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HOW DO ADULTS WITH MILD AND MODERATE DISABILITIES FROM THE ARAB SECTOR IN NORTHERN ISRAEL EXPERIENCE THE TRANSITION TO ADULTHOOD, AND HOW DO EMPLOYMENT OPPORTUNITIES, ACCESSIBILITY AND MOBILITY, EXPERIENCES OF STIGMA AND DISCRIMINATION, ACCESS TO SUPPORT SERVICES, AND FAMILY EXPECTATIONS SHAPE THEIR INDEPENDENCE AND SOCIAL INCLUSION?

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Abstract:
Making the shift to adulthood is a crucial transition period for adults with disabilities, especially for people of color, in whom social, cultural, and institutional factors intersect. This is a qualitative study that followed 30 adults with mild and moderate disabilities from the Arab sector in northern Israel through semi-structured interviews. Data analysis was conducted in the form of reflexive thematic analysis, which led to five key themes: abrupt discontinuation of support services at age 21, the disability policy gap, growing reliance on the family, limited community support and social isolation, and need for sustainable transition services. The results suggest that barriers to transition are more likely to contribute to the transition process than the disability. The need for coordination of services, inclusive employment opportunities, accessible environments and ongoing family and institutional support to ensure independence and social participation was highlighted. The study brings culturally relevant information and evidence to the conversation on disability and transition to adulthood in a contextually specific way, and offers recommendations for policymakers and service providers to create culturally responsive, sustainable transition programs.

Keywords: transition to adulthood; disability; Arab society in Israel; social inclusion; family support; qualitative research; thematic analysis; independent living; disability policy; community participation

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1. Introduction

The move to adulthood is one of the most important transitions in the life span, marked by expanded autonomy, involvement in postsecondary education and work, adult decision-making, and involvement in community life (Carter *et al.*, 2022). But for adults with disabilities, it is not an easy or predictable process to attain. Rather, it is influenced by the interplay between individual attributes and wider environmental, institutional and sociocultural factors that either enable or hinder independence and social participation (World Health Organization [WHO], 2023; United Nations, 2020). Inclusive social systems can prevent structural barriers and provide equal opportunities for participation, and a successful transition is not only an individual achievement, but also a product of inclusive social systems (World Bank, 2022; United Nations, 2021).

Despite significant progress in the development of disability rights and policy frameworks, there are still enormous disparities in employment, education, access and participation for adults with disabilities globally (WHO, 2023; United Nations, 2020). Employment is seen as one of the best indicators of an individual's ability to live independently, financially well, psychologically healthy and socially well in the long term. However, labour market integration among people with disabilities is still much lower than that of people without disabilities due to inaccessible workplaces, discriminatory hiring practices, and the lack of institutional support (Zwan & de Beer, 2021; Pettinicchio & Maroto, 2024; Mahmoudi, 2022; Hossain *et al.*, 2025). Likewise, higher education continues to have barriers and inadequate accommodations for people with disabilities, which negatively impacts educational attainment and employment opportunities (Parsons *et al.*, 2021).

Stigma and discrimination are also deep-seated drivers of disability inequalities, in addition to structural barriers. A study revealed that stigma reaches beyond stigma-related social attitudes to impact self-stigma, employment opportunities, social interactions and community engagement (WHO 2021; Vecchio Camargo *et al.*, 2022; Steinman & Adler Ben Dor, 2022). Recent studies also indicate that the experiences of stigma are compounded by other social identities, such as minority status, ethnicity, and gender, and exacerbate multiple and cumulative experiences of social exclusion (Hou *et al.*, 2023; Nursing Times, 2025; Holden, 2025). Therefore, disability exists in relation to other social and cultural contexts in which people exist.

Especially among the Arab citizens of Israel with disabilities. Arab adults often face intersecting structural disadvantages, including in their access to education, employment, health and healthcare, rehabilitation services and community participation, as a member of an ethnic minority and a population experiencing disability (Khalaily *et al.*, 2023; Nager *et al.*, 2024). The findings show that the services provided to Arab people with disabilities are still underdeveloped and do not meet their needs, are too few in number, and are culturally inadequate and not always available, especially when the time comes to transition from adolescence to adulthood (Alnabilsy *et al.*, 2023; Omary, 2024).

Additionally, experiences of marginalisation are not limited to the disability itself, but also refer to wider inequalities linked to ethnicity, geography and socioeconomic status (Khalaily, Hatab, & Reiter, 2023).

In Arab society, the family is a pivotal figure in the support of adults with disabilities. Families often make up for the gaps in formal services with emotional, financial, and practical support (Badran *et al.*, 2024). Autonomy may also be limited by overprotection, by concerns of social stigma or by culturally embedded notions of dependence that family members have (Dababnah *et al.*, 2023). There is also evidence of disparities in access to support services, family resources, and community initiatives across Arab localities, which translates into disparities in opportunities to live and participate in society independently (Alnabilsy *et al.*, 2023; Omary, 2024). The results of this research indicate that family support and family independence are interconnected, especially when entering adulthood.

While there are a number of studies that have focused on employment, family support, disability inclusion, stigma, and transition to adulthood separately, few studies have examined how all these factors work together to impact the lived experiences of adults with mild and moderate disabilities in the Arab sector of northern Israel. Existing research has tended to focus on a single dimension of disability, specific diagnostic groups, or national populations in general, leaving limited understanding of how employment opportunities, accessibility/mobility, stigma/discrimination, support services, and family expectations all collectively shape independence and social inclusion in this unique sociocultural context (Michael *et al.*, 2024; Carter *et al.*, 2022; Sulimani-Aidan, 2020).

