her to be active, to have a routine, to feel useful within the society and overall to fit included and not isolated. Due to the importance of this factor in transition to adulthood, this theme aims to identify how is employment for youth ICID, to identify how accessible it is, which supports do they count with before and during their work life.
- *Social participation*: This theme aims to explore the strategies and activates offered to youth ICID to enjoy their leisure time, develop their social skills and promote their community involvement.

5.8 Data analysis

Due to the nature of the research question, the methodology and the inductive and deductive approach of interpretation which has been used, there are two types of qualitative approaches to data analysis applicable for this research: thematic analysis and content analysis. Both approaches aim to identify the most significant topics found in the data and contrast it with the literature review; nonetheless the method used in each approach is different. Using a content analysis technique involves counting the frequency of the codes, which allows to identify significant meaning of the text but also creates the danger of removing meaning from the context (Vaismoradi, Turunen, & Bondas, 2013); as this research is a comparative study, thematic analysis is the most suitable option to emphasize the context (Vaismoradi et al., 2013).

Furthermore, this technique was also chosen because of its philosophical background. Thematic analysis follows a realist – essentialist and constructionist perspective (Vaismoradi et al., 2013). This perspective matches with the ontological orientation of this research which is constructionism.

Thematic analysis has been catalogued as either an independent qualitative descriptive approach or as a tool to other forms of qualitative analysis (Vaismoradi et al., 2013). For this research, thematic analysis is assumed as an independent qualitative descriptive approach, as its the main and only analysis technique used in this study. According to Boyatzis quoted in (Mills, Durepos, & Wiebe, 2010) thematic analysis has five main objectives: (1) observes data (2) seeks relationships (3) analyses the information (4) systematically observes a case (5) quantifies qualitative data.

The analysis process used in thematic analysis may be simply defined using one word: coding. The coding process is a key aspect of building theory as the categorization and organization of data allows to identify recurrent themes, topics and relationships (Mills et al., 2010). The analysis process in thematic analysis can be divided in six stages: familiarizing with data, creating initial codes, seek themes, review themes, defining and naming themes and writing the report (Vaismoradi et al., 2013).

Having described the core principles of thematic analysis, the next paragraphs explain in detail the stages of the analysis process done for this research.

1. The 8 interviews were transcribed in a common text editor. Each transcription was organized with headings according to the themes used in the interview guide.
2. The transcriptions were imported into NVivo. A first initial coding was done using the *autocode* option of NVivo. The autocoding was executed by using the headings used to organize the transcriptions
3. The researcher carefully read the 8 transcriptions coded by the themes of the interview guide.
4. Based on the first review of the transcriptions and a *word frequency query*, 5 emerging themes were added: professional's profile, link between education and labor insertion, awareness, innovative strategies and recommendations. The *word frequency query* was executed separately for the transcriptions in English and for the transcriptions in Spanish.
5. Using the theory-building tools NVivo has, the initial themes and emergent themes was merged to build the 4 final themes (table 7).
6. The 4 final themes were reviewed and defined. The 4 final themes are: perceptions regarding adulthood, interventions strategies, services offered and awareness & recommendations. The 8 transcriptions were coded with these 4 final themes.
7. The fragments coded in the final themes were carefully read and examples were extracted to illustrate the most relevant fragments of the transcriptions.
8. Based on the notes taken by the researcher in the overall process, relating back to the research question and literature review, the final report of the analysis was produced organized in the 4 final themes.

Chapter 6 describes in depth the findings and the discussions build upon the data and the theories used in this research. Consequently, chapter 6 is divided in five sections, the first one describes the participant's profile and the other four describes and discusses four main themes of analysis. To understand the structure of chapter 6 is necessary to understand how and why these four final themes were chosen.

The process that allowed the researcher to determine the final themes, was carried out during the analysis stage of the research and helped the researcher to have more clarity and precision when defining the final themes (Table 6). The final themes are an outcome of the constant communication between the data collected, the theories used for data analysis and the research questions.

Regarding to the final themes, two of them (perceptions regarding adulthood and interventions strategies) are meant to answer the first research question, meanwhile the other two (services offered and awareness & recommendations) answer the second and third research questions (Table 6). Likewise, perspectives on education and labor insertion is a transversal theme that is included in the four final themes. This topic is transversal, as it covers the central topic of this research that is transition to adulthood. As transition to adulthood is the process from dependency to independency, analyze the interventions and services offered in education which is considered as dependent environment and employment which is considered as an independent environment, allows to analyze the process of passing from one to another.

Table 6

Analysis matrix

Research Question	*Interview guide theme*	*Theories – Theoretical concepts*	*Data Collection*	*Final Themes*	
What are the differences and similarities between professionals' perceptions regarding transition to adulthood in ID**?**	Background questions	Similar Sequence model & Definitions of adulthood		Perceptions regarding adulthood	Perspectives on Education & Labor insertion
	Perceptions about adulthood				
	Cooperation	Empowerment, Strengths perspective, Vigotsky's zone of proximal development & Models of disability		Interventions strategies	
	Participation				
Which challenges do professionals perceive youth ICID face during their transition to adulthood?	Decision-making process	Esping Andersen's classification & Colombia's and Norway's legislation		Services offered	
	Support Services				
Which supports do professionals perceive might help youth ICID during their transition to adulthood?	Education	Models of disability		Awareness & Recommendations	
	Labor insertion				

5.9 Ethical considerations

The research follows the ethical guidelines of the Social Research Association (SRA), the ethical principles of the Code of ethics of the national association of social workers and the approval of The Norwegian Centre of Research data - NSD.

Following the SRA (2003), the next paragraph will mention the 5 core principles that must be followed by a social scientist when carrying a research, and it will explain how they can be adapted for this specific research:

1. *Obligations to society*: The research followed the legislation of each country and it will give back knowledge to the society by sharing the results.
2. *Obligations to funder and employers:* This research does not count with founding or employers, nonetheless it is held under the supervision of UiS as a requirement of the Mfamily Master,

therefore it respects and follows the guidelines given by the institution. In the same way, it will share the results with the four organizations: Best Buddies Colombia, Diverza, Attende & IAA.

3. *Obligations to colleagues:* This research follows the basic requirements of social research which includes maintaining confidence in research, exposing the methods and once it has been concluded the findings, following ethical guidelines and guaranteeing safety of the field researcher (Social Research Association, 2003).
4. *Obligations to subjects*: All the participants were informed beforehand about the objectives and procedures of this research, each one of them signed the informed consent (Appendix C). The inform consent protects the participants of any possible harm and any possible danger due to data disclosure (Social Research Association, 2003). To preserve the principles of anonymity and confidentiality, any identifiable information is not mentioned along the study. Instead of referring of the participants by their names, it was chosen to use the pseudonyms of: participant 1, participant 2, participant 3, participant 4, participant 5, participant 6, participant 7 and participant 8.
5. *Ethics committees and International Review Boards (IRB's):* As mentioned earlier, this study applied for NSD approval on January 4th, 2018 and its approval was given on February 21st, 2018. A criterion for getting this approval was that data would be stored anonymized and deleted after completion to protect the identity of participants (Norwegian Centre of Research data 2017).

6. FINDINGS AND DISCUSSION

The present chapter strives to describe the main findings obtained from the data collection This chapter is divided in five main sections, the first section shows in detail the participants' profile, the objectives of each organization and discusses the role of the professional background in the field of ID. The other four sections discuss the final themes of analysis mentioned in chapter 5, table 6. These themes were chosen as each one of them allow to answer the three research questions using the theories described in the second chapter. Each one of the five sections use quotations from the interviews and at the same time discusses the themes contrasting it with the theories, conceptual terms and statistics mentioned in chapters 2, 3 and 4.

6.1 Participants profile and organizations structure

To understand the perspective and point of view of each professional it must be considered their knowledge and academical experience in the field. This section allows the reader to know in depth the profile of the eight participants.

Table 7

Participant's Professional Background

		[1]Ps.	Age	Gender	Country of birth	Bachelor degree	Further Education
COLOMBIA	Best Buddies (LF)[2]	1	32	Female	Colombia	Psychology	———
		2	37	Female	Colombia	Psychology	Master in Community Mental Health (ongoing)
	Diverza (EF)	3	32	Female	Colombia	Psychology Administration	———
		4	22	Male	Colombia	Psychology	Master in Clinical Psychology (ongoing)
NORWAY	Attende (LF)	5	58	Female	Norway	Child welfare worker (Barnevernspedagog) Supported Employment	———
		6	44	Male	Norway	Psychology, educational science	———
	IAA (EF)	7	36	Female	Greece	Gym teacher	Master in physical education
		8	37	Male	Greece	Gym teacher	Master in Behavioral Analysis

[1] Ps. is used as the abbreviation of participants.

[2] Tables 7, 8 and 9 uses the acronyms **"***LF" and "EF". LF* stands for *Labor Focused organizations* and *EF* stands for *Education Focused organizations.*

Despite the youngest and the oldest participants have distant ages to the average, the ages of the participants can be catalogued as homogeneous as most of them are in the age range of 32 -37 (Table 7). Female was the predominant gender (five from eight participants are women); and psychology was the predominant bachelor's degree, as five of the eight participants are psychologists; in this matter is important to point out, that all the participants in Colombia are psychologists and that the duration of the career in each country is different. In Colombia lasts five years, meanwhile in Norway lasts six years and it is protected by law.

All the participants of Colombia are natives, but in Norway the sample is more diverse. In Norway two of the participants are from Greece and the other two from Norway. Finally, it can be pointed out that two participants of each country have a master's degree, the field of study of the master of the four participants is different among them (Table 7).

Table 8

Participant's professional experience

		Ps.	*Years of experience in disability*	*Patients characteristics*			*Model of disability/ Intervention approach*
				Age Range	*Level of Functionality*	*Diagnosis*	
COLOMBIA	*Best Buddies (LF)*	1	7	2 – 70	Medium, high	Autism, Rett Syndrome, Asperger syndrome, cerebral palsy	Social Model
		2	5	18 - 46	Medium, high	Autism, Rett syndrome, Asperger syndrome, cerebral palsy	Biopsychosocial Model
	Diverza (EF)	3	2	17 - 26	Low, Medium, high	Mental retardation, Asperger Syndrome, Autism, Williams syndrome, Sottos syndrome,	Biopsychosocial Model
		4	4	17 - 26	Low, medium, high	Down Syndrome, Asperger Syndrome, Autism, Williams syndrome, Sottos Syndrome, Charles syndrome	Cognitive Behavioral
NORWAY	*Attende (LF)*	5	19	18 - 65	Medium, high	Down Syndrome, Asperger syndrome, Muscle disfunction, Cerebral palsy, Mental retardation, ADHD	Involvement, limits and social control
		6	5	18 - 65	Medium, high	Down Syndrome, Asperger Syndrome, Intellectual disabilities	Teaching strategies adequate to each individual case
	IAA (EF)	7	12	2 – 30	Low, medium, high	Autism, Down Syndrome	Applied Behavior Analysis
		8	11	3 – 28	Low, medium, high	Autism, Down Syndrome	Applied Behavior Analysis

Commonalities and differences could be identified in relation to the professional experience of the participants (table 8). One difference is the years of experience, ranging from two to nineteen years.

Another difference between participants is, the characteristics of the patients from where it can be identified three patterns.

