

Quality of Life in Higher Education for Individuals with Intellectual Disabilities and Family Perceptions

Esther Vela^{*}, Daniela Henao, Laura Serrano and Laura Martín

Faculty of Education and Psychology, Universidad Francisco de Vitoria, Madrid, Spain

Abstract: *Background:* Intellectual disability is a disorder of intellectual development that, due to its characteristics, involves a series of limitations in cognitive functioning and generalization of learning. These difficulties can evolve with appropriate intervention, which can enhance the quality of life of these people and their families.

Objectives: The study seeks to determine the quality of life of people with intellectual disabilities in general and in its different dimensions, taking into account the perception of the person with a disability and that of his/her family.

Methods: This study focuses on a specific field: higher education for people with intellectual disabilities. It uses a sample of 19 young people and their 19 corresponding families to determine whether there are significant differences between the two groups, i.e., parents and children. The INICO-FEAPS tool was used to achieve these objectives.

Results: The data obtained, and their subsequent analysis have allowed us to detect medium-high levels of quality of life and significant differences between the indices of both groups, highlighting higher scores in the case of families. In addition, self-determination has been revealed as the dimension with the lowest scores, followed by social inclusion and interpersonal relationships.

Conclusion: This makes it possible, at the professional level, to focus on these aspects and become aware of the necessary measures to improve intervention in the educational and family environment.

Keywords: Family, intellectual disability, quality of life, higher education.

1. INTRODUCTION

1.1. Definition of Intellectual Disability

The American Psychiatric Association [1] defines intellectual disability as a neurodevelopmental disorder that begins in the developmental stages of human beings and involves a series of limitations in intellectual functioning and the generalization of adaptive behaviors in different environments. In addition, it establishes four levels of severity: mild, moderate, severe, and profound. Another remarkable aspect of the current view of intellectual disability offered by the DSM5-TR [1] is that it focuses on the intensity of a person's support to progress adequately and not only on the difficulties given by the disability and the IQ index. This is why, according to [2], this vision advocates that the diagnosis and support should be in accordance with the person and their context, a fundamental criterion for establishing the severity of the intellectual disability.

1.2. The Impact of Intellectual Disability on the Family

The impact of disability on the family is very noticeable as it entails a whole series of changes in its

structure, both in terms of acceptance and adaptation to new patterns of action and daily difficulties [3,4]. In addition, many families enter into depressive phases and generally conceive their future in a pessimistic way [5]. However, a structured family environment is one of the factors that facilitate the process of acceptance and care of the person with a disability [4,6]. On the social aspect, it should be noted that many of these families report the numerous prejudices and negative reactions that people in their social environment have towards their children, which generates a lot of pain and helplessness in parents [3]. Concerning parents' perceptions of their own children, studies such as that of Arellano and Peralta [7] reveal that parents highlight a lack of self-determination, interests that are very limited to a series of activities, and the search for immediate pleasure, which sometimes makes it difficult for them to set long-term goals. It should also be noted that families are concerned about their children's activities in the adolescent stage, which tend to focus more on the desire for independence, social networks, and finding a future job, with some goals being unrealistic [7].

The care of a person with intellectual disabilities, according to Arias and Muñoz-Quezada [6], is a challenging task that places a significant burden on families and largely depends on the intensity of support required. This is linked to the degree of disability in the individual, with mild disability resulting in less burden

^{*}Address correspondence to this author at the Faculty of Education and Psychology, Universidad Francisco de Vitoria, Madrid, Spain; Tel: +34913510303; E-mail: esther.vela@ufv.es

compared to more severe impairments or comorbidities with other disorders.

Another important repercussion to highlight is of an economic nature, due to the substantial expenses associated with raising a child with a disability, including education, psychological and occupational therapies, treatments, leisure activities, or extracurriculars, which generally have a high cost and reduce the economic capacity of families [8]. Additionally, there is an impact on the employment aspect, where Serrano e Izuzquiza [3] reflects the need for families to have ideal and specific conditions in the workplace.

1.3. Quality of Life

In general, the term "Quality of life" has become the main focus of programs and diagnostic criteria for assessing disability. According to Schalock and Verdugo [9], cited in Verdugo *et al.* [10], it is conceived as "A desired state of personal well-being composed of several core dimensions that are influenced by personal and environmental factors" (p. 446). This implies that the person has their basic needs met and has the possibility of progress in the same vital areas as any other human being. Currently, it is structured from a multidimensional perspective with eight dimensions that form the core of the concept [10]. These dimensions are further developed below.