The present study aims to address this gap by investigating the life experiences of adults with mild and moderate disabilities from the Arab sector in the north of Israel in the transition to adulthood. The study is based on qualitative interviews to explore how employment opportunities, accessibility and mobility, stigma and discrimination, access to support services and family expectations influence independence and social inclusion for participants. This research will create context-specific evidence and will offer implications for practitioners, policymakers and others interested in working to improve access to more equitable and inclusive transition pathways to adulthood for adults with disabilities.

2. Literature Review

2.1 Transition to Adulthood among Adults with Disability

The move from childhood to adulthood is known to be one of the most critical periods in the human life course, as marked by big changes in education, work, financial independence, social responsibility and autonomy. In most cases, adulthood can be described as a successful attainment of predictable developmental stages, such as leaving compulsory school, taking up a job, reaching adulthood and maintaining stable

relationships. Recent scholarship, however, suggests that such milestones are not necessarily universal, but are instead the result of the broader institutional, environmental, and sociocultural context and opportunities of the person with the disability, rather than merely a function of their functional capacity (Carter *et al.*, 2022; United Nations, 2020; World Bank, 2022). Current disability research is thus shifting away from deficit models of disability, which focus on the individual, to focus on the interplay between disability as a result of impairment and environmental barriers. Disability is the product of interaction between health conditions and environmental factors, which include, but are not limited to, inaccessible physical environments, discriminatory attitudes, inadequate support systems and institutional barriers (World Health Organization, 2020, 2023). Therefore, the transition to adulthood is not just a product of biological maturation, but also a socially negotiated trajectory that relies on fair access to educational opportunities, jobs, movement, health services and engagement in community services (United Nations, 2021; World Bank, 2022). The change of concept is presented in international disability policy. Achievement of the Sustainable Development Goals hinges upon the inclusion of persons with disabilities in all facets of social, educational, economic and political life, which is the central argument of the United Nations Disability and Development Report (2020). Similarly, the United Nations (2021) stress that disability inclusion is closely linked to the elimination of structural barriers to participation by removing them at every stage of life. The frameworks recognise that independence is not a personal trait alone but a result of the public policy, infrastructure, labour market and social services that are available and connected (WHO, 2023; United Nations, 2021). Despite significant policy progress on transition, there is a consistent body of empirical evidence that adults with disabilities still have poorer transition outcomes than adults who do not have disabilities. Carter *et al.* (2022) suggest that transition systems often fail to be integrated due to the lack of collaboration among education providers, rehabilitation agencies, healthcare providers and employers. As a result, too many young people leave secondary school without planning for their transition, career preparation, or transition to independent living. The discontinuities often lead to sudden decreases in formal support at the time the need for it is greatest, leaving gaps in the areas of employment, housing, higher education and financial independence.

Transition experiences are made more complex by the multidimensionality of adulthood. Civic involvement, psychological health, financial stability, social connections, labour market involvement and educational attainment are not independent outcomes that are achieved in a linear fashion. Challenges or problems in one area often create compounding problems in others. Low education attendance decreases employment; unemployment has a negative effect on economic independence; lack of financial independence postpones residential independence; and social isolation has a negative effect on psychological wellbeing, for example. It is important to view transition outcomes in an ecological context that acknowledges the interdependence of education

systems, labour markets, health care, rehabilitation services and family contexts (United Nations, 2020; Carter *et al*., 2022).

This is also reflected in international evidence, which shows that inequalities relating to disability are also high during the early adult years. While disability rights legislation has been implemented in many countries, there are still significant gaps in access to education, employment, independent living and community participation (WHO, 2023). Such inequities suggest that legislation is not enough to create equal opportunities without proper implementation, institutional coordination and ongoing disability inclusive service investments (United Nations, 2020; World Bank, 2022).

The same trends are seen in recent Israeli studies. Although young adults with physical disabilities had high levels of desire for independent adulthood, they felt that employment uncertainty, lack of access to transportation and lack of long-term support services were the biggest barriers to becoming an independent adult (Michael *et al*., 2024). Importantly, participants were always clear that there was a limit on participation due to environmental factors, not because of impairment per se, which aligns with the social model of disability supported by the WHO (2023). These are also the results of the study by Sulimani-Aidan (2020), demonstrating that disability characteristics are not the only factors affecting the transition experience of young Arab people in Israel, but also the institutional resources, community support, and family environment.

As a whole, current scholarship shows that transition to adulthood needs to be understood as a dynamic process whereby individuals interact with the different social systems with which they live. The dimensions of independence, employment, education and community participation are reinforcing and cannot rely on individual resilience, but require coordinated institutional support. While much is known about processes of transition across the various dimensions internationally, relatively little research has focused on how processes of transition are intertwined and operate concurrently for adults with mild and moderate disabilities in minority communities. This is especially true in the Arab sector in northern Israel, where not only does disability cross the boundaries of ethnicity and socioeconomic inequalities, but also culturally specific family expectations, thus necessitating context-sensitive qualitative investigation.

