

# Active Aging for Individuals with Intellectual Disability: Meaningful Community Participation Through Employment, Retirement, Service, and Volunteerism

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## Abstract

As individuals with intellectual and developmental disabilities become more engaged in community employment, it will be critical to consider how their employment experience changes as they age. Similar to other seniors, individuals will need to consider whether they want to maintain their employment, reduce their work commitment, or retire completely. If they do choose to retire, what activities will they choose to engage in, and what service or supports might be necessary? This article considers the issues faced by all aging workers in regard to retirement planning and active aging as well as specific strategies for individuals with intellectual and developmental disabilities to remain active and engaged. Recommendations for service options, policy consideration, and future research are also discussed.

**Key Words:** *active aging; retirement; employment; national service*

Individuals with intellectual and developmental disabilities (IDD) are living longer; they are also enjoying better health and greater independence; and they are more fully integrated into their communities. Many are employed or participate in day programs and must decide when, or if, they want to retire. Some concerns for this population as they contemplate that decision include the following: How will they adapt to retirement? What activities will they engage in during their retirement years? How will they maintain social relationships? What strategies may help them make the transition more successful? With the current increase and anticipated future growth of the number of individuals with IDD in the workforce, the issue of retirement planning will grow in importance for this population.

Opportunities for individuals with intellectual disability have been evolving since the 1970s, with an increased focus on individuals moving out of institutional settings and accessing the same rights as other citizens. This has led to dramatic changes for this population, including a higher quality of life (Schalock & Verdugo, 2002) and increased well-being. These changes have also

resulted in more meaningful daily activities for people with IDD, including community employment (Lavin & Doka, 1999; Vilà, Pallisera, & Fullana, 2007).

Because individuals with IDD who are working or in day programs are aging, there are many questions that need to be considered. What services will these individuals need after work is no longer an option? What about when an individual wants to shift from a focus on work to more recreational activities, as many older individuals chose to do? This article will look at the existing theories of active aging and retirement from the perspective of gerontology. In addition, we will discuss retirement challenges, such as adjusting to the loss of the worker role, establishing meaningful new daily activities, avoiding the potential decrease in social relationships, being a contributing member of society, and minimizing the health risks of aging. Strategies such as continuing employment, phasing out of one's job, volunteering, participating in community nonwork activities, and participating in national service programs will be presented, as well as recommendations that need to be considered from practice, policy, and research perspectives.

## The Aging Process

During the 20th century, life expectancy increased dramatically throughout the world. Statistics show that people are not only living longer but are doing so more healthfully as well. Improved living conditions, better sanitation, advances in medical technology and treatments, improved nutrition, and healthier lifestyles have all contributed to this global shift. Life expectancy in the United States has grown from 49 years of age in 1900 to almost 78 years in 2006 (Arias, 2010). This affects not only the general population but individuals with IDD as well (Bittles et al., 2002; Janicki, 2009; Yang, Rasmussen, & Friedman, 2002). Bigby (2002) observed a tripling of life expectancy in this population between 1931 and 1993, from 22 years to 66 years. Individuals with mild intellectual disability have life expectancy similar to those individuals without one, although life expectancy decreases with the severity of intellectual disability (Bittles et al., 2002). The National Association for Down Syndrome (2003, n.p.) reports that “the average life expectancy of individuals with Down syndrome is 55 years, with many living into their sixties and seventies.”

As a natural consequence of the normal aging process, people experience various changes due to biological and environmental factors. Biological changes are universal to humans, that is, all people will experience them if they live long enough. These changes include decreased lung capacity, loss of brain cells, and hardened arteries (Novak, 2009). Individuals with IDD tend to experience accelerated biological aging, that is, the changes occur at earlier ages for them. Some examples are high rates of early onset Alzheimer’s in those with Down syndrome and mobility problems in those with cerebral palsy. Such issues pose a greater challenge for this population group because they generally possess fewer resources and smaller social networks to help them cope with normal aging issues (Bigby, 2002; Doka & Lavin, 2003). However, the research of Hammel, Lai, and Heller (2002) suggested a beneficial role of assistive technology (AT) and environmental interventions for individuals with IDD as they age; AT was found to have a positive effect on functional status as well as on choice, control, and quality of life.