1.3.1. Personal Development

According to Schalock *et al.* [11], it is characterized by including elements related to the person's educational level, productivity, skills, and overall achievements. Studies such as Morán *et al.* [12] show high scores in this dimension. More specifically, Santos [13] aligns with the high scores but emphasizes that these are higher from the perspective of young individuals with intellectual disabilities compared to those of their parents, as statistically significant differences were found between the two.

1.3.2. Self-Determination

It is related to the person's capacity for autonomy, self-control, and independence [11]. Specifically, studies such as Vega's [14] show that this dimension scores among the lowest indices concerning others, probably due to the difficulty these people have in knowing themselves or defending their own ideas against those of others. That is why this quality has become a significant indicator of quality of life, as these

people must learn to know themselves better and take control of their own lives. Gavin-Chocano [15] and Santos [13] also agree with these low rates of self-determination.

1.3.3. Interpersonal Relationships

According to Schalock *et al.* [11], it is the set of interactions with the environment, either through contacts or social networks, including relationships with family and friends. In recent studies, this dimension scores an average of 29.07 out of 36, highlighting the difficulty in expressing one's own emotions and feelings compared to peers [16]. Other studies, such as Santos [13], point to similar results with an average score of 28.19 out of 36. Additionally, regarding parental results, no statistically significant differences were found.

1.3.4. Social Inclusion

It includes actions related to integration and participation in the community, the roles a person takes on in it, their support networks, and the services received, among other factors [11]. Referring to data based on the INICO-FEAPS scale, studies such as Moran *et al.* [12] show that it stands out as the dimension with lower scores. In other research, such as Santos [13], it represented the fourth dimension with the lowest score, with no statistically significant differences found compared to the parents' evaluation results.

1.3.5. Rights

It refers to the individual's rights, encompassing respect for privacy, dignity, equity, and awareness of legal rights concerning oneself or others [11]. A specific study by Santos [13] based on the INICO-FEAPS scale shows high scores in this dimension, with significantly higher scores from families (31.02) compared to those of their children (28.69). Other research suggests this dimension has average values, not falling on extremes [12].

1.3.6. Emotional Well-Being

According to Schalock *et al.* [11], this dimension includes indicators related to the individual's emotional health, satisfaction, joy, absence of stress, self-esteem, etc. More specifically, according to Córdoba *et al.* [17], this dimension is one of the highest-scoring and, therefore, one that contributes significantly to the overall quality of life index. Other studies, such as the one conducted by Gavín-Chocano and Molero [15], show that individuals with intellectual disabilities

evaluated their ability to understand their emotions and those of others more positively, with their scores higher than those of their parents. However, other research, like Santos [13], demonstrates no significant differences between the two groups, with the means being very similar.

1.3.7. Physical Well-Being

It refers to aspects of the individual's health, such as physical state, abilities, nutrition, body care, etc. [11]. According to Córdoba *et al.* [17], participants in their study claimed to maintain good quality of life indices in physical well-being. Other research, like Santos [13], shows higher scores in the evaluation by parents regarding this dimension. According to the author, this may be because parents have a more in-depth knowledge of the medical record or the children are unaware of their physical abilities or are afraid to test them.

1.3.8. Material Well-Being

This dimension encompasses all aspects related to the financial situation of the family or the individual, including their positions, living conditions, etc. [11]. In general, according to Morán *et al.* [12], this dimension has the most positive indices of the results, coinciding with studies such as Santos [13], in which material well-being is seen as the highest average among the dimensions with a score of 33.1 out of 36, with no significant differences found between both groups.

This review has led to addressing the research question of this study, which aims to understand if there are significant differences between the overall perception of quality of life and each of its dimensions among individuals with intellectual disabilities enrolled in a higher education program (AVANZA) and the perception their family members have. A general objective has been set to explore the differences in the quality of life indices, both overall and for each dimension, between individuals with intellectual disabilities and their family members' perceptions to address this question. Specifically, the analysis will focus on examining the overall quality of life index for the young individual and their family's perception, as well as understanding the specific scores for each dimension of quality of life for both groups. Finally, there will also be an attempt to compare the overall indices and specific scores of quality of life dimensions obtained from families about their children with those perceived by young individuals with intellectual disabilities.