2.2 Structural Barriers, Education, Employment, and Disability

The literature has become increasingly aware that obstacles facing adults with disabilities when trying to transition to adulthood are structural, not individual. The modern disability research perspective holds that the disparities in educational opportunities, inaccessible workplaces, disconnected rehabilitation service systems, and discriminatory institutional practices are interrelated, and all contribute to the persistence of social and economic inequities (WHO, 2023; United Nations, 2020). Therefore, disability is not only a health issue, but also a social issue influenced by the institutions' ability to embrace human diversity (WHO 2020; Paramasivam *et al*., 2021).

Education is the key to successful transition outcomes. Inclusive education allows children to achieve well academically, prepare for further education, participate socially and get jobs. Although there have been some major policy changes, there are still significant barriers for students with disabilities in secondary and post-secondary education. Despite formal inclusion policies, students with disabilities are often subject to poor accommodations and inconsistent institutional support and academic participation, as shown by Parsons *et al.* (2021). The findings indicate that educational inclusion goes beyond the legislative mandate; it needs learning technologies that are accessible, learning content that is appropriate, faculty development, and adequate support services for students.

The disadvantages of education inequalities are inevitably followed by disadvantages in participation in the labour market. Employment is one of the highest predictors of successful adulthood as it leads to greater financial independence, psychological health, social identity and participation in society. However, in developed and developing countries, people with disabilities are still more likely to be unemployed than to be employed (Zwan & de Beer, 2021). These differences are largely attributed to inaccessible workplaces, discriminatory recruitment practices, weak vocational rehabilitation, lack of workplace accommodations, and the continued misconceptions about productivity on the part of employers (Mahmoudi, 2022; Pettinicchio & Maroto, 2024).

Having an organisation take a stand when it comes to accessibility and flexible working arrangements is also key to the future of disability-inclusive employment. Hossain *et al.* (2025) conclude that technological innovations, inclusive recruitment practices and organizational cultures have to be implemented to narrow the inequalities of the labour market due to disabilities. Yet, these gains have not been distributed evenly, especially within the poorest and most marginalized communities that lack public institutions to provide them. This in turn perpetuates wider socio-economic disparities in such areas as employment, housing, healthcare and independence in the long-term.

Accessibility is yet another key structural factor for the successfulness of adulthood. Opportunities for employment, education, and community participation are directly affected by accessible transportation, public infrastructure, healthcare facilities and digital technologies (WHO, 2023). If environments are not accessible, no matter what they have learned or been educated, or what their qualifications are, they remain dependent upon other family members. According to Omary (2024), all of this is dependent on the coordinated system of support that combines transportation, rehabilitation, employment services, healthcare, and community organizations, among others, and is central to supporting the independent living of Arab youth with disabilities in Israel. Likewise, the United Nations (2021) has identified accessibility as a necessity for disability inclusion, as inaccessible environments limit participation in every aspect of adult life.

Recent Israeli evidence also shows that structural inequalities are more harmful to Arab citizens with disabilities. Nager *et al.* (2024) reported the continued gaps in access to services, employment, accessibility, and rehabilitation in Arab communities. Similarly, Khalaily *et al.* (2023) pointed to the wider socioeconomic disparities that impact the lives of Arabs, which indirectly impact disability outcomes through reduced access to education, employment and public services. The results in this paper suggest that the social and economic disadvantages suffered by minorities cannot be separated from the disadvantages of disability.

Overall, the literature suggests that educational outcomes, participation in the labor force, and independent living are related, and largely influenced by structural factors as opposed to impairment. Eliminating obstacles in the education, employment, transportation and public services sectors is thus a necessary condition to a successful transition to adulthood. The present study fills a gap in the literature by examining the experience of adults with mild and moderate disabilities in the Arab sector of the north of Israel and its impact on independence and social inclusion in the transition to adulthood, while also building on the findings of the above studies.

2.3 Arab Society in Israel, Family, Culture, and Transition

While adulthood is a complex and challenging life for many people with disabilities, the social and cultural environment that people live in has a major impact on their experience. Disability scholars are increasingly contending that the notion of adulthood is not universal and that culturally produced expectations of independence, employment, family and social engagement, etc. influence how one is understood as a young adult. (Carter *et al.*, 2022) In the Arab minority, the passage into adulthood is set in a collectivist society where the family, community values and cultural norms have a major impact on the lives of young adults. Thus, the transition process is not just a developmental journey for adults with disabilities, but also a negotiation between personal aspirations and family responsibilities (Badran *et al.*, 2024; Dababnah *et al.*, 2023).

There is a high level of family cohesion, intergenerational solidarity and large informal support networks among the Arab population in Israel. These characteristics can offer significant emotional, practical, and financial support to family members who are disabled, especially if they feel overwhelmed by formal government services or unable to access them (Badran *et al.*, 2024). Families often take on roles that in other cultures and countries are more likely to be assigned to rehabilitation systems or to independent living services. It thus means that family members are the primary sources of such aid – whether in terms of transportation, finances, healthcare coordination, emotional support and/or day-to-day supervision – which means some of the immediate impacts of the low availability of public services are reduced (Omary, 2024).

The literature, however, highlights a family support which is consistently recognized as a multifaceted phenomenon and at the same time a phenomenon of empowerment and dependency. While families are the key protective factor for

psychological well-being and resilience for persons with disabilities, too much reliance on family members can inadvertently limit the opportunities to make choices and participate in the community, Badran *et al.* (2024) argue. Likewise, Dababnah *et al.* (2023) reported that parental expectations are a significant factor in education, work, living independently and social contacts during the transition to adulthood. Often, protective family behaviours are a result of valid worries about vulnerability, discrimination and poor job prospects, while at the same time retarding autonomy and self-determination.