In addition, many nonbiological issues affect aging; these are factors over which an individual may have more control. They include unhealthy

behaviors such as smoking and lack of regular physical activity and environmental issues such as exposure to pollutants and excessive noise and living in unsafe neighborhoods. Many individuals with IDD engage in unhealthy behaviors (overeating, sedentary lifestyle, smoking, etc.) that have a negative impact on their health and well-being (Krahn, Hammond, & Turner, 2006; World Health Organization, 2000a). Inadequate access to health care and information and support around preventative care can contribute to such unhealthy behaviors.

## Aging Theories

Gerontologists have developed numerous social theories to help explain aging. Three of relevance here are disengagement theory, activity theory, and continuity theory. Early gerontologists based the theories on the normal aging process on individuals without disabilities. However, because individuals with IDD are living longer, healthier lives and engaging in many of the same activities as the general population, these theories may be applied, possibly with some minor modifications, to this population as well (Putnam, 2002).

Disengagement theory (Cumming & Henry, 1961) posits that as people age, a mutual withdrawal occurs: The person withdraws from society, and society withdraws from the person. Retirement is an example of the disengagement theory. This theory is not widely accepted today and has received much criticism over the years. It assumes that people want to withdraw from work and decrease their interaction with society, which is not always the case (Cumming, 1963).

Activity theory states that people do not want to withdraw as they age; in fact, research shows that to enjoy high life satisfaction, they must engage in activity (Carstensen, 1991; Johnson & Barer, 1992). This theory proposes that active older adults are better adjusted and more satisfied than those who are less active, a view that is more in line with society’s emphasis on engagement in work and productive activities. However, there are problems inherent in this view of aging as well. It assumes people have control over their social situation, which is not always true given the decline in socioeconomic status people often experience in retirement. Also, many people cannot find acceptable substitutes for the losses (financial, work, etc.) that they experience as they age.

Continuity theory hypothesizes that people continue their prior lifestyle as they age. Atchley (1999) tells us that “[c]ontinuity theory is about the construction and use of enduring patterns designed to enhance life satisfaction and adaptation to change” (p. 7). People rely on the use of familiar patterns of thought and behavior as they adapt to changes that occur with age. However, life circumstances (e.g., lack of finances, poor health, widowhood) may hinder people from maintaining their prior lifestyle.

### The Retirement Concept

As people age, their participation in work-related activities generally decreases. For some, this is a welcome change—a choice that the person makes, plans for, and looks forward to enjoying. For others, this decline in employment may be because of the onset of illness or chronic disabilities, job loss because of poor economic conditions, technology that replaces their job, or even age discrimination. Because their exit from the work force is not by choice, adjustment to retirement is more difficult for the latter group.

The development of industrial societies led to the “retirement principle,” which stated that workers would withdraw from the labor force at a designated age (Myles, 1984). This principle continues in some professions, but many people oppose the policy, especially if they are healthy and physically and mentally capable of continuing at their job.

People today generally consider retirement in three different ways: They do not want to retire; they look forward to retirement; or they want to make a gradual transition from work to retirement. The first group generally consists of healthy individuals who derive a sense of worth and purpose from their work; they want to continue working as long as they are physically and mentally able to do so. Research shows that many individuals derive satisfaction from continuing to work as they age (Pitt-Catsouphes & Smyer, 2005). The second group may also feel strongly about the value of their work, but these individuals have other interests or careers they would like to pursue. They may view retirement as an opportunity to explore those other areas. Members of the third group prefer to retire gradually, rather than to make an abrupt transition from full-time work to full-time nonwork. Such a transition might include 2 or 3 years of part-time work prior to retirement.

Today, more employers see the value of phased retirement, which allows the individual to gradually reduce their workload while transferring their institutional knowledge to employees who will succeed them.