Firstly, the age range of all the cases includes patients between 18 to 25 years old, which is the target group in this research. Secondly, all the professionals have worked with medium and high functionality, and the four cases that have also worked with low functionality belong to the two educational focused organizations: Diverza and IAA. Thirdly, the diagnosis includes a wide range of etiologies, but the 2 most common diagnosis are Down Syndrome and autism. These findings goes in line with the fact that most of the studies focused on transition to adulthood in ID focus on autism (Havlicek et al., 2016; Senland & Higgins-D'Alessandro, 2016; Taylor & Seltzer, 2011; Wei et al., 2015) and the fact that Down Syndrome is the most common cause of intellectual disability (Foley et al., 2016).

Regarding the level of functionality, it was identified that the perception about adulthood, perceived abilities and possibilities for the youth ICID, differed according the level of functionality of youth they have experience working with. The professionals who have worked with low levels of functionality had a distinct perspective from the ones who had experience with medium or high functionality. In general, it was identified that the professionals who have worked with low levels of functionality consider the cases with low functionality have reduced and restricted number of possibilities in their life project. The following fragment illustrates the above-mentioned situation:

> some of them with a lower level of functionality and specific diagnostics, it does not allow them to do some things, it doesn't mean they don't learn and that they don't have the same level when learning, but probably their priority is to feel good, to be good, play and be happy, it doesn't matter that you assume responsibilities (participant 3).

In this fragment can be seen that the responsibilities expected to fulfill are lower than in other cases, and therefore the possibilities for them are also reduced.

Finally, regarding the model of disability and approach used by the professionals, it must be clarified that the question done in the interviews specifically asked for the model of disability. The answers showed that only three of the participants referred to models of disability, meanwhile the other five participants referred to other types of strategies used in their interventions. The 3 participants who referred to models of disability belong to institutions in Colombia. The responses given in this answer may raise the discussion about which type of theoretical knowledge is guiding the intervention of the professionals and whether there is a significant difference between both countries.

During the recruitment process, informal informants brought a hypothesis that there is a difference between countries regarding the professional background and theoretical knowledge of the professionals working with disability. Aiming to be able to accept or reject this hypothesis, the researcher purposively added the question about models of disability in the interview guide. The answers itself indicate a possible difference among countries, and the fact that the content of theoretical knowledge in Colombia is more targeted to disability than the one in Norway. For the discussion of this hypothesis it is also necessary to bear in mind that the years of experience of the participants in Norway is significant higher than the participants of Colombia, which could lead to a balance among the overall knowledge of the participants.

Regarding this discussion, is important to point out two factors: First, the premises obtained from this research cannot be generalize to Colombia's and Norway's reality, but they can be used as possible hints or patterns that could be analyze in depth in future studies. Second, a difference among the content from which the interventions of the professionals are derived from, does not necessarily mean a

difference in quality. A further analysis about the interventions of the professionals will be described in section 6.2.

Table 9

Participant's current position

		Ps.	*Position*	*Years at current position*	*Responsibilities*	*Number of cases*
COLOMBIA	*Best Buddies (LF)*	1	Labor Preparer (Preparadora laboral)	4	Full time and partial time accompaniment in labor insertion	12
		2	Coordinator	5	Contacting non-regular educational institutions and establishing the link between them and companies	40
	Diverza (EF)	3	Psychologist-Therapist	2	One to one support in daily activities. Educational support at logic – mathematic	19 – 20
		4	Clinical Therapist	2	One to one support in daily activities. Linguistic, social skills	8
NORWAY	*Attende (LF)*	5	Coordinator	19	Supervising and coordinating the work within the different departments of the company. In charge of the selection process of new employers and supporting them in their daily work.	30
		6	Supervisor (Veileder)	2	Support the work within the different departments of the company	30
	IAA (EF)	7	Therapist (Miljøterapeut)	8 ½	One to one support in daily activities including teaching and labor training or support.	1
		8	Therapist (Miljøterapeut)	7	One to one support in daily activities including teaching and labor training or support.	1

The four participants that belong to education focused organizations (Diverza and IAA) have a position as therapists, even though there are small variations between the types of therapists (Table 9). On the other hand, the other four participants have distinct positions, but it can be identified that in each country, one of the two participants of labor focused organizations are coordinators, allowing this study to count with similar types of hierarchy in both countries (Table 9). The responsibilities of each participant match to their position, therefore the participants of education focused organizations in the two countries have similar responsibilities and have almost the same responsibilities within the same country.

Finally, in relation to the number of cases handled by each participant, it can be concluded that the participants in labor focused organizations handle a significant higher number of cases in comparison to the participants in education focused organizations (Table 9). In relation to education focused organizations, the number of cases handled by the participants of Diverza is significantly higher than the number of cases of IAA, where each professional handle one case.

6.1.1 Organizations structure

Explaining the structure of the organizations is essential as it will allow the reader to have the necessary context to understand the analysis discussed in further sections. The graphics used in this subsection uses two shapes of figures: circles and rectangles. Circles represent a specific organization, meanwhile rectangles represent generic type of organizations.

Colombia's labor focused case: Best Buddies Colombia

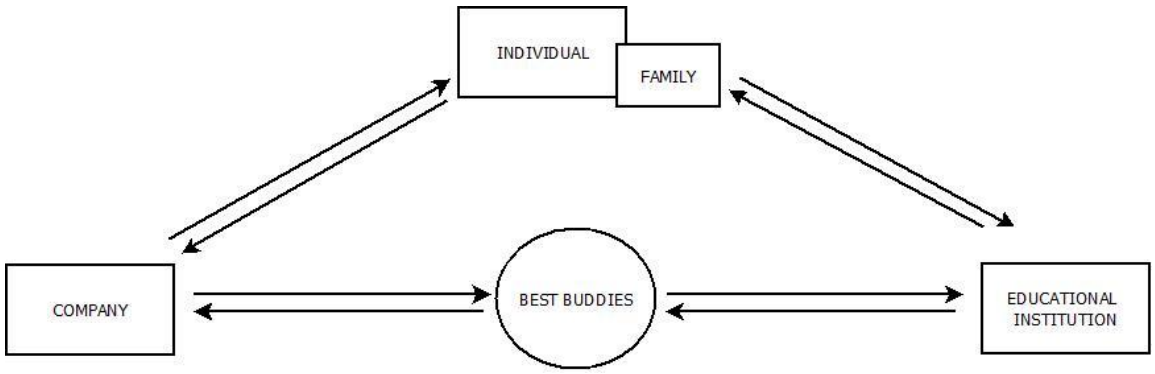

Figure 1. Best Buddies Colombia Structure

Best Buddies Colombia works as a bridge for individuals to pass from educational institutions to begin their working life in a company (Figure 1). The communication among each one of the parts involved in this process is constant and reciprocal, enabling an effective connection among all the parts including the ones that do not have direct contact between them.

The structure of Best Buddies Colombia goes along with the social model of disability, as its interventions are focused in the interaction of the individuals and their environment (Padilla-Muñoz, 2010). Likewise, this argument is also supported by participant 1 and participant 2 who stated to use the social model in their interventions following Best Buddies Colombia main guidelines.

Norway's labor focused case: Attende

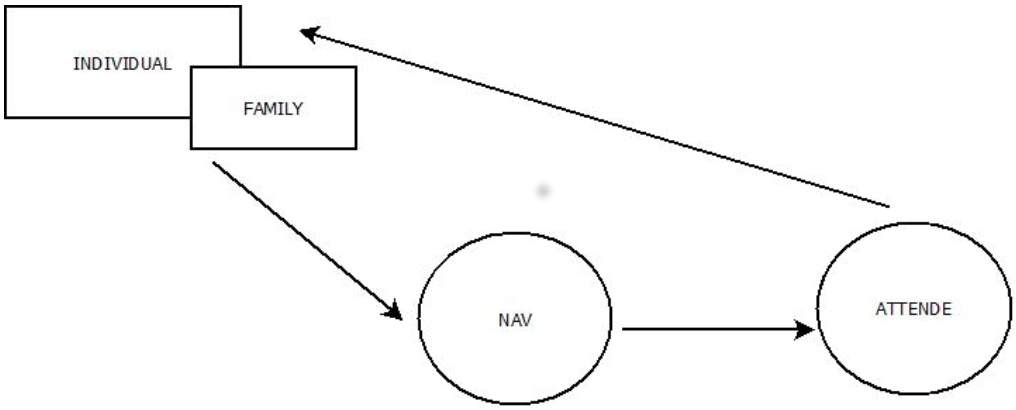

Figure 2. Attende Structure

Unlike Best Buddies, Attende (figure 2) is a company employing people ICID amongst other people not able to enter and stay in labor. Since 2014 Attende has focused on hiring people ICID. To apply to Attende, the individual must apply through the Norwegian Labour and Welfare Administration (NAV) and prove to have a condition of ID. NAV is in charge of accepting or rejecting the application. If

accepted by NAV, the application will be remitted to Attende, which will do a standard selection process to the applicants.

The standard selection process done by Attende can be catalogued as a inclusive practice, as it adequates a common labor practice to people ICID. The importance of this practice is that it recognizes people ICID as productive beings with the ability to work under suitable conditions. Another aspect that is important to point out is the role of NAV, the presence of this institution reiterates the presence of the State in Norway's welfare service. Thus, it shows the importance of the State in a country as Norway that has a social-democratic welfare system (Esping-Andersen, 1990).

Colombia's education focused case: Diverza

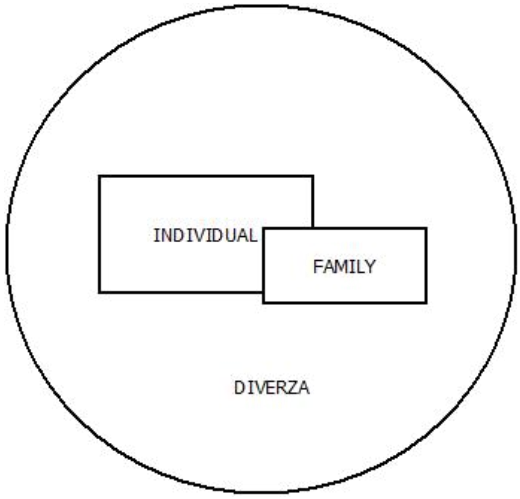

Figure 3. Diverza Structure

Figure 3 shows how Diverza's interventions are centered on the individual and their families. The individual is the focus of the interventions and educational training, but Diverza acknowledges the importance of social support in the individual's life, granting a key role to their families and therefore working together and incorporating their presence during their interventions. Diverza is currently working on stablishing future alliances for labor insertion, unfortunately currently there is not support regarding this area.

Colombia's education focused case: IAA

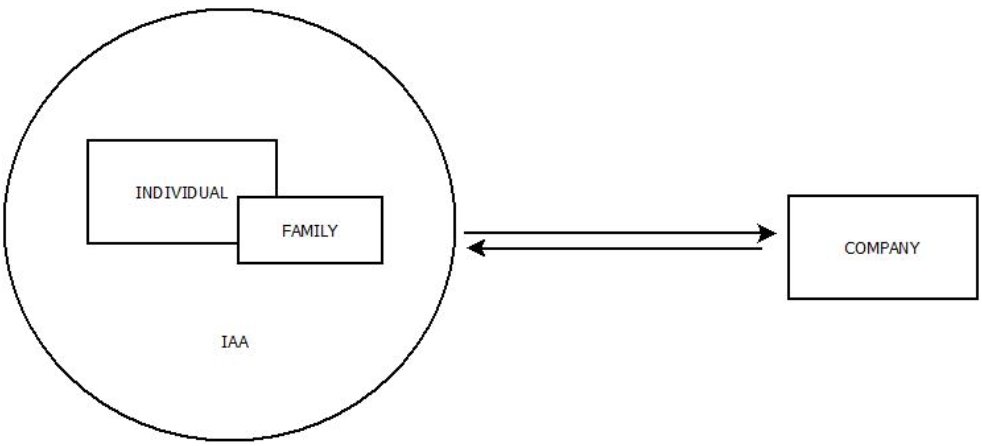

Figure 4. IAA Structure

IAA is an institution that offers educational and therapeutic services to children and youth who has not been able to continue their studies in regular education. In addition, IAA also supports the labor insertion process of youth that are prepared to start working, this process is not the main objective as in Best Buddies Colombia, as it is only carried out in some cases and there are not fixed alliances or procedures to start this process. Despite this process is not as massive as in Best Buddies Colombia, it is relevant for this research as it allowed to compare this type of processes in both countries. As seen in figure 4, IAA follow a similar structure to Diverza's structure, as the organization's main objective is to have a close and constant relationship with the individuals and their families.