Culture goes beyond the family to attitudes in the community towards disability. In many Arab communities, disability is still understood within intricate social, religious and cultural contexts that influence attitudes towards independence, marriage, education, employment and more (Kaabia & Manor-Binyamini, 2022). The need for community support is frequently overlooked as an important emotional source, but conventional attitudes about disability can also lead to overprotection, lowered expectations and social isolation. Therefore, people with disabilities often find that good intentions and family support are met with a lack of social opportunities for them to enjoy independence.

There is some recent evidence that this is especially true of women with disabilities. Alnabilsy *et al.* (2023) have shown that there are still several obstacles for young Arab women seeking rehabilitation services, educational opportunities, and community support programs in Israel. Availability of services is constrained, and participation in public life is inhibited by institutional barriers, gender expectations, transportation constraints, and cultural norms. Likewise, there is evidence from international research suggesting that disability often overlaps with gender, resulting in compounding disadvantages and challenges in education, employment, financial independence, and social inclusion (Hou *et al.*, 2023; Holden, 2025; Ghorbani Golzari Nezhad *et al.*, 2017). The findings indicate that transition experiences need to be viewed in the context of an intersectional lens, where disability, gender, ethnicity and socioeconomic status all play a simultaneous role.

The inequalities are further accentuated by the minority status of the people. Palestinian Arab citizens in Israel with disabilities face structural disadvantages both as members of an ethnic minority group and as people with disabilities. Khalaily, Hatab, and Reiter (2023) state that it is impossible to understand disability rights unless taking into account general social inequities faced by Arab citizens, such as the lack of public investment, employment opportunities, and educational facilities, as well as health and care services. Similarly, the study by Khalaily, Badran and Rudnitzky (2023) pointed to persisting socioeconomic disparities in Arab society, some of which have a direct negative impact on disability inclusion and create indirect barriers to such inclusion through a range of factors such as lower participation in the labour market, lower household income, and unequal access to public services.

Another significant issue in Arab localities is the lack of access to services. Omary (2024) found that rehabilitation services, vocational support, psychological counselling,

and independent living programmes are still not evenly distributed in Arab communities, which consequently leads to a high level of dependency on family support. Similarly, Nager *et al.* (2024) identified that there are persisting differences between persons with disabilities in the Arab population and the general population of Israel in relation to rehabilitation services, employment programs, transportation and community participation. These structural inequalities create a situation of dependence on informal family care and constrain opportunities for independent adulthood.

The literature implies that the transition to adulthood of Arab adults with disabilities should not be understood by individual developmental theories. Rather, a person's transition to adulthood is a dynamic process shaped by the interaction of family expectations, cultural norms, institutional resources, socioeconomic inequalities and minority status. Family support is essential for many people, but its impact is closely linked to the presence of additional formal support that can help to foster autonomy as opposed to continued dependence. It is important to be aware of these complex dynamics in designing culturally responsive disability policies that will enable families to be included and people to be independent.

2.4 Critical Analysis, Literature Synthesis, and Link to the Present Study

The findings of the literature reviewed above show significant advances in the knowledge of the transition to adulthood of individuals with disabilities, but also highlight a number of key conceptual and empirical gaps. First, although there is an emerging understanding of the interplay of all these factors across the transition process, much of the international literature still treats them as largely discrete areas of focus for research and development (Carter *et al.*, 2022; United Nations, 2020). Existing knowledge, therefore, typically offers partial narratives of disability experiences rather than a coherent analysis that would address how disability results from the interaction of a variety of structural and cultural factors to shape the adult experience of disability.

Second, while disability research has focused on a rights-based and ecological approach, empirical studies have largely been conducted on populations in the West where adulthood is often defined in terms of individual autonomy, independence in place of residence and financial self-sufficiency (WHO, 2023; World Bank, 2022). These conceptions may not be necessarily applicable in collectivist societies where adulthood is still tied to family interdependence and family social responsibilities. Thus, Western views on transition models can be misapplied to Arab communities, potentially failing to consider Arab cultural notions of independence, family duty, and social engagement (Badran *et al.,* 2024; Dababnah *et al.,* 2023).

Third, few studies have been conducted on disability in the intersection of ethnicity, minority and culture in Israel. While inequities in the service experiences of Arab citizens with a disability have been documented in existing Israeli literature (Khalaily, Hatab, & Reiter, 2023; Nager *et al.*, 2024), much of this research has been quantitative, and there is not as much qualitative research on how the inequities that

impact their lives are experienced by adults during their transition to adulthood. Much of the literature is based on statistical data or policy analysis, which gives a limited understanding of the participants' experience, perceptions of independence, and interpretation of structural barriers.

In addition, most research has focused on one aspect of each of the outcomes – employment, family support, accessibility and mobility, stigma, and family expectations – rather than looking at the interplay among these aspects and how it affects social inclusion. There is a lack of understanding of the combined effects of these dimensions, especially in adults with mild and moderate disabilities in the Arab part of northern Israel.

In keeping with this, the present study fills these gaps by using a qualitative research approach which will examine transition to adulthood from a multi-dimensional and culturally situated perspective. The study considers factors related to employment opportunities, accessibility and mobility, experiences of stigma and discrimination, support services and family expectations together, rather than looking at each of these factors individually. The current study offers a holistic perspective on the various dimensions of structural, cultural and individual factors, which are analyzed in one framework, providing context-specific evidence that can guide disability policy, planning for transition, and culturally responsive disability services for Arab communities in northern Israel.