Past generations typically retired from paid employment in their early to mid-60s; today, however, researchers have observed a shift in this tradition. Although most people will spend at least some time in retirement, many continue to work beyond the typical retirement age of 65. Rix (2006) reports an increase in the percentage of workers from ages 65 to 69 between 2002 and 2005. This trend is expected to continue. With a longer, healthier life expectancy, some people will choose to work longer, whereas those who retire will seek other ways to fill their days with meaningful activities.

In general, the applications of these retirement and active aging theories have not been as extensively studied for individuals with intellectual disability. With respect to the concept of “active aging,” a major theme that emerged in Bigby, Balandin, Fyffe, McCubbery, and Gordon (2004) was the need to change the pace of day support as people aged and to reduce the formal programmatic demands placed on them. Earlier work by Seltzer and Krauss (1987), who studied supplemental retirement services in day programs, found that many programs had a targeted focus on alternative options for individuals who needed a slower pace and modified workdays. Bigby et al. (2004) suggested that this reflects a limited understanding of program staff to support healthy and active aging that emphasizes maintenance of skills, development of interests, and meaningful roles. Other research (e.g., Buys et al., 2008) that reflected the perspectives of aging persons themselves focused on themes such as maintaining skills, being actively involved, and having opportunities to learn.

### Factors to Be Considered in Active Aging for Individuals with IDD

Society increasingly views retirement as a time for productive, socially meaningful leisure activities (Einulf, 2009). Like older adults without disabilities, older adults with IDD seek to engage in a “process of optimizing opportunities for health, participation and security in order to enhance quality of life” (World Health Organization, 2002). Maintaining an active, meaningful day postretirement is vital to

this process. Rather than retiring from daily, structured activities to a quiet, slow-paced life, many adults with IDD wish to continue leading active, productive lives, participating in and contributing to their communities (Buys et al., 2008).

The maintenance of meaningful activity impacts the lives and self-perceptions of aging adults with IDD in several positive ways. Continuing to feel productive and connected with society, rather than being relegated to solitary, empty leisure time, contributes to the mental health of aging adults with IDD by promoting higher self-esteem and self-determinism. Crawford (2004) explained what self-advocates with IDD expressed about active aging:

Aging people with intellectual disabilities feel safe and secure in the context of having a personal vision and being able to exercise self-determinism, choice and control in their own lives.... People are involved in meaningful activities, i.e., something to keep them going and to give purpose in life; interesting challenges and passions, and the support needed to pursue them.

Buys et al. (2008) also observed that aging adults with IDD wish to have more authority in decision-making regarding their own lives. Being able to choose their daily activities and that those activities be productive and contribute to the community are important components to their quality of life. Continuing to “engage in productive endeavors of their own choosing” is a major component of successful aging (Bigby, 2002). Judge, Walley, Anderson, & Young (2010) found that, whereas aging adults with IDD were happy to have active days, they were especially happy when their activities had purpose and they felt that they contributed something to society.

### **Maintaining Social Relationships**

One of the most important components of meaningful daily activity for aging adults with IDD is the social aspect. People with IDD tend to have narrower social networks than people without disabilities (Lippold & Burns, 2009). Informal, unpaid community relationships are often largely unavailable because of communication limitations, physical isolation from the community at large, or others’ limiting misperceptions (Crawford, 2004). Therefore, it is important for service providers to facilitate the maintenance and growth of friendship networks (Hogg, Lucchino, Wang, Janicki, & Working Group, 2000).

Participation in activities such as religious gatherings, social groups, and paid employment helps to expand the limited social networks of aging adults with IDD (Buys et al., 2008; Judge et al., 2010), thus decreasing social isolation. Such “[i]ncreases in social contacts have been associated with improved mental and physical health, lower rates of social problems, and greater access to economic security” (Council on Quality and Leadership, 2007, p. 1) as well as an increased likelihood of survival into old age (World Health Organization, 2000a).