2. METHODOLOGY

2.1. Presentation of the Hypothesis

The hypotheses put forward in this study are as follows:

- Hypothesis 1: People with intellectual disabilities in an AVANZA program have a high perception of their quality of life.
- Hypothesis 2: There are significant differences between the general indices of quality of life perceived by the person with a disability and what their family thinks they have. The scores of people with intellectual disabilities are lower than those of their relatives.
- Hypothesis 3: Scores for social inclusion and self-determination are lower than for the other dimensions of quality of life.

2.2. Methodological Approach/ Research Design

The study conducted below is non-experimental or ex post facto, as it is carried out to analyze a current reality. Its primary purpose is to understand the perception of quality of life among individuals with intellectual disabilities enrolled in the AVANZA program and how their families perceive it, both overall and in each of its dimensions. Additionally, the primary means used for data collection is a validated scale that gathers information from individuals with intellectual disabilities and their families.

It is important to note that this study, in general, features a descriptive design aimed at understanding and analyzing the perception of quality of life through indices obtained from the tool, provided by both parents and their children. However, it also seeks to explore the relationship between the quality of life indices obtained, both in the total score and in the different dimensions, among young individuals with intellectual disabilities and the perceptions their families have. This contrast makes it a comparative study as well.

2.3. Variables

The dependent variables in the present study are, on the one hand, the overall quality of life index, both from individuals with intellectual disabilities and their families' perceptions. On the other hand, more specifically, they are associated with each dimension of

quality of life, namely self-determination, rights, emotional well-being, social inclusion, personal development, interpersonal relationships, material well-being, and physical well-being.

The independent variables will be characterized as individuals who respond to the questionnaire, allowing for a comparison between the obtained quality of life indices. Therefore, two types of participants can be identified: those with intellectual disabilities enrolled in the AVANZA program and their corresponding family members (father or mother).

2.4. Participants/ Population /Sample

The population targeted by this study includes all individuals with intellectual disabilities currently enrolled in a higher education program within a university setting, along with their corresponding families. An intentional non-probabilistic sampling method was employed to acquire the sample, as participants with easy accessibility were selected, such as those belonging to the AVANZA program at the Francisco de Vitoria University. Random selection was not utilized.

As observed in the literature review, the perception of quality of life varies depending on the individual's perspective. Therefore, information has been obtained separately to truly understand the differences in the perception of quality of life between the two groups.

Regarding the sample, the study includes a total of 19 young individuals with intellectual disabilities enrolled in the AVANZA program, comprising 10 females and 9 males who participated in this study. The average age is 21.84 years, ranging from 19 to 25 years. Notably, all participants belong to the first year of the AVANZA program. Students in this program all have mild to moderate intellectual disabilities, with a prerequisite of the program being that they have enough autonomy to move around and navigate the university environment.

On the other hand, the total number of participating family members in the sample is 19, the majority being mothers (15) and a minority being fathers (4). The age range varies between 49 and 67 years, with an average age of 56.32 years. Regarding the assistance they receive for the care of their children, 14 of these families have stated not having any support, 3 maintain help from relatives, and only 2 require external assistance. In terms of their employment status, the majority (13) of these parents work full-time, with only

one working part-time, 3 managing household duties, and 2 having unspecified roles ("others"). Therefore, the total number of participants, including families and children from the AVANZA program, totals 38 individuals who completed the questionnaire. However, it is considered as 19 family units in which a questionnaire has been completed by one parent and another by the individual with intellectual disabilities, thus globally assessing the perception of quality of life.

2.5. Techniques/ Instruments

The instrument used for gathering information has been provided to participants in paper format, family members and young individuals with intellectual disabilities. The employed tool (Annex 1) is the validated INICO-FEAPS scale created by Verdugo *et al.* [18], designed to comprehensively assess the quality of life of individuals with intellectual disabilities or developmental disorders. This tool consists of different parts. Firstly, two different types of questionnaires can be distinguished:

On the one hand, one intended for families is the "Other People's Report," which includes a series of sociodemographic questions gathering information about personal data such as address, phone number, locality, postal code, etc. It then collects information related to age, gender, relationship, nationality, education, marital status, employment, and questions about family aspects such as external or familial support received and the total number of children. Additionally, there are questions about the person being evaluated, such as their age, gender, and academic level. Following this, the official quality of life scale is presented in the third person, describing the evaluated person, i.e., the son or daughter with a disability.