3. Methodology

3.1 Research Design

This study adopted a qualitative research design grounded in the interpretivist paradigm to explore the lived experiences of adults with mild and moderate disabilities during their transition to adulthood in the Arab sector of northern Israel. Qualitative research is particularly appropriate when the objective is to understand how individuals construct meaning from their experiences within specific social and cultural contexts rather than to measure predetermined variables or establish causal relationships. Since the transition to adulthood involves complex interactions among family relationships, employment opportunities, accessibility, social participation, and support services, a qualitative approach provides an appropriate framework for capturing these multidimensional experiences from the participants' own perspectives (Creswell & Poth, 2018).

The study was guided by an interpretivist perspective, which assumes that reality is socially constructed and that individuals attribute different meanings to their experiences according to their personal, cultural, and social contexts. This paradigm is particularly relevant to disability research because it recognizes that experiences of disability are shaped not only by functional limitations but also by interactions with families, institutions, communities, and public policies. Consequently, understanding the transition to adulthood requires exploring participants' perceptions, interpretations, and

everyday experiences within their natural environments rather than relying solely on standardized measurements (Creswell & Poth, 2018).

Semi-structured interviews were selected as the primary method of data collection because they combine consistency across interviews with sufficient flexibility to explore emerging issues in greater depth. This interview format enabled participants to describe their personal experiences using their own language while allowing the researcher to ask follow-up questions whenever clarification or additional explanation was required. Such flexibility was particularly valuable given the diversity of participants' educational, occupational, and social backgrounds and the sensitive nature of issues such as independence, discrimination, family support, and access to services (Creswell & Poth, 2018).

3.2 Participants

This study was conducted with 30 adults with mild and moderate levels of disability from the Arab sector in northern Israel. Participants were selected by purposive sampling to make sure that each of them had first-hand experience in the phenomenon being studied. This sampling strategy allowed for the recruitment of participants with a lot of information who were able to describe the challenges and opportunities of transitioning to adulthood in depth (Creswell & Poth, 2018).

The participants were selected from various education, work and social backgrounds to get a wide range of viewpoints. The participants were males and females, with disabilities in all categories (physical, sensory, learning and mild intellectual). Participants also varied in age, level of education, their employment status and marital status, which enabled the study to explore the process of transition among a range of personal circumstances.

Those who took part in the study were eligible if they were at least 21 years old and had a diagnosed mild or moderate disability, were members of the Arab community in northern Israel and were able to engage in an in-depth interview. Those who could not give informed consent or be involved in an interview were excluded from the study. Recruitment continued until data saturation was reached; there was no further addition of data that would provide significantly new information to address the research questions.

Table 1: Demographic Characteristics of Participants (N = 30)

Characteristic	Category	n	%
Gender	Male	17	56.7
	Female	13	43.3
Age	21–25 years	8	26.7
	26–30 years	11	36.7
	31–35 years	7	23.3
	Over 35 years	4	13.3
Type of Disability	Physical disability	10	33.3
	Sensory disability	6	20.0
	Learning disability	8	26.7
	Mild intellectual disability	6	20.0
Educational Level	Secondary education	12	40.0
	Diploma	8	26.7
	Bachelor's degree	10	33.3
Employment Status	Employed	11	36.7
	Unemployed	15	50.0
	Sheltered employment	4	13.3
Marital Status	Single	20	66.7
	Married	10	33.3

The demographic data of the participants are shown in Table 1. The study sample included 30 adults with mild and moderate disabilities from the Arab sector in northern Israel. The participants were of various ages, with various disabilities, various educational levels, various employment statuses, and various marital statuses, and so the study was able to encompass a variety of views on transition to adulthood. Purposive sampling was used to ensure that the depth and diversity of the accounts of the participants' lived experiences reflected the maximum variation of these characteristics.

3.3 Data Collection

Recruitment was carried out until data saturation occurred. Saturation was judged to have been reached when no new concepts or codes were significantly generated from interviewees during subsequent interviews after reaching the research questions. In the final phase of data collection, participants' stories generally supported the patterns found previously, and the results validated the sample size as sufficient to answer the study's goals. This aligns with the recommendations for qualitative research for thematic depth and not only on the sample size (Braun & Clarke, 2022).

3.4 Interview Protocol

The interview guide was created after a comprehensive literature review on disability, moving into adulthood, employment, access, family support, stigma, and social inclusion. The interview questions were formulated to align with the study goals and give room for the participants to elaborate on experiences that they felt were meaningful

to them. The semi-structured format allowed for open discussion, with all interviews being conducted in a consistent manner (Creswell & Poth, 2018).

The interview guide was pre-tested with academic supervisors with experience in disability studies and qualitative research to ensure content and language validity before formal data collection. The wording of some of the questions and the logical sequence of the questions were edited slightly to enhance the questions. A pilot interview was then performed to test the interview process, understanding of the questions by interviewees and the estimated time taken for the interviews. The pilot interview was included in the final data set, because there were no significant changes to the interview schedule.

The interview guide concentrated on three large areas. The first explored the experiences of participants as they transitioned to adulthood, and involved them in education, employment and independent living. The second explored barriers and facilitators of accessibility, mobility, support services, stigma and discrimination. The third examined family relationships, social participation, future aspirations and recommendations for enhancing transition services. When participants raised new issues, these were followed up with additional probing questions throughout the interviews to ensure clarification or elaboration.