Social networks, along with social norms and shared trust, form the concept known as *social capital* and enable individuals to work together toward shared goals (Putnam, 1995). Social capital is especially important to aging adults with IDD because these individuals often lack other resources to help them achieve their goals (Council on Quality and Leadership, 2007; Hall & Kramer, 2009). For example, some aging adults are not able to afford transportation costs and must rely on friends to drive them. Thus, social relationships not only improve the emotional well-being of people with IDD, they can also serve very practical purposes.

### **Health**

The concept of active aging has implications for physical and mental health. Socializing and activity contribute to increased health and longevity (World Health Organization, 2000a). The “transfer trauma” associated with moving away from familiar social circles, such as through retirement from daily activities, has been shown to increase the incidence of health problems and mortality (Hogg et al., 2000) and to speed age-related deterioration (Crawford, 2004) for individuals with IDD.

Poor health also presents barriers to community inclusion. Aging adults in poor physical health are often incapable of participating in social activities of their choosing. In addition, self-advocates with IDD pointed out that deteriorating physical health can exacerbate the already-negative stereotypes surrounding people with IDD: “As health deteriorates, people begin to see us differently because they think we can’t look after ourselves” (Crawford, 2004, p. 25).

In addition to the increased self-esteem associated with an active aging process, active seniors with IDD enjoy physical health benefits as well. However, people with IDD are especially at

risk for obesity and related health conditions as they age (Evenhuis, Henderson, Beange, Lennox, & Chicoine, 2000; Perkins & Moran, 2010). Regular exercise and a healthy diet can help people avoid health problems; however, many aging adults with IDD do not follow such a regimen, and older individuals with IDD are less likely than older adults without a disability to participate in sports (Walsh, Heller, Schupf, & van Shrojenstein Lantman-de Valk, 2000). Buys et al. (2008) noted that aging adults with IDD who are unmotivated to exercise are generally less happy and less satisfied with their lives than those who are more physically active.

Older adults with IDD who have a daily routine filled with structured, meaningful activity can experience increased longevity, quality of life in old age, and functional capability (World Health Organization, 2000b), as well as stave off emotional distress (Lysaght, Ouellette-Kuntz, & Morrison, 2009). For aging adults with IDD who are able to perform paid work even after they officially retire, enhanced quality of life associated with extra income also contributes to improved physical health (Lysaght et al., 2009; Martorell, Gutierrez-Recacha, Pereda, & Ayuso-Mateos, 2008).

### **The Retirement Concept as Applied to Individuals with IDD**

Retirement from structured daytime activities can affect the social capital and well-being of aging adults with IDD. For that reason, it is understandable that they would feel reluctant to retire from these activities (Janicki, 1994, as cited in Lawrence & Roush, 2008). In many cases, adults with IDD find meaning and satisfaction through their roles in the community and worry that they will not have the opportunity to contribute to the community as they age (Crawford, 2004).

Judge et al. (2010) observed that older adults with IDD often made reference to a feeling of impending exile as retirement approached. The loss of friendships and activities, compounded with their sense of having very little control over life changes, made the retirement process seem very upsetting to them. One interviewee expressed her view of retiring: "I like socializing and I like my job. . . . But really I've got to keep my services at the center because if I lost that . . . I'd lose all of my pals" (p. 297). For many aging adults with IDD, retirement from structured community activities means the loss of social belonging (Lysaght et al., 2009).

If aging adults with IDD are involved in paid employment before retiring, leaving the work environment results in losing more than their social network. The job itself makes significant contributions to their perceived quality of life. A paid job is indicative of empowerment, a meaningful social role, and personal success (Lysaght et al., 2009). By losing the opportunity to perform daily work, adults lose a significant component of social status and personal identity. In the face of diminished social groups and an already-tenuous connection with the greater community, this loss can be particularly destructive to the mental health and self-esteem of individuals with IDD.

### **Strategies to Enable Active, Healthy, and Successful Aging**

As the research documented, there are extensive social and health benefits of "active aging" and options that individuals need to explore that include active learning delayed, modified, or phased retirement; volunteering; and community involvement such as religious participation. This section presents several strategies for helping aging individuals with IDD to remain or become meaningfully engaged in their communities.