6.2 Adulthood perceptions

This theme analyzes the concepts of adulthood and transition to adulthood in ID. It is interesting to mention that when the participants were asked to define adulthood, seven of the eight participants expressed their difficulties on giving an answer. One characterized the question as *"a big question"* (participant 7), another as a "*good question"* (participant 6) or *"difficult to answer"* (participant 3). In the same line, the participants showed their difficulties on answering this question by characterizing adulthood as *"confusing", "complicated", "challenging"* and as a period that *"everyone experience quiet differently"*. The reaction of the participants converges with the most predominant definitions of adulthood and transition to adulthood (Leonard et al., 2016; Young et al., 2011) that characterizes it as a complex and chaotic process difficult to face and to understand.

Despite it was difficult for the participants to define the concept of adulthood, two patterns were identified in their answers. Six of the eight participants (participants 1,3,4,5,6 & 8) link the concept of adulthood with the obligation to assume responsibilities. On the other hand, participant 2 understands it as a period that is determined by the consolidation of processes like autonomy or independence and participant 7 stressed it is a challenging process. In second place, four of the eight participants explicitly mentioned that adulthood is the transition from dependence to independence, the shift from being cared by the family to assume this responsibility by yourself. Both of the patterns agreed with the most traditional definition of transition to adulthood (Kim & Yurnbull, 2004a; Young et al., 2011). This traditional definition of transition into adulthood highlights the shift from conditions of dependence to conditions of independence (Gould's theory, Levison's theory and Havighurst's theory, see section 3.2.3), being either the shift from school to work, or the shift from living with your family to living alone.

Regarding to the understanding of adulthood in ID, the answers of the participants were more heterogonous and therefore only five answers can be grouped in two classifications. The first group includes the answers of participants 1 & 2; both participants consider that adulthood in ID is the same process as adulthood in typical development but with the exception that in ID is required to have supports to face the process; the supports differed based on the level of functionality of the individual. The second group is composed by the answers of participants 3 & 4; both participants consider that adulthood in ID should be understood as achieving the highest level of functionality. The answers of the rest of participants were more diverse. Participant 5 defined adulthood in ID as taking responsibility of yourself by being safe, secure and having social support. Participant 6 defined adulthood as determined by the wishes and life project of the individual ICID, for participant 7 adulthood in ID is even more challenging than adulthood in typical development.

Participant 8 considered adulthood in ID is the same process as adulthood in typical development. Nonetheless, he considered there is a major difference among both concepts. In adulthood in typical developmental the individual is the one who makes the decisions, meanwhile in adulthood in ID the parents are the one who handle everything. This answer is different from the other seven answers, as is the only one that assumes adulthood in ID as an external factor from the individual, where the individual plays a passive role rather than an active role shaped by his/her condition.

Unlike the definitions and the perceptions assumed towards the concept of adulthood, when the participants referred to adulthood in ID it was possible to identify that their professional worldview

and theoretical concepts guide their intervention. A fragment of participant 2's interview exemplifies the above-mention assumption:

> the way how adulthood is assumed is different, the rhythms are different, timing is different, and I believe that in large part, it is not because of the disability itself, but because of the process of exclusion, if you are not included socially, as you do not develop skills to face certain circumstances, then I think, that is the same, the subject of adulthood, but the way, time and form, is given differently.

In this fragment two theoretical concepts can be highlighted: the social model of disability (Padilla-Muñoz, 2010) and developmental trajectory in atypical development (Harris, 2006). On one hand, the social model is reflected as the participant establishes that social barriers are part of the condition of disability. On the other hand, the developmental trajectory concept adapted to atypical development is reflected as the participant explicitly states that the individual's development is different rather than delayed.

Regarding the skills required for transitioning to adulthood, the answers followed the same pattern as the answers given to the concept of adulthood: most of the skills mentioned by the participants overlapped with skills mentioned in literature (Eliason et al., 2015; Kim & Yurnbull, 2004a). Among the skills that overlapped both in literature and in the answer of the participants are included: decision-making, judgment, self-control, being responsible and independent. Other skills that were also brought up by the participants include: tolerance to frustration, follow rules and norms, be organized, being able to recognize opportunities for improvement and clearness. These skills are also required for solving problem. In conclusion, the skills that are needed to transition to adulthood regardless they were mentioned or not in literature are skills that individuals must have when facing challenges and solving them effectively.

Regarding to the factors that contribute to a better outcome, they can be divided in both external and internal factors. External factors include: early interventions (participant 2 & 8), professional's guidance (participant 4), support services (participant 5). Internal factors include: motivation (participant 6), experience and learning from mistakes (participant 3). Finally, participant 7 gave an answer that is in between both categories: be prepared and informed for facing the changes, this requires both the motivation and disposition of the individual to learn and a service provider that informs and train adequately the individual.

From this theme it can be concluded that the definitions of adulthood given by the professionals are congruent with the definitions found in theories, both conceiving transition to adulthood as a complex multifactorial concept difficult to define but with some milestones as desirable outcomes. Regarding transition to adulthood in ID, it was found that in general the definitions were more diverse; however, it was possible to identify that the answers were more based in professional values and experiences rather than theory as in the case of adulthood in typical development. The possible link between professional experience and the understanding of adulthood in ID can be explained by two factors: First, answers from participants of the same institution were similar. Second, similar type of answers could be found on professionals with similar professional experience: the cases of participant 8 and 4 that have had more experience of working with people with lower functionality and expressed point of view more related to cases of low functionality.

The perception of adulthood that each professional has, influences the strategies used by them during their intervention and vice versa, both factors complement and nurture each other. Thus, to have a complete understanding of the role and interventions of each of the professionals it must also be analyzed the strategies used by them in their daily practice, section 6.3 describes an in-depth analysis of the strategies divided in three analysis axes.

6.3 Intervention Strategies

This theme begins analyzing the role of the youth ICID in the process of transition to adulthood, in specific it will address whether the youth is playing an active or a passive role.

To address this specific issue the participants were asked who they would consider should be in involved in the decision-making process of transition to adulthood. The aim of this question was to inquire the professional's perception about participation and involvement processes in youth ICID.

All the participants agreed that the youth should be involved in the decision-making process about their transition to adulthood. In first instance, involving the youth in a process of their own could be considered as obvious or natural, unfortunately is not in all cases, and the condition of ID and lack of information about this condition has been in many cases the root of the transgression of the basic rights of persons ICID. The above-mentioned issue was stressed by participant 6:

> In Norway, sometimes you feel, or you experience, so much people wants to get and organize, and it feels like the person is possible to forget.

This quotation reflects the concern about forgetting about the wishes of the individuals aiming to do the best for them, but if the individual is not involved in the process, how is it possible to know what is the best for him/her? This issue is a call of attention to all the professionals to promote even more the right of participations and to always bear in mind that the individuals are the experts of their own life.

Involving the youth ICID in the decision-making process is symbol of recognizing them and recognizing their right of participation. Thus, all the participants agreeing on involving the youth can be catalogued as a positive practice. Furthermore, the participants not only considered that the youth should be involved in this process, they also considered the presence of the family, friends, professionals and others. Participants 2, 3, 4 and 6 consider the youth, the family and the professionals should be involved in the decision-making process. Participant 1 added the presence of friends, partners and colleagues. Participant 7 considers youth and parents should be the only ones involved, meanwhile participant 5 believes that instead of the parents the State should be the one involved together with the youth. Finally, participant 8 states that the decisions should be based on the skills of the youth, without directly asking them. Participant 8 also added parents and the school as part of the process.
In addition to the previously discussed answers, throughout the interview participants gave other statements that ratified their point of view. In this sense, all participants except participant 8, made statements to support the right of participation and autonomy of the person ICID. Supporting both rights implies following the CRPD more specifically articles 3 (a,c), 29 and 30 which stipulates the fully participation of people ICID in society, including the access and inclusion in political and recreational activities (UN, 2008). The implicit support to CRPD is the first hint to conclude that the interventions of most of the professionals followed principles of the model of disability on human rights.

The following fragments illustrates the implicit implementation of the CRPD:

> think for all the purpose and focus what the person says, feels or identifies there are important in the way they are looking at themselves as grownups (Participant 6).

> "It is very important the interest of the *best buddy*[3], because the family, wants to put them anywhere, do it, do it, and us as professionals say, wait calmly let's wait, that's why the interests are very important and also the goals of the *best buddy*" (participant 1)

Besides showing an overall analysis of the strategies interventions of the professionals, this theme is also analyzed under the light of three analysis axes: Strengths perspective, empowerment and Vygotsky's ZPD.

[3] Best Buddy is the term used by Best Buddies Colombia to refer to the person ICID

6.3.1 Strengths perspective

The following analysis in based on Saleebey's (2009) principles of strengths perspective. The 6 principles proposed by Saleebey (2009) were identified in the eight interviews, nonetheless not all the participants explicitly mentioned them all and every professional apply them on their own way.

The following fragment illustrates how participant 5 acknowledges every individual has strengths and that is the role of the professional to allow the individual to show their full capacity:

> I think also, this interview that we have each year it's to make them, help them reflect around their position. Who they are, what they like, what they are good at, what they would like to learn, and then we can see if we can facilitate, somethings, so that they can do, can learn more and do many things that they would like to try (...) But many people they don't know what they know, what they can do. And many think, oh, I can never do that, and we have to help them to believe.

Strengths perspective do not only involve identifying the strengths of each individual but enable the possibility to develop them:

> If he wants to work in the kitchen he can train and get a license (…) And now, I'm good enough to work there with my license. Yes, and that's the way we are thinking, they can train and at the end have a license (participant 6)

It also involves recognizing that everyone has different strengths. Participant 1 recognizes the importance on using the skills and need of the individuals when designing interventions; in the same way it also can be identified a positive establishment of boundaries between her and the youth:

> so it's our role to break this paradigm that we are not the police or their boss, we are neither their friends, we are their labor preparer, so the idea is that we guide them according their needs and interests at that moment, so we make a feedback with them and that creates a meaningful learning process.

Finally, to end this subsection it will be described an activity executed by Attende which is considered to be influenced by strengths perspectives and that seemed useful and with highly feasibility of replication. Since 2016 Attende has been organizing an Open Day event once per year. The day of the event, Attende is open for everyone who wants to visit it and see the work that is done by the employers of this company. The main objective of this event is to give the opportunity of the employers to be publicly recognized by their social network (family, friends, neighbors). Following the words of participant 5:

> And the main thing is that our workers can show everyone their parents or neighbors, and different people it means something for them. And they can be proud, that's one of the main things with that day

The researcher had the opportunity to attend? to this event where it was noticed the effectiveness and the importance of it for the employers. The researcher had also the opportunity to talk to two of the employees who speak fluent English and visit the company with the guide of one the professionals interviewed which allow her to understand what the employees were explaining in Norwegian. As it was only one visit it cannot be given any determinant conclusion about the dynamics in Attende, but it can be stated the effectiveness of this type of activities, despite its short length. Based on this experience, activities that follow the same model and objective as this open day, could be useful and a tool based on strengths perspectives, as is using the resources of the individual to show this/her strengths.