On the other hand, this instrument includes a questionnaire called the "Self-report," intended for individuals with intellectual disabilities. It begins with an explanation of what will be done using simple and approachable language. It also includes visual cues to facilitate understanding. Another peculiarity and difference from the family questionnaire is that it is written in the first person.

According to Verdugo *et al.* [18], both questionnaires consist of eight dimensions of quality of life (Self-determination, Rights, Social Inclusion, Personal Development, Interpersonal Relationships, Material Well-being, and Physical Well-being), which

divide the 72 questions. These questions are answered using response codes "N"=Never, "A"=Sometimes, "F"=Frequently, and "S"=Always.

Regarding the evaluation of this scale, it is important to note that the questionnaires are evaluated separately and have different ways of doing so. Firstly, the total direct scores obtained in each dimension must be entered into both questionnaires. Then, using the evaluation tables included in the questionnaire, the standard score, the quality of life index, and its corresponding percentile will be obtained.

2.6. Procedure

The present research was conducted during the year 2023 and was made possible through the collaboration of the AVANZA program tutors at Francisco de Vitoria University and the Faculty of Education. They served as intermediaries to access the sample and distribute the questionnaire to the program's students and their families. The students completed the questionnaire at the university with the support of their tutors in case there were any questions they didn't understand; on the other hand, families completed it at home since it was sent through the students. This approach resulted in the majority participation of first-year program students, totaling 19 students along with their corresponding 19 parents.

The tool used to assess the perception of quality of life was manually filled out by the students and their families. Subsequently, it was provided to the Faculty of Education for collection and analysis.

2.7. Data Analysis

This study's data analysis was carried out with different tools. The Excel 2019 program was used to create graphs and tables. The final database and statistical analysis were carried out using the IBM SPSS® Statistics version 22 software, which allowed us to carry out the final analyses and implement inferential statistical tests such as Kolmogórov-Smirnov or T-student for independent samples.

3. RESULTS

The results obtained through the selected data collection tool are shown below. More specifically, the descriptive analyses of the data derived from the self-report and the report of other people are included. Finally, the comparative analysis between the scores obtained by people with intellectual disabilities and their

parents is shown, and the application of the T-student statistical inference test is implemented through the IBM SPSS® program.

3.1. Descriptive Analysis of the Scores Obtained by each of the Dimensions

Through this section, the first objective of the research is addressed, which aims to analyze and understand the scores for each dimension and the total quality of life index. Therefore, Tables 1 and 2 present the results obtained from the questionnaires answered by parents and young individuals with intellectual disabilities. These tables show specific data for each dimension and the total quality of life index. The means of the total direct scores, standard scores, and percentiles for each dimension have been calculated to organize these results. These descriptive statistics have been obtained using the parameters provided by the INICO-FEAPS scale [18].

It is necessary to highlight, for a proper understanding of the results, that the total direct scores provided by the questionnaire are evaluated within a range of 9 to 36, with standard scores ranging from 1 to 20, and percentiles from 1 to 99.

Upon reviewing the results presented in Table 1, it can be observed that the highest indices in the total direct scores correspond to the dimension of material well-being ($M=33.58$). This mean is well above the intermediate scores, approaching the maximum of 36. It is accompanied by the standard score ($M=13.21$) and the corresponding percentile for quality of life ($M=77.63$). Regarding lower scores, the results indicate that parents have a lower perception of quality of life in interpersonal relationships, with an average total direct score of 27.42 out of 36, lower than the indices of other dimensions. This is accompanied by the standard score ($M=11.16$) and the percentile for interpersonal relationships ($M=57.37$). Finally, it is noteworthy that the quality of life index ($M=111.68$; $SD=12.87$) reported by parents falls within a range of ≤ 71 to ≥ 133 , with a minimum of 52 and a maximum of 142. This value encompasses all dimensions, with higher scores indicating a high level of quality of life.