#### **Maintaining Employment**

The link between employment and health and well-being is well documented (e.g., Gallup, 2011; World Health Organization, 2007; Zhan, Wang, Lui, & Schultz, 2009). Christ and McCollister (2007) found that older Americans who work have lower levels of depressive symptoms than older nonworkers. Maintaining employment is promoted as a strategy that fosters healthy aging, and the workplace for the general public has been identified as an important environment for social integration and self-esteem (Oxley, 2009). Being employed can increase financial security, shape identity, and generate interpersonal contacts. In addition, some people feel good about themselves when they are committed to organizational goals and have loyalty to their employer (Mutran, Reitzes, & Fernandez, 1997; Noonan, 2005).

These same benefits have been identified in individuals with IDD who work. Individuals engaged in community employment report higher quality of life (Beyer, Brown, Akandi, & Rapley, 2010), annual wages (Kregel & Dean, 2003), job

satisfaction (Petrovski & Gleeson, 1997), as well as social capital and networking opportunities (Hall & Kramer, 2009), than those who do not work in the community. However, data from the 2010 National Core Indicators Project suggested that only 14.4% of working-age adults with IDD were employed in integrated employment (Bershady, 2011). Estimates from American Community Survey data suggested that only 9.9% of individuals with IDD over age 50 were employed, compared with 45.5% of the general population over age 50 (Smith, 2011). There was also significant variability in work rate depending on the region of the country that an individual resides. The extent to which Social Security Income recipients with IDD work ranged from 2.5% in Alabama and Kentucky to 15.8% in South Dakota and 16.6% in North Dakota (Butterworth et al., 2011).

For aging individuals with IDD, allowing them to continue the work they have been doing throughout their lives by modifying tasks or schedules at work could continue to have health and social benefits. Buys et al. (2008) found that aging individuals with IDD had the same aspirations for active aging and healthy living as did the general population.

One resource to increase employment for people with IDD is the Senior Community Service Employment Program (SCSEP), which helps low-income people who are 55 and older and unemployed to reenter the competitive labor market (Posey & Meyers, 2005). Meaningful employment opportunities can help individuals stay active in their communities, promote health and well-being, and increase economic self-sufficiency (Posey & Meyers, 2005).

Although community employment can be a path for building relationships and well-being, it is not the only path. Research has documented the meaningful ties that have grown among workers in sheltered workshops (Hall & Kramer, 2009; Timmons, Hall, Bose, Wolfe, & Winsor, 2011). Within these environments, relationships can grow organically, even becoming a factor in whether individuals choose to work outside the workshop (Hall & Kramer, 2009). The challenge for community-employment settings is to foster reciprocal, mutually beneficial friendships to which each member can contribute while still providing consistent support. This may allow individuals with IDD to grow and adapt in ways that are less likely within a sheltered-workshop setting.

### **Community-based Nonwork Activities**

Within state IDD agencies, many individuals are supported during the day in activities that are not related to work but contribute to their inclusion within their communities. These activities can include religious participation, volunteering to clean up a park, or other aspects of community engagement. Participation in community-based nonwork activities (CBNW) has grown dramatically since fiscal year 2001, when states first began reporting them as a service in the *National Survey of State IDD Agencies' Day and Employment Services*. Twenty-seven states reported offering this service option in fiscal year 2009 (Butterworth et al., 2010). These states indicated that 43% of individuals that they served participated in CBNW in fiscal year 2009.

CBNW can be a useful way to supplement supports for people who work part-time, enabling them to spend more of their nonwork hours engaging in community activities, rather than being at home or at a facility. It can also support retirement activities for people who are over 65 and no longer want to work or provide meaningful day activities for people who are between jobs or have not yet found a job (Sulewski, Butterworth, & Gilmore, 2008). Participation in meaningful CBNW activities can help people develop social connections and build relationships (Sulewski et al., 2008).

### **Engagement in Religious Activities**

Despite the documented relationship among physical and mental health and religious participation (O'Connor, Pronk, Tan, & Whitebird, 2005), many people with disabilities do not have access to places of worship. Data from the National Organization on Disability (2010) found that people with disabilities were less likely to regularly participate in religious activities than their peers without disabilities.