3.5 Data Analysis

The interview data were analysed by the reflexive thematic analysis method proposed by Braun and Clarke (2022). This analytical approach was chosen as a systematic and yet flexible way to identify, analyse and interpret patterns of meaning in qualitative data and as being able to be sensitive to the experiences of the participants.

The analysis started by re-reading each interview transcript to become familiar with the data. At this point, initial field notes were made on recurring themes, key statements, and emerging patterns relevant to the research questions. The second phase was the development of initial codes through a systematic process of identifying meaningful segments of the text that concerned the participants' experiences in transition, work, accessibility, family support, stigma and social inclusion.

In the 3rd stage, conceptually similar codes were aggregated, and preliminary themes were created. Themes were then compared and refined across all the transcripts of interviews, to make sure that they were internally coherent and clear to distinguish between themes. In the fifth stage, each theme was well established, given a name and endorsed with quotes which represented participants' experiences. Finally, the themes were synthesised into a coherent story that answered the research questions and connected with the literature on disability (Braun & Clarke, 2022).

Throughout the analytical process, manual coding was used. The researcher kept a coding audit trail of decisions, theme building and reflections to improve analytical transparency and consistency throughout the analysis.

3.6 Trustworthiness

The trustworthiness of this study was validated using four criteria suggested by Lincoln and Guba, namely: credibility, transferability, dependability and confirmability. The process of searching for themes, repeated readings of the interview transcripts, and protracted interaction with the data helped build credibility. Transferability was facilitated by the detailed description of the research context, participant descriptions and data collection procedures and allowed the readers to make their own decisions on the relevance of the findings for similar contexts.

Transparency in documenting methodological decisions, coding procedures and the development of themes was built up to enhance dependability. Confirmability was reached by making sure that the interpretations were based on the participants' statements and not preconceived notions. Reflexivity notes were kept throughout the study to recognize and reflect on the researcher's possible impact on data interpretation.

3.6.1 Researcher Reflexivity

As this qualitative study is largely interpretive in nature, a high level of reflexivity was in place throughout. At every stage of the research process, the researcher was conscious of his or her preconceived notions and prior experiences and how these might influence the interpretation and collection of the data. Reflexive notes were taken following each interview to explore methodological considerations, emerging themes, and interpretations for the analytical phase. This conscious effort to document personal reflections served to ensure that participants' voices were clearly heard above those of the researcher.

3.7 Ethical Considerations

The study was approved by the appropriate institutional research ethics committee before any data were collected. Prior to interviews, participants were provided with comprehensive information regarding the study in writing and by word of mouth; they were fully informed about the aim of the study, how interviews would be carried out, that participation was entirely voluntary, and that they had the right to withdraw at any time during the research process without fear of retribution. Informed consent was gained by obtaining signed written informed consent immediately prior to the interview. Pseudonyms were used for all interviewees, with information related to participant identity removed from the transcripts and, following collection, transcripts and original tapes were kept securely in a file, password-protected for the researcher’s access alone, as were any notes or other research files (Creswell & Poth 2018).

4. Results

Five primary and twelve sub-themes emerged from the reflective thematic analysis, indicating the experiences of the transition to adulthood of the over-21s. An overview of

the themes and sub-themes with the appropriate focus of themes appears in Table 2 prior to a detailed description.

Theme	Sub-themes	Summary
Theme 1: Abrupt Transition and Discontinuity of Support Services	• Sudden termination of services • Lack of transition planning • Psychological distress	Participants experienced the transition after age 21 as an abrupt loss of rehabilitation, psychological, and educational support, resulting in uncertainty and reduced independence.
Theme 2: Gap Between Disability Policies and Practice	• Weak policy implementation • Administrative fragmentation • Limited access to services	Participants perceived a considerable gap between disability legislation and the services available in practice.
Theme 3: Increasing Dependence on Family	• Emotional support • Financial dependence • Restricted autonomy	Families became the primary support system after formal services ended, although this sometimes limited participants' independence.
Theme 4: Weak Community Support and Social Exclusion	• Limited community initiatives • Social stigma • Accessibility barriers	Participants described inadequate community support, persistent stigma, and barriers to social participation.
Theme 5: Need for Sustainable Transition Services	• Long-term support • Vocational guidance • Institutional coordination	Participants emphasized the need for continuous transition services extending beyond the age of 21 to promote independence and inclusion.

Theme 1: Abrupt Transition and Discontinuity of Support Services

The most salient and consistently reported challenge across the thematic analysis was the transition from adolescent to adult. Virtually every interviewee reported that at age 21, their formal education, rehabilitation and clinical services, and their psychosocial network all abruptly ceased without them being adequately prepared for the shift into adulthood or for loss of services which had been such a vital part of their support. Instead of viewing the transition into adulthood as a developmental phenomenon, the emergence of autonomy, self-determination and opportunity for their development, it was viewed as a punitive, institutional shutdown which caused insecurity, unpredictability and felt like a wholesale abandonment.

In describing their experiences as young adults participants told how throughout childhood and adolescence a wide array of services, including health and rehabilitative services, as well as their education in a school setting and various rehabilitation, school based, health related services or community agencies had afforded them and their families access to the various types of, support including rehabilitation, education, psychosocial support, healthcare access, and sometimes transportation and recreational activities. Adulthood had resulted in withdrawal of many of these services, without adequate transition to the same degree or types of support when participants and their families reached the age of 21. Consequently, participants had lost much of the support available to them previously, while also facing the added challenge of adult living circumstances.