6.3.2 Empowerment

To begin, participants in both countries used words that are explicitly linked to this concept: empowerment and mastering. It was found that participants 1, 2 and 3 used the words empower and empowerment throughout their interviews. Meanwhile, participants 5 and 6 used the word mastering in multiples occasions. To exemplify the used of both words it will be shown fragment of two interviews: The first fragment belongs to participant 5 and it shows the use of the word *mastery*:

> we think that when they master something, doesn't matter what, you master something different than you, it's not the same, but you'll get some diploma, for your work, now you know this work, this is your diploma that shows your work

The second fragment belongs to participant 1 and illustrates the use of the word *empowerment:*

> I believe that an empowerment process and give information is important, especially in the development of the educational area, because there is always the imaginary: "no, the person with intellectual disability can reach this level, and from there it cannot longer do more" then you can only make your high school diploma and that's it, then maybe an empowerment process is needed for the person to say: No, no, I can do it, I can maybe make these adjustments, these adaptations and also ask to the institutions to make these other adjustments.

Both fragments illustrate how an empowerment process can be implemented to help individuals to gain greater control of their lives and acquire their rights to fully participate in society. Thus, exclusion and marginalization practices will be minimized (Peterson, 2014).

6.3.3 Vygotsky's Zone of Proximal Development

When describing their interventions, participants 1, 3, 4, 5 and 6 points out two aspects that follow the principles of Vygotsky's ZPD. In first place they recognize different learning rhythms and therefore different teaching strategies. Second, as Vygotsky proposed, for a successful and meaningful learning experience it's necessary for the learner to arrive to the final conclusion with the help of a guide. The guide will enable the activation and consolidation of the learning process. Fragments of the interviews of participants 6 and 3 are used to exemplify how the participants put in practice both principles.

Participant 6 highlights the importance of being the guidance of the employees and enable them to discover and find by themselves the answer:

> she has to discover the solution, the way herself, in the way that they can, which is of course different form person to person

Meanwhile participants 3 emphasizes the importance of using adequate content based to the needs of the youth and creating an environment that enhance their learning process:

> we design activities of the same topic according their level of functionality, I'm in charge of 8 youngsters, that belong to a level of development 2 and 3, the ones in level 3 pull the ones of level 2, they help them to move forward, and to be all in the same level.

As proposed by Guk & Kellog (2007); Lunetta, Hofstein & Clouug, 2007 the importance of practical skills in anchoring and deepening ZPD, could be identified in the interventions of all the participants. Practical work could be divided in simple practical activities and complex practical activities, to exemplify both types of practical activities it will show statements of participants 2 and 4.

Participant 4 describes how Activities of Daily Living (ADL) as dressing up are activities are essential for the daily functioning of an individual and how this task is strengthened by doing it constantly and tracking it:

> but now we are going to put on our trousers and then our shoes, and there is a record that allows us to see the whole process of our skills, where you started, where we are and where we are going (…) and good things start to happen and it has been created for all this specific routine according to their level of functionality.

Participant 2 gives an example of a complex practical activity as saving money. Saving requires complex logic mathematic thinking principles such as understanding the concepts of quantity and numbers; it also requires the proper use of executive functions such as planning and organizing. Understanding all the concepts behind saving can be difficult, but participant 2 teaches this concept of

by putting it in practice. In this way the practical experience will help in the later building of the concept:

> show them other possibilities, saving techniques, let's say saving at home, and let's say if you finally want to buy a cell phone, you can buy it because you are working for that and we teach you how to do it by doing it.

Having discussed about how professionals use strategies based on strengths perspective, empowerment and the concept of Vygotsky's zone of proximal developmental it can be stated that these strategies complement each other and consequently are used together.

6.3.4 Conclusions

The analysis discussed is this subsection has given more information to evaluate the hypothesis mention in subsection 6.1 about a possible difference between countries regarding the professional background and theoretical knowledge of the professionals working with disability. Based on the findings obtained from this subsection, it can be concluded that regardless the professional background and the use of theoretical concepts, the practical intervention of almost all the participants can be catalogued under two models of disability: social model and human rights model of disability. Nevertheless, a major clarity of conceptual terms and theories was identified in the professionals of Colombia, this clarity and balance between theory and practical work could probably enhance the quality of interventions, in particular it was identified that professionals in Colombia could concisely explain and argument why was it decided to choose a specific approach or technique, based on the needs of the youth and the final therapeutic objectives.

Supporting the above-mentioned hypothesis, participant 6 expressed the importance of professionals that work in this field to have a specific formation in disability. He specifically mentioned how useful would be to count with special educators, physiotherapists, psychologists and social workers:

> they can attend to regular school with some help and you know, when you look it from the outside, you may think ok they have a lot of things, they do a lot more, but when… in a way, we say no, no why? because you see that those people who has special focus to help them one to one they don't have the education they should, you expect, which is needed (…) They are often assistants, so, in a way you feel that they are not getting the help that they should, and sometimes, quite often.

As the statement was given by one of the participants of Norway it supports the hypothesis postulated and therefore it emphasizes the importance on studying more about this topic in Norway and depending on the results to propose viable solutions.

In conclusion, there are two main findings identified in this theme. First, it was found that although only three of the eight participants explicitly specified during the interviews which model of disability they use for their interventions; the description of their work practices gives enough information to conclude that all of them frame their interventions under the social model and the human rights model. Thus, all the professionals stressed the importance of raising awareness in society and working towards a more inclusive society by deconstructing myths and stereotypes about disability. Second, all the participants recognize the right of participant and from it is derived other intervention practices such as strengths perspective, empowerment and Vygotsky's ZPD. It was also identified that these last three overlap between them showing how these three concepts complement each other and reiterates the importance of using them together.

6.4 Support Services

The answers of the participants include services offered by the four organizations mentioned in this study and in general services offered by public or private entities. Their answers allowed to have a broad view of the service provision in both countries, but as the participants do not belong to policy-making or service provision institutions they did not give, and it was not expected to have detailed answers. The objective of this study is to know the perspective of professionals that work with young

people ICID about their transition to adulthood and consequently the services youth people ICID have access for therapeutic interventions are relevant for this study but not the main objective.

To begin the analysis of this theme it will be discussed which type of services are mostly provided in both countries and which institution usually provides it. In general terms, the participants mentioned services offered by four main sectors: education, health, labor insertion and recreation.

It was found that in Norway the services are primarily offered by the State, meanwhile in Colombia is divided between the State and private institutions. These findings match with the social democratic welfare State that Norway has adopted (Esping-Andersen, 1990) and the emerging welfare regime of Colombia (Cruz-Martínez, 2014).

The participants were also asked who they consider should provide services to youth ICID. All the participants in Norway agreed that the State should be the responsible, meanwhile in Colombia the answers were divided, participants 1 and 3 agreed that both the public and private sector should provide it, meanwhile participants 2 and 4 agreed the State should be the one in charge. The answers of the participants in Norway could refer to the naturalization of the idea of the State as the main service provider. It n Colombia's case, the participants who consider the State should be the one providing these services, acknowledge this is not happening in reality:

> I am going to say something very carefully, the problem is not that someone with a disability is born, that is not the problem, the problem is that the governor or the leader of this country (Colombia) because he does not realize about the problematic and does not make a proper census that says, such percentage of the population needs such things, because it has such needs and such difficulties, we are going to implement *X* policies to include them (participant 3).

The statement given by participant 3 not only explicitly illustrates how the participant strongly believes the State should be the one providing basic services rather than the private market, but also clearly points out the understanding of disability derived from the social model of disability which explicitly accepts that disability is not fully originated by the physical/medical condition of an individual (Padilla-Muñoz, 2010). This is another statement that corroborates the presence of the social model in the intervention of the participants.

Moving forward to the services offered in both countries, the service provision process will be analyzed under two axes of analysis: accessibility and quality. To the naked eye it could seem obvious that the issue of accessibility could be simply summarized as Norway having significant higher accessibility due to its welfare State. Nonetheless, this statement is partially true and there are several aspects that convey in this topic which makes it more complex to analyze.

6.4.1 Accessibility

Accessibility is analyzed both in educational and health services. Regarding to education, it was identified that the highest level of completed education between both countries is different. In Norway education until secondary level is mandatory for the entire population (United Nations, 2015), this was corroborated by the responses of the participants of Norway. On the other hand, in Colombia the highest level of education is not as homogeneous as in Norway, and its divided in either primary level or secondary level. This difference lays on structural differences between Colombia and Norway. As a developed country, Norway has a larger budget and a better coverage of education for its entire population in comparison to a developing country such as Colombia. By 2011, Norway's GDP of public spending allocated to education is 7.3 % meanwhile in Colombia is 4.6%; these percentages get reflected in the fully attendance ratio in primary and secondary levels in Norway, meanwhile Colombia has a ratio range between 72.7 to 92 % (United Nations Children's Fund, 2013a; United Nations Children's Fund, 2013b).

The preliminary findings in education in both countries shows an advantage in terms of accessibility in the Norwegian case, nonetheless accessibility is not symbol of quality. In the case of Colombia,

participants acknowledge there are several weak points in the education system, but they also agree on the progress it has been obtained the last years:

> in educational terms there is a lot of flaws, but let's say we are progressing, let's say we already have many allied institutions, allied schools, that are part of the district, that is to say that they are public, that they are promoting, the issue of inclusion is obligatory for the schools here, but they are taking that step with labor inclusion, they are preparing their children, so that in the future they can have a job placement, when they reach labor inclusion, they accompany them in the process (participant 2).

Regarding to accessibility in health services it was found that services in Norway are more accessible in terms of costs:

> I think ideal almost everything is quite inexpensive (participant 6).

> The municipality is the one that pays for these services as far as I know the parents don't pay anything (participant 8).

On the other hand, it was identified three main challenges in the Colombian health service provision. In first place it was identified challenges when diagnosing people ICID, which may cause difficulties in the intervention process; this situation is alarming as is expected that professionals such as doctor should have a more accurate knowledge about ID:

> The health issue, here is complex, really complex, because the health system of Colombia, is very deficient, in fact, even for the diagnosis issue, there are children who don't have a diagnosis or are not well diagnosed, they still confused very much the mental or psychosocial disability with the intellectual disability, then a boy who is autistic, or who has an autism, gets confused it with a schizophrenia, for the doctor is the same (...) let's say that in terms of health, if indeed there are not many possibilities, even though the population with disabilities has preferential attention, that's not what happens in real life (participant 2).

Second, it was found that economic resources of the individual and his/her family affect the accessibility to health services:

> The issue in public entities is a bit more complex because the demand is greater and therefore in my country, there is a theme, this does not happen in some other countries of the world and there is a theme of stratifications, then, those with the lowest resources are level 1 and 2, and those with the highest resources are level 5 and 6, so I think that there is an economic factor that directly influences the accessibility of these services, if you are 1 and 2 and you do not have a private entity that covers your health, you have to go to the State, and because there are so many, the State is not the most effective or if not you have to pay a little more and maybe you have more facilities (possibilities) and more access, if not you have to wait (participant 4).

Third, although the services exist, in most of the cases the individual must conduct legal processes such as appealing for it, the services are granted but only after doing this process, which in most cases is long and exhausting:

> I know a lot of paperwork is required, it's time consuming, they are long, it requires for you to be persistent (participant 3).

The responses of the participants in Colombia regarding to health services provision can be catalogued as poor, inaccessible, ineffective and as inconsistent with the national legislation of Colombia and what it is stipulated in the Obligatory health program which in theory is compelled to offer accessible, inexpensive, effective and integral health care system to people ICID (Discapacidad Colombia, 2018).