Other research pointed to the positive effects of religious participation in the aging population in particular (Zuckerman, Kasl, & Ostfeld, 1984). Research suggested that people with IDD wanted to enjoy religious worship, but their full inclusion in religious activities was hampered by conflicting expectations of support staff and church leaders, lack of transportation or support staff, and stereotypical attitudes (Minton & Dodder, 2003). Communities of faith have an important role to play for aging individuals with IDD, and many resources are available to promote inclusive religious communities (e.g. Gaventa, 2009).

## **Volunteering**

Recent research has found that seniors who remain in the workforce and retired seniors who volunteer have significantly better cognitive performance scores, fewer depressive symptoms, and superior mental well-being and life satisfaction than non-volunteering or nonworking older adults. Paid work and volunteering provide opportunities for social interaction and engagement, which may be associated with enhanced well-being (Schwingel, Niti, Tang, & Ng, 2009). Data suggests that in the aging population, volunteering buffers the association between functional limitations and mortality (Okun, August, Rook, & Newsom, 2010). Some individuals with IDD participate in volunteer activities as part of CBNW (Sulewski, Butterworth, & Gilmore, 2008), but this may be an underutilized opportunity.

## **Participation in National Service**

As a national trend, individuals with IDD may spend part of their week in informal volunteer opportunities (typically classified under the CBNW service category). These volunteer opportunities tend to be more ad hoc and offer less structure than programs referred to as national service programs. Individuals with IDD have begun to participate in national service, but may not while they are aging. The Corporation for National and Community Service ([www.nationalservice.gov](http://www.nationalservice.gov)) offers a variety of local, state, and national programs that impact the lives of both those served and those who serve. The Senior Corps program ([www.seniorcorps.gov](http://www.seniorcorps.gov)) connects people who are over 55 with volunteer opportunities. This program helps seniors become mentors, coaches, or companions to people in need and contribute their skills and expertise to community projects and organizations. Senior Corps programs include the Foster Grandparent Program, the Senior Companion Program, and RSVP. Individuals with IDD can become more engaged in their community through these structured service/volunteer opportunities. Individuals who have participated in national service report feeling profound impact in being the provider of service rather than the recipient of service (Timmons & Zalewska, 2012).

## **Participation in Lifelong Learning**

Individuals who retire can also benefit from lifelong learning activities. These opportunities provide enrichment and meaningful activities that

can help counteract loneliness and other feelings of discontent or boredom in this population.

Lifelong learning programs offer a broad variety of activities, many of which are appropriate for individuals with IDD: classes in drama, first aid, painting, and computers, as well as hobbies and day trips, are just a few. Offerings may also focus on specific interests or needs of older adults with IDD. All of these leisure pursuits can enhance the lives of aging individuals with IDD by promoting regular social interaction, helping them develop new friendships, providing fun and interesting activities, and encouraging a healthy lifestyle. Lifelong learning centers exist in many settings, such as Osher Lifelong Learning Institutes (found at many college and universities), senior centers, and adult day programs.

## **Recommendations to the Field**

Work and day activities play a critical role in the physical and mental health of individuals with intellectual disability, as well as contribute to their social relationships and social capital. However, service providers, researchers, and policymakers have not identified the supports and services that need to be in place to use the strategies for active aging discussed above. The following recommendations address the service options and policy and research needs that must be considered.

As individuals age, continuing to engage in meaningful activities needs to be an important consideration. Seniors with IDD will need to assess whether they want to retire completely, phase into retirement by working a reduced schedule, or continue to work at their same level. Individuals with IDD who are now at retirement age are the pioneers of community-based employment and need to be actively involved in defining their postretirement years. Decisions about how to retire and still maintain a meaningful day can be difficult for any adult. Individuals with ID should have the same range of activities as their peers do, as well as any additional supports they may require to participate fully.