Many participants reported that they would have anticipated, in the very least, to have a planned transition process before the service withdrawal.

These processes seemed to be rarely and haphazardly in place, however. What appears to have become, instead, is a shifting of the locus of responsibility for navigating these circumstances away from formal service systems and onto the shoulders of participants, and sometimes their family or support systems.

One participant described this experience by stating:

"After the age of 21, all the services stopped suddenly. It felt as though I had been left alone without any preparation for what would come next."

Another participant similarly explained:

"Everything changed overnight. Before turning 21, I knew where to go and who could help me. Afterwards, I had to search for everything on my own."

These narratives suggest participants interpreted the age boundary as institutional, not developmental, and it became the arbitrary mark dividing facilitated help from uncertainty, despite their continuing needs for rehabilitation, vocation and psychotherapy throughout their adult lives. As well as service interruption, participants reported the significant emotional impact of this transition. Feelings of anxiety, frustration and fear about the future consistently featured in the interview accounts.

Participants voiced particular concern about their ability to find employment, continue rehabilitation, or achieve psychological stability following the loss of the therapeutic relationship and established routines.

Many experienced a sense of isolation and decreased confidence in managing the tasks and challenges of adulthood without professional support. Crucially, participants stressed that these issues were not inherent in their disabilities, but rather in the lack of a planned, comprehensive, inter-sectoral approach. Multiple participants felt that their progress could have been substantial and supported had rehabilitation and other services

continued past age 21. In their perception, institutional systems adhered to administrative criteria, and not the stages of the developmental needs of the persons served, forcing an artificial and abrupt discontinuity at precisely the point in the development cycle where a transition plan and support were most needed.

Further analysis revealed that these interruptions of support had cascading effects across various areas of participants' lives.

Loss of access to rehabilitation limited the ability to achieve mobility and complete daily tasks. Loss of vocation support constrained options for paid work, and interruption of psychological therapy may have led to increased distress for those struggling with the lack of certainty in their future as citizens of society. In short, service interruption cannot be considered as an isolated administrative event but a multi-dimensional impact on social participation, economic autonomy and emotional well-being.

An additional significant discovery concerns participants' perceptions of being prepared for adulthood. Throughout the interviews, almost all participants said they were given very little, if any, information regarding options for services, work, social welfare benefits, or housing that existed outside the young person's system prior to leaving these services. Consequently, many entered adulthood lacking information about their rights as adults with disabilities, or the processes and resources required to access ongoing support.

This lack of preparatory information rendered them highly dependent on parents/families who subsequently managed their affairs, including finances, transport, doctors' appointments and health care issues.

Ultimately, the participants reported that the period following age 21 was an age of institutional discontinuity rather than personal growth or empowerment. Although in many ways the stage of adulthood entails independence and autonomy, in the lives of those surveyed this was associated with the loss of facilitated support; the abrupt disengagement from services precipitated significant challenges in multiple domains including work, study, social and intimate relationships, and community participation. The data imply that effective transitions are contingent on a system that supports rather than abrogates continuous, co-ordinated and client-centered development from within youth's systems, into their adult lives.

Theme 2: Gap Between Disability Policies and Actual Practice

A second predominant interview theme was the significant disconnect between existing policy with respect to disability, and the policy's actual implementation within everyday practice. Interview participants frequently discussed that the legislation intended to protect the rights of persons with disabilities had not yet led to a translation of those rights into readily available services, integrated transition, and, as discussed previously, the opportunity to engage in autonomous living. Thus, participants viewed existing policies with respect to disability as primarily tokenistic, given that the policy no longer had relevance or effect on their lives postage-21. Participants frequently commented on

the interruption in their access to supports following adolescence, attributing it to policy deficits in areas of service delivery rather than a lack. Many noted an absence of knowledge of adult services, and significant barriers experienced in accessing the supports and services. The absence of consistent and effective programs in adulthood gives the perception that the governmental agencies were largely interested only in services to children with disabilities and not for the ongoing development needs of adults with disabilities.

One participant explained:

"*The laws exist, but they are not reflected in the services we actually receive. Everything looks good on paper, but reality is very different."*

Another participant stated:

"After I turned 21, I did not know where to go or who was responsible for helping me. There was no clear transition plan."

The testimonies suggest that participants encountered institutional fragmentation, not support. Rather than a smooth transition between services provided to children and to adults, participants were left alone to navigate different services and agencies, and frequently obtained inconsistent information and prolonged waits. The difficulty of making these transitions resulted in the feeling of many participants that the responsibility for managing healthcare, rehabilitation, employment, and other social supports was diffused across different institutions without effective coordination and communication between agencies. 27 Participants also felt that the lack of coordination among government institutions impinged on the capacity of individuals to access support that exists.

Multiple participants reported that one agency would make a recommendation and tell them to try the next, but fail to refer the individual, often resulting in a repetition of attempts to access appropriate service.28 This fragmented system was noted to exist between organizations, particularly in areas of vocational rehabilitation, employment counseling, personal assistance, as well as benefits.

Rather than a well-designed, integrated approach, participants expressed that disability policy was fragmented and confusing. Participants frequently expressed concern with geographic disparity in access to services. Those living in smaller Arab communities reported a much more restricted supply of available Rehabilitation services, Employment opportunities, and community-based services compared to urban areas. Lack of transportation may contribute to reduced access to such opportunities, and disproportionately affect individuals with mobility impairment.