After examining the results presented in Table 2, it can be emphasized that the dimension with the highest scores obtained is material well-being, aligning with the highest index reported by the parents' survey. This dimension shows an average total direct score of 30.47, considering it was assessed within a 9 to 36-point range. This is accompanied by the corresponding

Table 1: Descriptive Statistics of the Results of the Report by other Persons (Parents)

Quality of life dimensions	Total Direct Scores	Standard Scores	Percentiles of Dimensions
Self-determination	27		.79 12.00 67.53
Rights	31		.53 11.79 70.32
Emotional Well-being	31		.11 12.05 70.95
Social Inclusion	30		.58 11.37 64.16
Personal Development	28		.16 10.42 55.68
Interpersonal relationships	27		.42 11.16 57.37
Material Well-being	33		.58 13.21 77.63
Physical Well-being	32		.63 12.32 74.95
Quality of Life Index		111.68	

Table 2: Descriptive Statistics of the Self-Report Results

Quality of life dimensions	Total Direct Scores	Standard Scores	Percentiles of Dimensions
Self-determination	25		.95 10.42 54.42
Rights	27		.11 9.53 47.05
Emotional Well-being	27		.47 9.32 45.05
Social Inclusion	26		.63 9.53 46.11
Personal Development	29		.53 10.79 60.58
Interpersonal Relationships	29		.00 11.47 65.00
Material Well-being	30		.47 10.26 54.32
Physical Well-being	30		.16 9.74 48.47
Quality of Life Index		100.95	

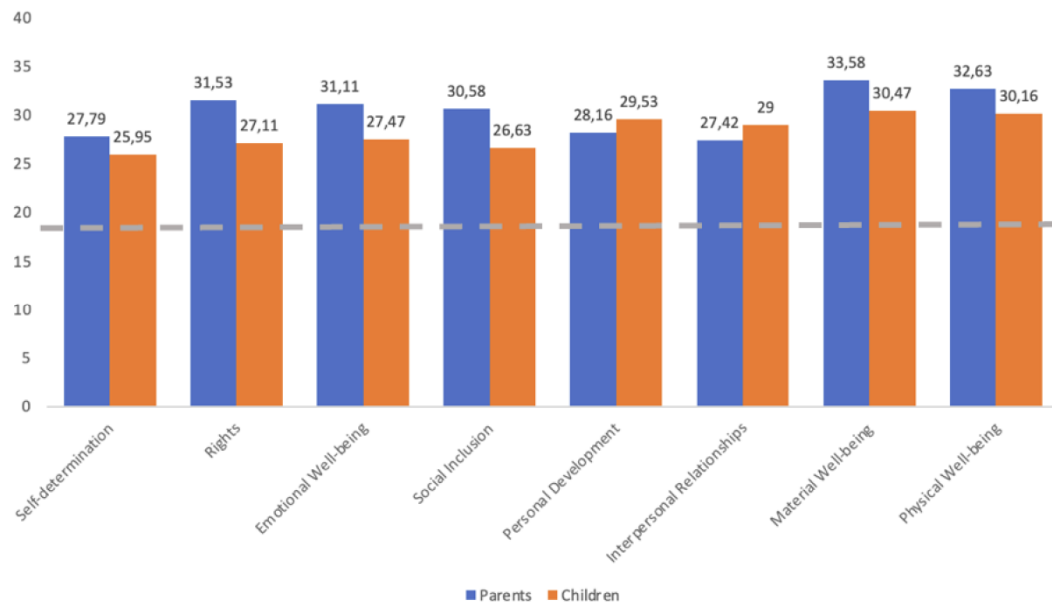


Figure 1: Comparison of means for each of the dimensions between parents and children.

standard score ($M=10.26$) and percentile for the dimension ($M=54.32$). In contrast, the dimension with the lowest scores reported by young people with intellectual disabilities is self-determination ($M=25.95$), along with its corresponding standard score ($M=10.42$) and percentile ($M=54.42$).

Finally, it can be observed that young people with intellectual disabilities have a quality of life index with an average of 100.95 ($SD=14.01$), falling within a range of ≤ 71 to ≥ 133 , thus considered to be at a moderately high level.

3.2. Comparative Analysis of the Scores of People with Intellectual Disabilities and their Families

This section shows the results of comparing the total direct scores between people with intellectual disabilities and their families, fulfilling the research's second and third objectives. Again, it should be noted that these dimensions are assessed in the range of 9 to 36 points. The differences in the quality of life indices between the two groups are also shown below, with maximum and minimum scores ranging from ≤ 71 to ≥ 133 and extending to a minimum of 52 and a maximum of 142.