Linked to the issue of accessibility, participant 1 brought up to the discussion the role of the individuals in the service provision process. Participant 1 considers youth ICID should have an active role, and she suggested to empower them as a possible solution to have better outcomes:

> "I believe it's possible, but that is not just the institutions, but also the person with disabilities, to tell them: you can, fight, look, try, not only stay there, waiting for everything to fall from the sky, and the same also training and empowering the families" (participant 1)

Empowering youth in this process, is incredibly important as is a way to strengthen skills such as autonomy, self-determination and independency. Nonetheless, this discussion raises another issue: to what extent is the obligation of the youth to "fight" for these services? Should not be the State's duty to provide services according to the citizen's needs? Both are questions that are immersed an interconnected by several contextual aspects, making it hard to give an answer; nonetheless, regardless the answer given what is crucial is to create a balance between the services offered, the level of self-determination of the citizens and the capacity of the State.

Is interesting to discuss this issue in Norway, where in theory the elevated levels of de-commodification ensure citizens equal access to the services they need (Esping-Andersen,1990). If elevated levels of de-commodification are traduced on equal access they are also traduced in reduced participation of the market; which does not sound problematic if everyone is offered services to supply their needs. Nonetheless, this situation may create some challenges that have been previously discussed when talking about a social democratic Welfare State (Lister, 2009).

From the answers given by the participants, it was identified two challenges in the provision services in the field of disability in Norway. First, there is a lack of decision of the individual or their parents when choosing services. Second, there is a reduced number of possibilities to choose from. Regarding the lack of decision of individuals and parents when choosing their services, it was found that some parents would prefer some specific services based on their needs or personal motives. Nonetheless, as the one who distributes the services is the municipality, although the individuals are receiving a service, they or their families are not totally satisfied with it. Participant 7 comments about it:

> I think it's important to take into consideration more the families, what the families want for their kids, or instead of deciding, decide more directly now you are going to have this and yeah, you have to go with this, because it happen sometimes, you are going to have this kind of services and so on you cannot have more of them.

Even though accessibility is higher in Norway than in Colombia, three of four of the participants and the professor with whom was done the pilot study, mentioned the issue of not enough places for respite care in Norway. Regarding this issue, two aspects can be discussed: first, the fact that in Colombia there is no a similar service, and in second place the issue to have reduced number of possibilities in Norway.

First, Colombia does not have a similar program probably because of a structural reason, its economic situation does not allow to either the public or private sphere to offer this highly-cost services. The combination of Norway's strong economy and its welfare State enables the possibility of this type of services. Nonetheless, the presence of the welfare State in Norway is the main factor why there is reduced number of possibilities. In general, this could be assumed as symbol of equality, but when there is low individual satisfaction it could be assumed as a challenge. Linked to this discussion, participant 5 said:

> (…) but for these people they do not have so many choices. Here in Stavanger, they have Attende or … they have 2 places, in general, so that very different from the other youth (…)And in fact, they also to get a place to live by their own, where they have the services they will need, it's not like they have the services that they can choose from a lot of places, you are lucky if you have one.

This excerpt illustrates the above-mentioned discussion where youth ICID in Norway do not have many options to choose for their respite care and to have a work place like Attende.

The issue of reduced number of options in Norway may also raise the question about *equality of condition*. The social democratic welfare State is compelled to guarantee similar rights to citizens and

guarantee their *equality of condition* (Lister, 2009*). Equality of* condition is understood as the equitable distribution of resources that will allow to protect the individual's wellbeing and help in their life project (Lister, 2009). In this sense, the reduced number of possibilities for youth ICID is a disadvantage and it is becoming an obstacle for them to pursue their life projects.

All the participants in Norway pointed out weaknesses about the service provision in Norway, including the long waiting list for the respite cares. Nonetheless, the attitudes of satisfaction towards the services among the participants differed and two patterns were identified. Participants 5 and 6 were more critical about the weaknesses; meanwhile participants 7 and 8 acknowledge the weaknesses but in general qualified the services as enough and efficient, participant 7 comments about it:

> I think it's a quite advanced health system, it's taking care of all kids with special needs, without the parents need to work 24/7 to help and protect the kids.

The difference of attitudes assumed by participants 5 & 6 and participants 7 & 8 could be triggered by many factors, which are not possible to identify, nonetheless there are two main hypotheses. The first one is that participants with similar attitudes belong to the same institutions; meanwhile the second hypothesis proposes the attitudes of participants 7 & 8 who are originally from Greece, are shaped by their experiences in Greece which has a different service provision in comparison to Norway.

Finally, one last aspect important to analyze when discussing about the long waiting lists for respite cares, is the importance of respite cares itself. The access to this service in Norway is symbol of reaching one of the final goals of transition to adulthood. Accessing to this service shows individuals are independents; moving to a respite care is symbol of autonomy and a goal achieved. But, is it really independency? Or is it just replacing the parents figure by the State's support? Once again, structural differences affect this situation. Youth ICID in Norway have access to this type of services thanks to the Welfare State, meanwhile in Colombia, as an emerging welfare regime the *natural* supports to rely on are either your family or yourself (Cruz-Martínez, 2014).

6.4.2 Quality

Having widely discussed the issue of accessibility, the following paragraphs will discuss the issue of quality. Educational services are the central axis of analysis for this issue. Two participants, each one of a different country and both from labor focused organizations stressed the issue about the quality of education. Their criticism was focused on the content included in the education curriculum of some educational institutions. What is normally taught to youth ICID? Why is not autonomy and independency strengthen in educational institutions? What about the life project? The problematic behind this issue is the mindset of linking ID with inability.

Participant 2 clearly states this problematic when saying:

> here (referring to Colombia) I feel that is common putting them (referring to youth ICID) in an institution, or in a school, with the only intention to distract them, as it is a nursery

This statement reflects the poor services that are offered in some educational institutions in Colombia, where the focus is not to instruct the students and enhance their wellbeing or giving them enough tools to be independent, but only distracting them, considering, as mentioned before, people not able of learning.

Participants 2 and 6 stressed the lack or poor training in practical skills. Both participants mentioned that in most of the cases the training on practical skills exists, but it is not guided to teach skills that will be useful for the youth ICID in their daily challenges and that will help them to reach their life project goals.

> but I feel maybe the school hasn't been to be more focus on autonomy and self-sufficient things, so, they come in just a way to see what happens, you know, and that's a part where you start to take part, you know, and be part of the work that comes in, that's one of the challenges (participant 6)

> it is important that the training is in accordance with real life, that is, that is finally giving you the tools to defend yourself in real life, and let's say that this goes along with the parents support, I always ask them a question, super perverse to the parents, imagine something happened you died , your role in your life was to train your son so that he was independent and could live without you, did you do it? (participant 2)

Related to the practical skills is also common that institutional educations give some training for labor insertion, but it was identified two main failures in this process. In first place, the training is merely focused on only one activity in specific; this type pf training may be considered problematic because it does not allow youth ICID to have transferable skills. The following excerpt perfectly illustrates this situation:

> if you are at school, here is a carrot, can you peel that one? then you use this one and you do it this way, and then with surprise they do, maybe sometimes we get the impression, ok, they can work in the kitchen and they can peel carrots and do those kind of tasks… but no, that's not their experiences, it's much more technical and it's not predicted to real work situations, so that's something they have to learn (participant 6)

The second main failure identified in the model of labor training of some educational institutions is that the training is not done with a clear labor insertion objective. The youth gets trained in some areas but the training itself do not contribute to their life project and moreover the institution does not offer help on the labor insertion process, finding where to apply for a job and how to do it.

> the training in special education is focused in more artistic subjects, such as making paintings, or here is also frequent to make brooms or mops, maybe knit, but finally is an occupation in that moment but it does not really allow you to project yourself for working life (participant 2).

To conclude, the major findings from this theme is the fact that the differences between Colombia and Norway in relation to service provision are due to structural differences between both countries which includes differences in economic and political factors. Based on that difference the major difference in between both countries is the accessibility to services which is significantly higher in Norway than in Colombia. Nonetheless, regarding quality it was found that both countries has flaws, especially in the field of education.

6.5 Awareness & Effective practices

Finally, this last theme is composed by two main topics. First, awareness, which is an emergent theme. Second, effective practices among both countries; this part is focused on describing them and analyzing their transferability to other contexts.

6.5.1 Awareness and the lack of accurate information

The challenges identified by the participants are caused by several factors and in most of the cases is not the presence of a solely factor but the interaction of more than one which creates a challenge. Despite this, it is important to discuss the lack of accurate information and awareness of ID as it was identified as one of the most concurrent cause of challenges.

Lack of awareness and information was identified as one the factors that causes challenges in labor insertion, education performance, social participation and the overall inclusion of people ICID within in society. Specifically, it was identified by participants on both countries as the major obstacle when enabling labor insertion:

> To get more people employed, I don't know… more openminded society (Participant 7).

> we have a lot of demand from companies that want to hire people with disabilities, but few people, and it's not that there's few people with disability, what happens is that in Colombia the concept of disability is recently getting transformed, and just right now we are beginning to see it as capacity, previously we always saw it as people who did not have skills, unable people, who were sick, but we have to change

> this idea, and regarding to labor inclusion, of course it is important that the person has the abilities to be able to do the tasks, that he or she gets trained, because we think that they will not learn more, they simply learn in a different way, with different rhythms, but they do learn (participant 2).

Chapter 2 described the changes throughout history of the terminology used to refer to ID, which has been evolving towards a more positive connotation in the last years (Bray & Grad, 2003). Nonetheless, the responses of the participants hint a more negative connotation used in common language and daily life situations by people who are not familiarized with the topic, showing that the theory and academical development is way ahead that what happens in real life due to a lack of proper communication.

Professionals identified lack of awareness as one of the probable causes of exclusion practices in daily life situations. Professionals reported that people ICID could feel fear and anxiety when entering to a space that is not adequate for their needs. If diversity was embraced, every public space will be adequate for any type of needs; nonetheless the lack of awareness about ID, shows there is still need for more inclusive efforts. This excerpt of participant 6 elucidates the above-mentioned discussion:

> but it's also social arena you know, so people, may not find it accessible in that way, because I won't feel like I wouldn't like to be there.

One way for creating changes is to begin the awareness process since childhood. To deconstruct and generate new and positive connotations about ID. Participant 4 specifically targeted this topic highlighting the importance of adequate inclusive education which allows children in general to know and get close to what is ID by their own experience:

> I never had the opportunity to be with a person with a disability, nobody told me about blindness, or about hearing loss (…) I think step by step, little by little, because more children of 6,7,8 years old know that the world is different, and that we are all different, because there are people with more or less abilities or faculties of us (participant 4)

The advantage of raising awareness in children is that social barriers are not so interiorized, developed and rooted as it could be in the cases of adults. Raising awareness is a clear acceptance and implementation of the social model and biopsychosocial model of disability as it is accepting that disability is partly created by social barriers due to lack of accurate information.

Finally, to sum up it must be stated that raising awareness about what is ID is the first barrier to fight for the sake of building a more inclusive society. It is important to clarify that the awareness process must not only include people who is not familiar about the topic, but it should involve everyone, including families, friends, teachers, doctors and all the professionals that has a contact with people ICID. Based on the overall description given by the participants of how society reacts towards ID and the weaknesses pointed about the services delivery process, is clear that there is still a lot of work to do in this field specially when it comes to comply the legislation and theoretical paradigms to real practice.

6.5.2 Effective practices

This subsection focuses on describing effective and positive practices both in educational and labor settings.