## **Services Options**

Retirement planning should be conducted with individuals with intellectual disability, just as with other adults approaching retirement age. This includes a discussion about the financial implications of leaving work, maintenance of existing or developing new social relationships, and daily

activities or hobbies. Retirement is a major life transition, and as with all transitions, planning is an important step that will contribute to success. Many individuals have moved into retirement with a sole focus on no longer needing to work, and after enjoying that freedom for a few weeks, feel at a loose end, and may become depressed.

Some disability programs are beginning to provide CBNW as a service option, including for individuals who are aging. Unfortunately, some of these nonwork opportunities include activities such as van rides to the mall. Person-centered planning and individualized services, which have become a mainstay of community and day programming, are equally important in postemployment services. For some individuals, exploring the mall may be their preferred activity, but it must not be the default activity.

Residential programs need to support individuals in staying at home and participating in recreational activities. Even active seniors typically have some time that they spend at home relaxing, which gives them the energy to participate in outside activities. For individuals who are more introverted, one of the benefits of retirement is the opportunity to spend more time by themselves, and not having to interact with as many people during their day.

Becoming engaged in volunteering or recreational activities may be a part of an individual's plan for retirement. Rather than creating separate activities for individuals with IDD, it will be necessary to work with existing programs to ensure they are inclusive of all seniors, including those with disabilities.

Structured volunteer programs such as Senior Corps have a commitment to including people with disabilities, but more informal volunteer organizations may require assistance in how to integrate a diverse volunteer group. Other recreational services, such as centers for the aging, provide a variety of activities, but again may need support to make those activities inclusive. By starting with each individual's preferred activities, staff can target their outreach to volunteer or recreational organizations that include those activities and, thus, support the inclusion of the individual with IDD.

### **Policy and Funding Considerations**

Current funding for nonwork activities for people with IDD focuses on rehabilitation and development

of work skills. For individuals who are retiring, options will need to focus on maintenance of health and social connections. New funding arrangements need to be considered that will support individuals as they participate in their community.

When considering the policy and fiscal implications of offering a new type of support service, it will be important to factor in the benefits of individuals remaining active and socially engaged. Although these services will have an added cost, savings in medical expenses, home care, or facility-based care can offset this.

In addition to the funding variables, agencies will need to look at policies for residential and day services. Are they flexible enough to allow individuals to create their own postemployment experience? Can supports be arranged if an individual is engaged in different activities on different days of the week? Will individuals have the opportunity to stay in their home during the day if they wish to? All of these issues will need to be addressed on the state and agency levels.

### **Research Considerations**

To more effectively develop policies and create funding streams, we must better understand the experiences of individuals who are reaching retirement age and participating in work or day programs. Understanding if they are getting support making decisions about postemployment life, what preferences and options they would be interested in exploring, and how the service system is able to respond and support these individual preferences are critical research areas. Findings from this research can serve to identify new program models to support these individuals as they age.

Since there will also be questions about the costs and benefits of different service options, it will be important for researchers to consider the administrative and fiscal impacts of flexible postretirement support. The potential savings in reduced medical costs and well as the impact on quality of life need to be considered and made available to policymakers as they make decisions about these services.

As research in the last few decades has focused on the benefits of integrated employment options, researchers should begin to look at current practices in inclusive senior services, volunteer, and faith-based activities. Individuals with IDD have enjoyed the opportunity to live and work with nondisabled peers, and this option

should continue as they age. However, it will be important that researchers look at the factors that support this opportunity as well as potential barriers and strategies to address.

Researchers in the intellectual disability field also need to better understand the research in active aging and gerontology and how to apply these concepts and strategies to individuals with IDD. Joint research activities between gerontology researchers and researchers in IDD will help identify common concerns and effective strategies.

### Conclusion

Changes in work expectations and longer life expectancy require us to consider a new phase in the lives of individuals with intellectual disability. As seniors with IDD are more fully included within their community, they are experiencing the same life transitions as their peers and need to have the same opportunities to reduce their work activities or retire completely.

Rather than creating a separate track of retirement activities for individuals with IDD, it will be important to think more universally about how to create community activities that are inclusive of all seniors. These postemployment opportunities also need to be individualized, so that each person can create their best retirement option.

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