Figure 1 displays the total direct scores of parents and children, highlighting dimensions such as material well-being due to their high scores. The score for material well-being is lower for individuals with intellectual disabilities ($M=30.5$) compared to their parents ($M=33.6$), while still maintaining the higher index within that group. However, the lower score

observed in children is related to self-determination ($M=25.95$), a data point that does not align with the parents' perception, as they rate interpersonal relationships as the lowest-scoring dimension ($M=27.42$). It is crucial to note that the averages for the dimensions are assessed within a range of 9 to 36.

In general, scores for different dimensions tend to be higher for the families' group than for the young people with intellectual disabilities group, except for the dimension of interpersonal relationships, which is higher ($M=29.00$).

Next, Figure 2 allows us to analyze the difference between the overall quality of life indices of parents and children. The results provided by parents ($M=111.7$) are higher than those obtained from the perception of their children with intellectual disabilities ($M=100.9$). Both scores are evaluated within a range of ≤ 71 to ≥ 133 . It is important to recall that this range is defined as normal, extending from a minimum index of 52 to a maximum of 142 according to the questionnaire.

More specifically, to conduct the inferential analysis, relevant tests have been performed to examine the normality of the sample using the Kolmogorov-Smirnov test, which has revealed that the sample has a normalized distribution. Therefore, it has been possible to conduct the parametric independent samples T-Student test.

After conducting the T-Student statistical inference test for independent samples on the total direct scores, significant differences have been observed, as shown

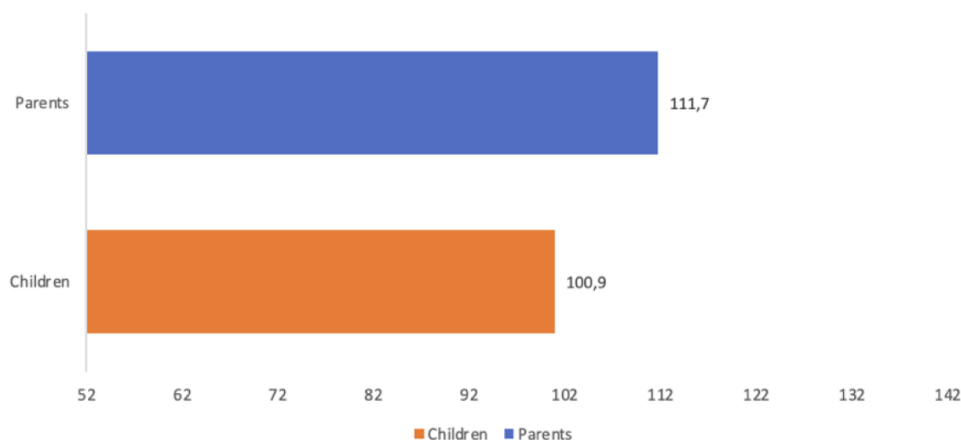


Figure 2: Comparison of quality of life indices between parents and children.

Table 3: T-Student Inferential Statistics Test

Quality of life dimensions	Levene's test for the quality of variances		T-test	
		Sig.	t	Sig. (bilateral)
Self-determination				0.193
	Equal variances are not assumed		1.326	0.194
Rights	Equal variances are assumed	0.018	3.497	0.001
	Equal variances are not assumed		3.497	0.001
Emotional Well-being	Equal variances are assumed	0.114	2.605	0.013
	Equal variances are not assumed		2.605	0.014
Social Inclusion	Equal variances are assumed	0.225	1.998	0.053
	Equal variances are not assumed		1.998	0.055
Personal Development	Equal variances are assumed	0.737	-1.048	0.302
	Equal variances are not assumed		-1.048	0.302
Interpersonal Relationships	Equal variances are assumed	0.871	-0.982	0.333
	Equal variances are not assumed		-0.982	0.333
Material Well-being	Equal variances are assumed	0.011	2.580	0.014
	Equal variances are not assumed		2.580	0.015
Physical Well-being	Equal variances are assumed	0.470	2.145	0.039
	Equal variances are not assumed		2.145	0.039
Quality of Life Index	Se asumen varianzas iguales	0.513	2.460	0.019
	No se asumen varianzas iguales		2.460	0.019