Effective practices in educational settings

Regarding effective practices in educational settings it was found one significant practice mentioned by the participants in Norway and three suggestions of subjects/topics to be included in the educational curriculum both for regular and special education. The effective practice in Norway, more than a practice is a service offered after high school; this service is a non-mandatory type of education that is known as *folkehøgskole (Folk high school).* Participants 5 and 6 and the professor who was interviewed for the pilot study, described and explained the positive effects of youth ICID attending *folkehøgskole.*

This type of education lasts one year, has low costs, the youth is meant to live by themselves and its main objective is for youth to develop their artistic and creative skills. As this service is as possibility after finishing high school and before starting to work or a higher education, is the perfect setting to practice skills such as autonomy, responsibility, and being able to have a clearer life project. Most of the skills developed on this setting are the ones required to have a successful transition to adulthood, therefore this type pf education is considered as useful not only for youth ICID but in general for youth. Participant 5 mentioned the positive effects of workers who have attended to *folkehøgskole*:

> And we see that, the workers that had that one, that type of school, is very good for them, they come back, and they have grown up.

Although this service is positive and useful in many ways to help youth in their transition to adulthood, it is not transferrable to contexts such as the Colombian context, where delaying the entrance to labor insertion may not be a possibility for most of the youth.

In relation to the three topics that were suggested to be included in the educational curriculum, it is important to clarify that they are suggestions given by participants of both countries. The first suggestion is to include more content of sexual education:

> I think it is very important, because there are many complex problems, in terms of abuse, and of children who abuse because they did not know how to handle their sexuality, then I think that the idea that they are *eternal children* excludes them from the development of their sexual life that is normal (participant 2).

Current studies about sexual education and people ICID (Gilmore L & Chambers B, 2010; McDaniels & Fleming, 2016 & Rogers, 2016) agreed on how insufficient are the current approaches for this topic and the lack of training to professionals and information given to youth. The lack of information about this topic may be originated on misconceptions about ID such as the one mentioned by participant 2. Conceiving youth ICID as *eternal children* or as not capable of taking decisions are the cause of the taboo that has been build up around sexuality and disability and therefore the cause of complex problems such as abuse. When analyzing sexual education in youth ICID in countries such as Colombia and Norway that have ratified the CRPD is pertinent to discuss this situation under the light of articles 16 and 25 of this convention. Article 16 aims to protect the individual from any type of violence or abuse and article 25 guarantees free or affordable reproductive health care programs (United Nations, 2016). The suggestion given by participant 2 and the fact that no other participant mention any type of sex education, raises a red flag about this issue, moreover if both countries have ratified the CRPD.

The second and third topics suggested to be included in the educational curriculum are ideal to complement the actual curriculum, but do not receive the same priority as sex education. Participant 4 suggested to include music as it is considered as a teaching strategy that will enhance the learning process and development of the youth. Finally, participant 8 suggested to include more physical exercise to improve the youth health's condition and strengthen their coordination and in general motor skills.

Effective practices in labor settings

Regarding practices in labor settings, it was identified one model that could be replicable under specific conditions. The model is Attende itself. Attende receives people who have unsuccessfully tried to work in a regular company. This model is important as it gives importance to three aspects: it recognizes the importance of work in the life of an individual, it recognizes different levels of supports and functionality and finally it embraces diversity.

Another reason of the importance of this model is the fact that this is a space fully adequate for labor insertion of people ICID. In this sense, it is adapted in all areas including the level of complexity of tasks, the methods of supervising it and most of all the social acceptance. The following quotation reflects this thought:

> "There are possibilities to have a… to work in an ordinary company…But the problem can be that the person is on his own it that can feel a little bit alone" "Some can use it, can manage it, but we have seen that people quit here and start outside and they come back, they need to be proud of something, not only feel that I'm the weakest" (participant 7)

This model has showed to be effective in this specific context and moment of history where inclusion is still in process, and regular companies are still in a sensitization process to understand and get adapted for ID. Therefore, this does not mean that this model is the final solution, because fully accepting it will also be accepting that there is the need of exclusive places for people ICID, which itself would be a discriminatory and exclusionist practice. This model is an initial step to promote inclusive practices, its importance lays on the fact that is positively deconstructing the idea of people ICID and labor, its showing people ICID as productive persons and changing the idea of people and invalidity

Transversal effective practices

Finally, it will be mentioned three practices that are considered useful in any type pf setting that involves working with youth ICID.

The first practice was identified to be a practice implemented in all four institutions. All four institutions consider the youth's life project as one of the main principles when designing and guiding the interventions. In most of the cases, this practice is linked to the promotion of the right of participation of the youth as the individual is considered part of the decision-making process. The implementation of this practice follows the core principle of the human rights model of disability which is to recognize the rights of people with disabilities (Lidón Heras, 2013).

The second practice is a suggestion given by participants 6 and 8 who agree on the importance of interdisciplinary in this field and the cooperation of professionals from different fields:

> but when we know, we need to hire new ones, we think what we need? psychology or… so, just try to fill out the gaps in a way.

This affirmation is not only relevant for the interventions done in this field, but it also supports one of the purposes of this research which was to study this topic having a perspective nurtured from two fields: psychology and social work. Having contrasted the data collected with theories, concepts and approaches from these two fields allowed this research to move a step further and have a broader perspective of this issue, by analyzing both individual and societal factors.

Besides acknowledging the importance of interdisciplinary, participant 6 reiterate the background and theoretical knowledge of professionals as a theme. In this case participant 6 questions the general curriculum of professions that usually work with ID, suggesting increasing the content of ID in these curriculums:

> also I think, that's a field where it should have been more focused, and there should been a…, a big part od the curriculum of educational science, psychology as well, but unfortunately is not, so, a lot of thing you have to experience through work and through the people who focus on the, with those kind of disabilities (participant 6)

The suggestion of participant 6 is a key aspect to consider when discussing about the services offered to youth ICID. If one of the purposes is to provide high-quality interventions, is necessary to have skilled professionals. A prerequisite to have high skilled professionals is to have enough and accessible

universities or institutions that trained them properly. Once again, this theme connects to the lack of information and research about this topic.

Finally, general recommendations given by participants in both countries include to make an adequate early intervention, consider autonomy and self-determination as core principles to guide the intervention process and recognize the importance of social and family support, therefore the importance of professional's working with the family and any other significant social support of the youth.

7. Conclusions and recommendations

7.1 Basic findings

This section summarizes the main findings of this study by briefly answering the three research questions.

The first research question aimed to explore the differences and similarities between professional's perceptions regarding transition to adulthood in ID. The answers of the participants showed there is a consensus among the participants about the understanding of transition to adulthood in typical development. The understanding given by the participants matches and overlaps the definitions of the most known developmental psychological theories including Erik Erikson's theory, Roger Gould's theory, Daniel Levinson's theory and Robert Havighurst's theory.

Regarding to the understanding of transition to adulthood in ID, the answers could be classified as heterogeneous due to a wider spectrum of patterns identified. Nonetheless, a common pattern in all the answers was the focus on functionality, autonomy and independency.

The perceptions of the professionals about transition to adulthood in ID could also be identified by analyzing their strategies implemented in their interventions. In this regard, it was found that participants of both countries follow similar core principles, models and theories. But, it was found a more explicit knowledge in the participants of Colombia, who described the theories and models they use in their interventions in a more exhaustive and precise way than the participants in Norway.

The predominant model of disability used by participants in both countries is the social model, nevertheless it was also found principles of human rights models in the interventions of all participants. A common strategy used in both countries is the focus on the life project of the individual and promoting his/her right of participation. Both individual life project and participation can be linked with strengths perspectives, empowerment and Vygotsky's ZPD. It was also identified that participants in Colombia tend to justify more exhaustively the use of specific interventions in each case, hinting than a more specific knowledge of the field could help to have better outcomes.

The second research question aims to explore the challenges professionals consider youth ID may face during their transition to adulthood. Most of the challenges were identified in the support services provision and in the strategies used by the professionals. The structural differences between countries were highly noticeable in the support services analysis. In Norway the services distribution was mainly guided by the principles of the social democratic welfare state meanwhile in Colombia it was identified private and State efforts.

The major challenge identified in both countries was lack of awareness and information. This factor has become an obstacle for effective educational inclusion, labor insertion and social participation of youth ICID. On the same way, other significant challenges were found in the support service distribution mainly in the areas of health and education.

Due to the welfare State it was expected that the accessibility to services was higher in Norway. Although it seems that the accessibility in Colombia is lower, the quality of education services could be catalogued as similar in both countries. This exception applies to education specifically and not to the health sector where it was identified a significant deficient performance in Colombia.

Finally, the last research question aims to identify the type of support professionals consider youth ICID needs during their transition to adulthood. Most of the supports identified are the strategies implemented by the professionals. The major support identified is the approach used by professionals,

although each professional and each institution has a different mission and therefore promotes different principles, they all intersect in several factors which are considered as key and positive factors when discussing transition to adulthood in ID. First, as mentioned in the beginning of this section, all the participants understand disability as the interaction between a physical condition, social barriers build upon it and the imaginaries of the society. This understanding is considered as a support to the youth in the sense that the professional's interventions are guided under this mindset and therefore are not putting all the focus on the individual but are focused on creating changes with the individual and the society. Second, it was identified that all the participants agree that the ultimately therapeutic objective is to reach the highest level of functionality based on the skills of the individual and following their life project and wishes as much as possible.

This principle is a clear symbol of the implementation of the right of participation in youth ICID, which allows youth ICID to get empowered and consider themselves as subject of rights. Finally, it was identified that all the participants make emphasis on working and strengthen the social support of the individual and are conscious that the lack of awareness about this topic is one of the major challenges youth ICID have to face in their inclusion process. It is important to clarify that although the aspects mentioned above were identified in the four organizations included in this study, there are not implemented in the same level and in the same way in each organization.

Regarding to service provision, as mentioned before, the structural differences were noticeable in this area. Norway was more effective and accessible services to offer to youth ICID, nonetheless there are still some weak points that could get improved and Colombia is showing to have significant improvements in the education sector whereas the health sector requires radical changes. It is also considered as a support that both countries have ratified the CRPD and have tried to adapt their national legislation to comply this convention; once again this is still not fully integrated and is still noticeable that difference between was is stipulated in polices and reality.

7.2 Limitations of the study

In first place, this study cannot be generalized as is the case of all qualitative studies. The findings of this study strictly belong to the perspective of the 8 participants interviewed. In this sense, in despite this study aims to have a global view on the transition to adulthood in ID in both countries, it only shows the reality of 8 participants. Nonetheless their perspective gives an idea about the field and points out possible issues where attention should be focused.
The first limitation faced in this study was in the recruiting process, where difficulties as the language barrier did not allow the researcher to get access to youth ICID in Norway.

The language barrier was also a limitation in the current study as the participants in Colombia were interviewed in their mother tongue meanwhile the ones in Norway were interviewed in a second language, creating a disadvantage between the participants in terms of expressing their opinion. Another disadvantage of conditions between the participants is that the participants in Colombia were interviewed by videoconference, meanwhile the interviews in Norway were conducted face to face, creating differences in the interactions between the researcher and the participants that may affect the quality of the answers.

Time was primarily a limitation in the sampling process. Having more time for the sampling process would have increased the possibilities of carrying out the study with youth a as well as it would have allowed to do a in depth analysis of the policies, which was itself was a limitation and challenge for the researcher.

7.3 Recommendations

7.3.1 Recommendations for the field practice in ID

From the data obtained in this study it was found positive and effective practices that can be implemented when working with youth ICID during their transition to adulthood. Nonetheless, it was also possible to identify weak points that can be enhanced to offer better services and options to youth ICID. This subsection proposes three possible suggestions that could contribute for obtaining better outcomes.