in Table 3. Statistically significant differences were found in the variables of rights ($t=3.497$; $p<0.01$), emotional well-being ($t=2.605$; $p<0.01$), material well-being ($t=2.580$; $p<0.05$), and physical well-being ($t=2.145$; $p<0.05$). As depicted in Figure 1, parents generally maintain higher scores than their children, except for the dimension of interpersonal relationships, where the index provided by young people with intellectual disabilities ($M=29.00$; $SD=4.83$) is higher

than that of their parents ($M=27.42$; $SD=5.08$). Notably, no statistically significant differences were found in the dimensions of self-determination, personal development, and interpersonal relationships ($p>0.05$).

Finally, it is important to highlight that the results from the T-Student test (Table 3) affirm the existence of significant differences in the overall quality of life index ($t=2.460$; $p<0.05$), encompassing all dimensions,

between young people with intellectual disabilities ($M=100.95$; $SD=14.01$) and their families ($M=111.68$; $SD=12.87$), as depicted in Figure 2.

Therefore, despite the significant differences between the scores observed in Figures 1 and 2 and the application of the T-Student test (Table 3), the indices of both groups stand out for being above average, indicating a moderately high level of perceived quality of life.

4. CONCLUSIONS AND DISCUSSION

In general, the study conducted has allowed obtaining the necessary data through the INICO-FEAPS tool [18], derived from both the "self-report" and the "report from others." This information and its corresponding analysis have made it possible to achieve the proposed objectives in a general and specific sense and verify the hypotheses posed. Each of these aspects is detailed below.

The results obtained in the study, as interpreted earlier, have successfully met the first research objective, which sought to analyze the quality of life perception of individuals with intellectual disabilities enrolled in the AVANZA program, both from their own perspective and that of their families. Corresponding to this objective, the first hypothesis of this study was initially formulated, stating that individuals with intellectual disabilities enrolled in the AVANZA program exhibit a high perception of overall quality of life. After analyzing the data, this assumption can be considered accepted, as the results clearly show that the mean scores for the overall quality of life index for both groups fall within moderately high terms, with scores ranging between 111.7 for parents and an average of 100.9 reported by their children. These figures typically fall within the normal range of ≤ 71 to ≥ 133 . These results align with studies such as Córdoba *et al.* [17], which assert that individuals with mild intellectual disabilities, such as those in the AVANZA program, show high quality-of-life scores, surpassing individuals with more severe impairments. Likewise, these results suggest that training programs in university environments, like the AVANZA program, contribute to maintaining a high quality of life for their students, both from their own perspective and that of their families.

The study also aimed to understand the specific scores for each dimension of quality of life for young people with intellectual disabilities and those perceived by their families. This objective has been

accomplished, and the obtained data have allowed for a response to the second hypothesis, positing lower quality of life scores in social inclusion and self-determination. This assumption may be partially accurate since, from the perspective of individuals with intellectual disabilities, self-determination and social inclusion are considered the least-scored dimensions of quality of life, with self-determination having the lowest mean at 25.65 out of 36, followed by social inclusion with 26.63 out of 36. These results are consistent with studies based on the INICO-FEAPS scale [18], such as Moran *et al.* [12], which indicates that social inclusion is the dimension with the lowest scores. On the other hand, research studies such as Gavin-Chocano [15], Santos [13], and Vega [14] coincide in reporting that self-determination scores the lowest among all dimensions, aligning with the least valued dimension in the present study, both from the perspective of families and young people with intellectual disabilities. However, concerning the parents' perspective, there is a discrepancy with their children regarding social inclusion since, based on the obtained means, parents consider there is lower quality of life in interpersonal relationships (27.42). In general, in this dimension, it is interesting to highlight the inequality between both groups, as it is much better valued in the case of the children. This may suggest that they feel comfortable in their relationships with others in their educational and social environment and relate positively to their surroundings. However, parents, perhaps due to the young people being partially independent, may not perceive their interpersonal relationships clearly and may be more aware of their limitations. On the contrary, children may feel the change of actively engaging with the university environment. Overall, the positive perception of this dimension by young people coincides with studies conducted by Barreras [16] and Santos [13], which show very similar results in this dimension, although in their case, no statistically significant differences were found with the scores of parents.

Referring to the next objective proposed in this research, it is noteworthy that the general quality of life indices and each dimension have been compared, both from the perspective of young people with intellectual disabilities ("self-report") and the perception that their families have ("report from others"). Linked to this purpose is the last hypothesis that claims significant differences exist between the general quality of life indices of the person with a disability and their family's perceptions. The scores of individuals with intellectual

disabilities are lower in comparison to their relatives. After analyzing the data and applying the T-Student statistical inference test, this hypothesis can be accepted as statistically significant differences have been found between the quality of life index provided by individuals with disabilities and that of their families. More specifically, a significant difference has been observed in both groups in the scores of dimensions related to rights, physical well-being, emotional well-being, and material well-being. This significant discrepancy in the data contradicts studies such as Santos [13], where the scores of both groups, in general, did not show statistically significant variances. These results could be attributed to the fact that parents have a different perception of the environment compared to their children, assuming that they enjoy high autonomy and freedom, idealizing that they are in a privileged environment such as the university. In addition, it is possible that the life stage of young individuals between 19 and 25 years old involves a certain separation and reluctance towards their parents, leading to situations such as a lack of communication in expressing their emotions, preferences, discomforts, or even moments of confrontation. Young people may still feel limited by overprotection, especially in areas where the disagreement has been more significant, such as the dimension of rights, where they may feel that their independence or personal space is not sufficiently respected; in emotional well-being, where information about their own feelings or emotions may be omitted from their parents due to a desire for privacy or the inherent teenage embarrassment; in physical well-being, possibly because adolescents are the ones who genuinely perceive changes in their bodies, and they may not have as positive perception of it as their parents, who maintain a perspective based on medical aspects.

Regarding the differences in the dimensions of material well-being, there is the possibility that the economic priorities of young people are very different from those of their parents. They base their material well-being on the ability to acquire objects for their own enjoyment or have broader economic resources to enjoy leisure independently, that is, manage their own money with less control. However, the perception of their parents may be more focused on ensuring that their children have the necessary resources to function properly, emphasizing those essential for their improvement and development, such as education and health.

In general, the analyzed data have provided insights into the reality of individuals with intellectual disabilities and their families, offering a more or less accurate view of their daily lives. Therefore, a moderately high level of quality of life has been observed, which is a positive indicator of the experience of these young people and their families in the course of the AVANZA program. Specifically, this has also revealed that the participants in the study enjoy good economic conditions, allowing them to rank material well-being as the most highly valued dimension. This (due to the high costs associated with caring for a person with a disability) contributes to increasing the levels of quality of life. Moreover, one of the key findings highlighted by the study is to specifically identify in which dimensions it is necessary to reinforce support for these individuals, i.e., where their quality of life indices is lower. In this case, the focus should be on self-determination, where both parents and children strongly agree, aligning with the results of numerous similar studies. This raises awareness of the importance of assisting these individuals, both in the educational and family spheres, in fostering their ability to make decisions in everyday situations, cultivating a positive self-image to provide security and confidence in navigating daily life, and motivating them to set realistic goals and follow through with them.

4.1. Research Limitations

Regarding the possible limitations found in this research, it should be noted that the data obtained do not allow us to state whether the AVANZA program is an authentic quality-of-life enhancer, as the tool is only applied at a specific moment in time, not through a longitudinal study that would allow us to confirm this. In the same way, concentrating the study on just one specific programme may have certain limitations, so it is more appropriate to have a broader sample derived from similar training programmes in other settings.

4.2. Prospective

As a prospect for future research, it would be highly beneficial to implement a longitudinal study within the AVANZA program. This would involve collecting data at the program's initial and final stages to ascertain whether it genuinely contributes to an increase in quality of life levels. Similarly, it would be very interesting to qualitatively explore the lived experiences of these individuals and gather their insights on the most relevant aspects of the research. Lastly, expanding the sample size and comparing it with other

training programs with similar characteristics would also be pertinent.

ETHICAL APPROVAL AND CONSENT FOR PARTICIPATION

The study has the approval of the ethics committee of the Francisco de Vitoria University with registration number 41/2022. The participants in the study are of legal age and have agreed to complete the questionnaire and use the data to carry out this study.

CONFLICT OF INTEREST

The authors declare they have no conflict of interest regarding this research, its authorship, or the publication of this article.

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