Although it has already been stressed and widely discussed in section 6.5, raising awareness is considered as an essential aspect when discussing solutions and effective practices within this field. Therefore, the first recommendation is focused on how to raise awareness in an effective way.

The purpose on raising awareness is to promote and create a more inclusive society. The content should be basic and practical, with the intention to help society to understand what ID is and moreover to know what to do and how can they help a person ICID. The most important characteristic of the content is that it must be accurate, the objective is to inform not misinform. A current challenge is that there is a significant amount of accurate and quality information of the topic, but it may not be accessible to the entire population. Information may not be accessible due to at least two reasons, it may be in a technical language or found in journals where an economic resource is required to access to it.

Based on the findings of this study is recommended to use internet, specifically mainstream sources as YouTube to raise awareness of the topic. Although YouTube perhaps is most known for recreational purposes it has also been widely used for informative purposes. The idea of using YouTube is based on recognizing that internet platforms such as YouTube permeates social interactions, politics and daily life (Poushter, 2016). In this sense, the proposal of this recommendation is to use YouTube as the way for spreading information and use academia as the source of information, it could be either associations, universities, institutions or researchers that have wide experience and knowledge on the topic. In this sense is taking advantage of YouTube's role in society and merging it with high quality information creating new ways to inform content guaranteeing its accuracy and its accessibility.

For this proposal to be successful three factors must be considered: First, the core of the proposal is to transmit accurate and high-quality information. Second, the objective of this proposal focusing on raising awareness should not get confused with training people about this topic. The objective is to communicate basic and key knowledge topic which cannot be compared or even worst, replaced by a former education on the field. Finally, the content should be focused on deconstructing false misconceptions and being careful on not creating new ones.

The second suggestion is linked to the outcomes of the first suggestion. One of the purposes of spreading accurate information and knowledge of ID is to enable accurate interventions which are based on the real implications of ID and not on false myths. In this sense, it is recommended to continue strengthening interventions that deconstruct false myths and that at the same time help youth to face challenges that affect their daily life. Based on this idea, the second recommendation is to improve the quality and quantity of programs dedicated to sexuality education for youth ICID. This recommendation strives to target two objectives; in first place to deconstruct the idea of youth ICID considered as children and second, to recognize the rights of youth ICID, in specific their right to participation and equality of conditions.

Finally, the last recommendation is the implementation of another teaching method. This method could be implemented both in educational and labor settings; specifically, in labor settings when doing the training. None of the participants mentioned the specific name of any pedagogical strategy, although it was recognized the use of pedagogical strategies in their interventions. One additional strategy that is close to the concept of empowerment and strengths perspective but applied in pedagogy is the method of *Mastery learning*. The origins of this method can be traced back to educators such as Pestalozzi, and Herbart, but the most recent author is Benjamin Bloom (Guskey & Jung, 2011). Mastery learning is based on the idea that all students can reach a high level of achievement with the appropriate guidance. In this sense, teachers work as facilitators who present the information to students in an organized way, teaching it through instructional units in a considerable period of time and finally doing constant feedback which will help the learning process of the student (Guskey & Jung, 2011). Although this method has not been widely implemented for students ICID, it is considered as an effective teaching strategy for youth ICID for two main reasons: it teaches material that is consider relevant for the student's life project and second it includes constant feedbacks.

7.3.2 Recommendations for policy making

The findings of this study showed in some respects a mismatch and incongruence between the legislation of both countries and reality. In this sense, the first recommendation is to strengthen and improve the efforts that have been implemented so far to fully respect the legislation and services offered.

The findings of this study showed the importance of embracing the right of participation of the youth ID. Thus, it is recommended to emphasize the right of participation of the youth ICID by considering their wishes and needs in policy making. There is no better expert in someone's life that the person itself, so why not considering their voices, plans, and ambitions for policy making? Furthermore, it is suggested to consider feasibility and accessibility when designing any type of measure or service; the measure or service itself could be highly effective but it will not be worth it if people have challenges when trying to access to it.

Finally, one last recommendation for policy making is to design campaigns and laws that focuses on the promotion of accurate and well-explained information of what is ID and what does it imply in practical terms.

7.3.3 Recommendations for future studies

Carrying this study allowed to identify key aspects that could be worth looking in future research. In first place, is recommended to carry out studies that are focused on capturing the voice of people ICID, in this case some conditions as interviewing people with high functionality will have to be met to be able to conduct this type of studies.

The findings obtained from this study hinted a possible difference between the type and content of the careers of professionals who work within this field among the two countries. To verify this hypothesis, it will be interesting to carry out studies focus on the effects of the education of the professionals in real practice and make a comparison among countries.

Likewise, the findings showed the importance of exploring a developmental stage in people ICID. Based on that, it could be interesting to explore the process of people ICID in other developmental stages that are also considered relevant to study. For instance, one possible study could be to explore the effects of early intervention in the developmental process of children ICID. Other possibilities would be to focus on elderly which in contrast to childhood has been a less studied group. One of the main reasons by elderly in ICID in an underexplore topic in research lays on the fact that the life expectancy in people ICID tends to be lower than for people with typical development and studies have

been more focused on discussing why does this phenomenon happen and the effects on low life expectancy in health conditions along life rather than in elderly itself (Lifshitz, 2002).

In general, as mentioned previously, researching on ID and making accurate information about it available, is a significant contribution to this field. Hence, it is recommended to conduct any research focus on this theme and moreover focused on promoting the rights of people ICID.

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APPENDICES

Appendix A: NSD Approval

Tore Tjora

Kjell Arholms hus

4036 STAVANGER

Vår dato: 20.02.2018 Vår ref: 58114 / 3 / LH Deres dato: Deres ref:

Vurdering fra NSD Personvernombudet for forskning § 31

Personvernombudet for forskning viser til meldeskjema mottatt 04.01.2018 for prosjektet:

58114	*Differences and similarities in the transitional experiences to adulthood for intellectual disability (ID) persons in Stavanger, Norway and Bogotá, Colombia*
Behandlingsansvarlig	*Universitetet i Stavanger, ved institusjonens øverste leder*
Daglig ansvarlig	*Tore Tjora*
Student	*Ursula Hinostroza Castillo*

Vurdering

Etter gjennomgang av opplysningene i meldeskjemaet og øvrig dokumentasjon finner vi at prosjektet er meldepliktig og at personopplysningene som blir samlet inn i dette prosjektet er regulert

av personopplysningsloven § 31. På den neste siden er vår vurdering av prosjektopplegget slik det er meldt til oss. Du kan nå gå i gang med å behandle personopplysninger.

Vilkår for vår anbefaling

Vår anbefaling forutsetter at du gjennomfører prosjektet i tråd med:

•opplysningene gitt i meldeskjemaet og øvrig dokumentasjon

•vår prosjektvurdering, se side 2

•eventuell korrespondanse med oss

Vi forutsetter at du ikke innhenter sensitive personopplysninger.

Meld fra hvis du gjør vesentlige endringer i prosjektet

Dersom prosjektet endrer seg, kan det være nødvendig å sende inn endringsmelding. På våre nettsider finner du svar på hvilke endringer du må melde, samt endringsskjema.

Opplysninger om prosjektet blir lagt ut på våre nettsider og i Meldingsarkivet

Vi har lagt ut opplysninger om prosjektet på nettsidene våre. Alle våre institusjoner har også tilgang til egne prosjekter i Meldingsarkivet.

Vi tar kontakt om status for behandling av personopplysninger ved prosjektslutt

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

NSD – Norsk senter for forskningsdata AS | Harald Hårfagres gate 29 | Tel: +47-55 58 21 17 | nsd@nsd.no | Org.nr. 985 321 884
NSD – Norwegian Centre for Research Data | NO-5007 Bergen, NORWAY | Faks: +47-55 58 96 50 | www.nsd.no

Ved prosjektslutt 30.12.2018 vil vi ta kontakt for å avklare status for behandlingen av personopplysninger.

Se våre nettsider eller ta kontakt dersom du har spørsmål. Vi ønsker lykke til med prosjektet!

Dag Kiberg

Lise Aasen Haveraaen

Kontaktperson: Lise Aasen Haveraaen tlf: 55 58 21 19 / Lise.Haveraaen@nsd.no

Vedlegg: Prosjektvurdering

Kopi: Ursula Hinostroza Castillo, uhinostroza03@gmail.com

Personvernombudet for forskning

Prosjektvurdering - Kommentar

Prosjektnr: 58114

PURPOSE

The purpose of the project is to explore the supports and challenges during the transitional experiences to adulthood of young people in condition of intellectual disability (ID) through the viewpoint of professional who work within the field. The project will focus on the experiences of participants in Bogotá, Colombia and Stavanger, Norway.

SAMPLE

The sample will include professionals who have experience with young people with intellectual disabilities, cf. email received 07.02.2018

INFORMATION AND CONSENT

According to your notification form the sample will receive written and oral information and give their consent to participate. The information letter we have received is well formulated, however, we ask that the following sentences are changed/deleted: "This study is completely anonymous and confidential. Anonymous because the data, since its collection until it has been analyzed, will be stored under the initials of the participants, to avoid presenting information that could allow participants to be recognized." This is because the combination of background data and the informants' initials makes it possible to identify the informants, and the project is therefore not anononymous.

We ask that you send a revised information letter and consent form to personvernombudet@nsd.no. When the information letter has been revised in accordance with our comments (and sent to us), you can then get started with the project.

Please note that the student must ensure that the participants have understood the information and that they participate voluntarily. We presuppose that the information letters are translated into other languages if

necessary and that oral information is provided if this is more appropriate. The student is responsible for ensuring that informants have provided a valid consent.

DUTY OF CONFIDENTIALITY

We remind you that health professionals are bound by their duty of confidentiality, and that they cannot give information that can identify individuals (directly or indirectly). This includes a combination of background information, for example, age, gender, school and specific events. It is very important that the interviews are conducted in such a way that the duty of confidentiality is upheld. The interviewers and interviewees have a shared responsibility for this, and should discuss how this will be managed at the beginning of each interview. The Data Protection Official presupposes that no personal data about individuals will be collected during interviews with the professional

INFORMATION SECURITY

The Data Protection Official presupposes that you will process all data according to the University of Stavanger internal guidelines/routines for information security. We presuppose that the use of a personal computer/mobile storage device/cloud storage is in accordance with these guidelines.

END OF PROJECT AND ANONYMIZATION

The estimated end date of the project is 30.12.2018. According to your notification form/information letter you intend to anonymize the collected data by this date. Making the data anonymous entails processing it in such a way that no individuals can be identified. This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)

- deleting/rewriting indirectly identifiable personal data (i.e. an identifying combination of background variables, such as residence/work place, age and gender)

- deleting digital audio recordin

Appendix B: Interview guides

Interview guide (English)

Background questions:

- Age
- Gender
- Professional background (previous education / highest finished education)
- Professional experience (years of experience and position, age group, level of functionality)
- Current position

Cooperation

- How is your relationship with the youth? Could you describe it in general terms?
- How is your relationship with their families? Could you describe it in general terms?
- What other professions do you work with? How is the cooperation and task division between you and other professions?

Decision-making & Participation

- Transitioning to adulthood involves making important decisions for the life project of an individual. In the case of young people in condition of ID, who should be part of these decision-making processes? Which role should each one of these actors have?
- What do you think is important for the youth in this moment of their life? Which priorities do you think they have for themselves?
- Do you think these priorities are heard and/or put in practice? How are they put in practice?

Perceptions about adulthood

- Can you tell me how you understand "adulthood"? What does it mean to be an adult? (What does an adult have to do?)
- Which characteristics/skills do you consider required for transition to adulthood?
- How will you define adulthood in ICID?
- Which goals do you think young people ICID should reach as part of their transition to adulthood?
- Which strategies do you use to prepare the young adult ICID for adulthood?
- Which conditions do you think predict a better outcome?
- Which model/ approach of disability do you use?

Support Service

- Which services (health, education) are offered to young people ICID to help them during their transition to adulthood?
- Which extra services (health, education) do you think youth ICID need for transitioning to adulthood?
- Which institutions offers these services?
- Who do you think should offers them?
- How accessible are these services?

- Do you consider some services to be missing *during* the transition to adulthood? If yes, what is missing?
- Do you consider some services to be missing *after* the transition to adulthood? If yes, what is missing?

Education

- Which type of education do young people with ID receive? (regular/special needs?)
- In general, which is the highest level of completed education of the youth? (drop out)
- What is offered by the educational institution? (services) What do the institutions offer to the young people?
- How are they performing?
- Which social skills do young people ICID develop during their school?
- Which practical skills do young people ICID develop during their school?
- Is there any service you would think is missing? Are there any other skills you think should be especially taught in school?
- Do educational institutions give support for a future labor insertion?

Employment

- Which services/help are offered to get training for employment?
- Which services/help are offered during the employment?
- Do all the youth with ID have opportunity to work? Why?
- What happens if the youth doesn't have the opportunity to work?
- What else do you think could be done to increase the labor insertion of youth with ID?

Social Participation

- Which activities do you think are useful to promote social participation?
- Which strategies do you think are useful to promote social participation?
- Which activities are offered for young people to enjoy their free time?

Suggestions

- To sum up, what do you think is important when talking about transition to adulthood in young people ICID?
- What you think would help to make this transition easier?
- Which strategies should be implemented to enhance the wellbeing of young people ICID after their transition?

Interview guide (Spanish)

Preguntas Introductorias

- Edad
- Género
- Profesión - Estudios previos
- Experiencia profesional (años de experiencia, cargo(s), características de los usuarios: nivel de funcionalidad, rango de edad, diagnósticos)
- Cargo actual
- ¿Qué modelo de discapacidad usa en sus intervenciones?

Cooperación

- ¿Cómo es su relación con los jóvenes con los que trabaja? ¿Podría describirla en términos generales?
- ¿Cómo es su relación con la familia de los jóvenes? ¿Podría describirla en términos generales?
- ¿Con qué otros profesionales trabajan? ¿Cómo es la cooperación y división de tareas entre usted y los otros profesionales?

Toma de decisiones

- La transición a la adultez es un proceso que implica tomar decisiones importantes para el proyecto de vida de una persona. En el caso de personas en condición de discapacidad intelectual, ¿quién cree que debería de hacer parte de la toma de decisiones? ¿Qué rol debería de tener cada una de las personas involucradas?
- ¿Qué considera que es importante para el joven en ese momento de su vida? ¿Qué prioridades considera que los jóvenes tienen para ellos mismos?
- ¿Considera que las prioridades de los jóvenes son tomadas en cuenta? ¿Cómo son tomadas en cuenta?

Percepciones sobre la adultez

- ¿Podría decirme para usted qué es "adultez"? ¿Qué implica ser un adulto? (¿Qué debe de hacer un adulto?)
- ¿Qué características/habilidades considera que se necesitan para afrontar la transición a la adultez?
- ¿Cómo definiría adultez en discapacidad intelectual?
- ¿Qué estrategias usa para preparar a los jóvenes con ID para la adultez?
- ¿Qué condiciones cree que predicen un mejor resultado en la transición a la adultez?

Apoyos, Servicios y Recursos

- ¿Qué servicios (salud, educación) son ofrecidos a las personas con DI para ayudarles durante su proceso de transición a la adultez?
- ¿Qué otros servicios creen que deberían ser ofrecidos para ayudare a los jóvenes con DI durante su transición a la adultez?
- ¿Qué instituciones ofrecen estos servicios?
- ¿Quién cree que debería ofrecerlos?
- ¿Qué tan accesible son estos servicios?
- ¿Considera que hay algún servicio que falte para ayudar a los jóvenes con DI después la transición a la adultez? Si sí ¿cuál?

Educación

- ¿Qué tipo de educación suelen recibir los jóvenes con DI? (Educación regular o Educación Especial)
- A nivel general, ¿Cuál es el mayor nivel de educación alcanzado por los jóvenes con DI?
- ¿Cómo es el desempeño de los jóvenes con DI en las instituciones educativas?
- ¿Se desarrollan habilidades sociales en las instituciones educativas? ¿Cuáles? ¿Cómo?
- ¿Se desarrollan habilidades para la vida diaria en las instituciones educativas? ¿Cuáles? ¿Cómo?
- ¿Hay alguna otra habilidad que considera debería ser enseñada en las instituciones educativas?
- ¿Se ofrece soporte para la futura inserción laboral en las instituciones educativas?

Empleo

- ¿Qué servicios/ayudas son ofrecidas para que los jóvenes con DI puedan obtener un empleo?
- Una vez el joven ya ha iniciado a trabajar ¿Qué servicios/ayudas son ofrecidos?
- ¿Todos los jóvenes con DI tienen la oportunidad de trabajar? ¿Por qué?
- ¿Qué pasa con los jóvenes que no tienen la oportunidad de trabajar?
- ¿Considera que se podría hacer algo más de lo que ya se está haciendo para incrementar la inserción laboral de jóvenes con DI?

Participación social

- ¿Qué actividades cree que son útiles para promover la participación e integración social de los jóvenes con DI?
- ¿Qué estrategias cree que son útiles para promover la participación e integración social de los jóvenes con DI?
- ¿Qué actividades son ofrecidas para que los jóvenes disfruten su tiempo libre?

Recomendaciones

- Para recapitular, ¿qué considera que es importante al hablar de transición a la adultez en jóvenes con DI?
- ¿Qué considera que podría ayudar al proceso de transición a la adultez en DI?
- ¿Qué estrategias podrían ser implementas para ayudar a los jóvenes no solo durante la transición sino después de ésta?

Appendix C: Informed Consent

Request for participation in research project: Transition to adulthood of young people in condition of Intellectual Disability (ICID): A comparative study of the professional's perspective in Norway and Colombia

Background and Purpose
The student Ursula Hinostroza Castillo, under the supervision of the University of Stavanger is conducting a research project as a requirement to fulfill her master's degree in The International Master in Social Work with Families and Children. This mater is jointly developed by ISCTE - University Institute of Lisbon (ISCTE-IUL), the University of Gothenburg (UGOT), the University of Stavanger (UiS) and the University of Makerere (MU).

The main purpose of this study is to explore the supports and challenges during the transitional experiences to adulthood of young people in condition of intellectual disability (ID) through the viewpoint of professionals who work within the field; this study will focus on the experiences of participants in Bogotá, Colombia and Stavanger, Norway.

This research aims to interview professionals who have experience working with young people in condition of ID. Data for this research will be collected through semi-structured interviews. The main objective of the interviews is to know more in depth about the perspectives and opinions of the supports and challenges of the transition to adulthood of young people with ID. The questions will correspond to seven different dimensions: cooperation, support service, skills development, education, employment and social participation. The participants will be interviewed once, approximately 60 minutes. The interviews will be audio recorded.

What will happen with the information?
All personal data will be treated confidentially. Audio recordings and transcriptions will be securely stored and only accessible for the researchers. The presented reports and papers will be without identifying personal data. The project is scheduled for completion by December of 2018. After the completion of the project, raw data such as audio recordings and transcriptions will be deleted.

Voluntary participation
It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason, also after the interview. If you decide to withdraw, your interview and all data will be deleted.

If you would like to participate or if you have any questions concerning the project, please contact:

Ursula Hinostroza Castillo
Email: uhinostroza03@gmail.com
Mobile phone: +47 92287617

The study is part of the student's Master's degree, and the student is under supervision of Associate Professor Tore Tjora (tore.tjora@uis.no), at the University of Stavanger.

The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data. Any rely?

Consent for participation in the study

I have received information about the project and my signature in this form certifies that I _____ am willing to participate.

Signature_____

Date _____

Consentimiento Informado: Transición a la adultez en jóvenes en condición de Discapacidad Intelectual (ID): un estudio comparativo de la perspectiva de profesionales en Noruega y Colombia

Antecedentes y objetivo

La estudiante Ursula Hinostroza Castillo de la Maestría Internacional en Trabajo Social con Familias y Niños está realizando una investigación como parte de su tesis de maestría. Esta maestría es desarrollada conjuntamente por ISCTE - Instituto Universitario de Lisboa (ISCTE-IUL), la Universidad de Gotemburgo (UGOT), la universidad de Stavanger (UiS) y la universidad de Makerere (MU).

El objetivo principal de esta investigación es comparar la perspectiva de profesionales en Bogotá, Colombia y Stavanger, Noruega sobre la transición a la adultez de jóvenes en condición de discapacidad intelectual. De igual manera, esta investigación pretende identificar con qué recursos y apoyos cuentan los jóvenes durante la transición a la adultez, así como también qué retos enfrentan durante este proceso, tanto en Colombia como en Noruega.

Para lograr tal propósito, este estudio realizará entrevistas a profesionales de diferentes áreas que tienen experiencia trabajando con jóvenes en condición de discapacidad intelectual. Los datos para este estudio serán recopilados a través de entrevistas semiestructuradas. Las preguntas de la entrevista semiestructurada corresponden a seis categorías: cooperación, toma de decisiones, desarrollo de habilidades, servicios/recursos, educación y empleo. Los/las participantes serán entrevistados/as una sola vez, se estima que la entrevista tendrá una duración aproximada de 60 minutos y serán grabadas (solo audio).

¿Qué pasará con la información?

Todos los datos personales serán confidenciales. Las grabaciones y transcripciones se almacenarán de forma segura y la investigadora y su supervisor serán los únicos que podrán acceder a ellos. Los informes y documentos obtenidos con la información recolectada para este estudio no contendrán ningún dato personal de los participantes. Después de la finalización del proyecto, se eliminarán tanto las grabaciones como las transcripciones.

Participación voluntaria

Es voluntario participar en este estudio, y en cualquier momento usted puede dejar de hacer parte de este, sin explicar motivo alguno, incluso después de haber sido entrevistado/a. Si decide retirarse, su entrevista y todos sus datos serán eliminados. Si desea participar o si tiene alguna pregunta sobre el proyecto, comuníquese con:

Ursula Hinostroza Castillo
Email: uhinostroza03@gmail.com
Celular: +47 92287617

El estudio está siendo supervisado por el profesor asociado Tore Tjora de la Universidad de Stavanger (tore.tjora@uis.no).

El estudio ha sido notificado y aprobado por el Instituto Noruego de Investigación - Norsk Senter for forskningsdata (NSD).

Consentimiento para participar en el estudio
He recibido información sobre el proyecto y he escuchado la explicación dada por la investigadora.
Mi firma en este documento certifica que yo_____ estoy dispuesto/a a participar.

Firma _____

Fecha _____

Appendix D: Non – plagiarism declaration

I hereby declare that the Dissertation titled: *Transition to adulthood of young people in condition of Intellectual Disability (ICID): A comparative study of the professional's perspective in Norway and Colombia* submitted to the Erasmus Mundus Master's Programme in Social Work with Families and Children:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize, and will result in a failing grade (F) in the programme.

Date (dd/mm/yyyy): 01/06/2018

Signature: 

Name (in block letters): Ursula Hinostroza Castillo