It appears that in implementing the disability policy, many factors relating to local resources and institutions could contribute to variation, even between similarly situated individuals.

In some cases, it appears that participants perceived that the existing policies are failing them in relation to the adult years, by failing to address the particular needs at each stage of development. While access to appropriate services was a common issue with respect to education during school age, Participants argued that the failure to provide comparably adequate supports to ensure effective transition into adult life; i.e., employment, Independent Living, Higher Education, and Community participation; indicated a policy failure.29. As in the discussion with parents, a key aspect of enabling participants to experience full social participation was the provision of supports across the lifespan, rather than focusing on intervention during the early years.

Some respondents noted their unawareness of legal rights. While there are policies in place aimed to support equality in a number of areas, including employment, access and accommodation, many respondents acknowledged limited awareness of how to advocate for themselves, the benefits or programs that were in place for disabled individuals. As discussed, this contributed to feeling a need to depend upon family members or members of the community for ongoing assistance.

One participant summarized this experience by stating:

> *"Sometimes the services exist, but nobody tells us how to reach them or who is responsible. We spend months trying to find answers."*

Overall, this theme shows how experiences are more constrained by policy failures than lack of disability policy in itself; implementation, co-ordination and access issues proving more important factors for individuals as demonstrated by participants reporting that policy alone wasn't enough but was accompanied by appropriate integrated services, robust transition plans, accessible information and on-going institutional support. It suggests that addressing outcomes for adults with disabilities involves not just having robust policy but also ensuring that policy works in practice through the coordination of accessible service systems that cater for individuals across the age range of their adulthood.

Theme 3: Increasing Dependence on Family

Reliance on family post-termination of formal support services was the third thematic area of thematic analysis explored, family support and increasing reliance on family members once formal support systems were no longer provided to participants with intellectual disabilities. The thematic analysis yielded an appreciation among participants and their family members that they indeed were the major source of practical, financial and emotional support, once formal support systems were withdrawn and that once they gained independence from their families, it was often to take up

greater levels of reliance on them. For many, this dependency was perceived as having hindered growth and self-determination: I'm grateful, and I just don't know what I'd do with my parents… they help me out a lot when I don't get help outside; if I was with other services, they would organize me transport and all of those sorts of things for me (participant 5). Participants described the family members that once cared for them at home as taking on all organizational duties and aspects of daily life, including arranging appointments with doctors/specialists, organizing transport, offering the necessary finance, taking over all paperwork, etc once institutional care had ended. For many, if their family hadn't stepped in, the participants believed it would not have been possible for them to access even the necessary medical treatment or even gain a place in employment and/or on rehabilitation courses. Therefore, family was the main social support service and became the main form of backup for their deficit in services that they may have once received.

One participant described this dependence by stating:

"My family became the only source of support for me after the services stopped."

Another participant reflected on the consequences of this support:

"My family wants to protect me, but sometimes this protection prevents me from making my own decisions."

Such experiences highlight the dual role families played during the transition into adulthood. Participants considered family members to be essential sources of safety, comfort, and practical support. Conversely, participants found that excessive dependency on families limited opportunities to foster self-esteem, autonomous lifestyles, and personal accountability. The experiences shared by a number of individuals confirmed that major decisions regarding jobs, school, transportation and social participation were often influenced or dictated by parents due to fear or apprehension about social acceptance and safety concerns. Other significant findings included the extent to which families provided a home, personal care and support as well as opportunities to experience the typical milestones of adult life (going to school, working, forming romantic relationships, becoming more involved in one's community). Evidence was found in the data that a transference of responsibility for individuals from institutional settings to families imposed great strain on household members. Participants identified that parents or siblings shouldered a lifelong responsibility for the care of individuals, not just in childhood, which resulted in financial strain, emotional stress and increase family burdens. For many participants, it became clear that reliance on family to some degree may be the family's attempt to substitute the existing formal services system and compensate for the weaknesses of the formal systems. Therefore, family dependence, rather than cultural tradition, appears to be a factor. Perhaps the most

significant finding of this study is related to the individuals' perspective on independence. The majority of participants wanted the support of their families as well as the greater part of independence they wished that would allow them to be able to make and participate in decisions around their lives, to work and to lead a fulfilling and active life within their communities. Such findings imply the necessity for the policy makers and researchers to design more flexible systems of support and intervention, which could be aimed at achieving both stronger family ties and individual independence for the duration of lifelong adjustment to adulthood. In summary, this theme shows that it is of utmost importance to support adults with intellectual disabilities and their families but also to develop and facilitate individuals' autonomy through the means of post-education care services.

Theme 4: Weak Community Support and Social Exclusion

Participants' sense of lack of community support and social exclusion when it comes to adolescence is the 4th topic discussed. Participants confirmed family support is central for the lives of persons with disabilities, but stated that there was no real capacity in the local communities, NGO's, local authorities to substitute informal help lost. And this created reduced chances for social life, work, participation in the life of the community, and living independently of their family.

As an explanation of why their access to the community was reduced, most participants spoke of few services for adults with disabilities offered in the local community and the fact that they were often not able to access available services.

More specifically, some participants said the services available for adults with disabilities were directed toward child services or provided recreational and sport activities, not towards work readiness, living independently, and social inclusion in the community on long term basis. Many of our participants lived adulthood with diminishing expectations of social integration.

One participant summarized this perception by stating:

"The local community does not provide real support for adults with disabilities."

Another participant explained:

"I felt excluded whenever I tried to participate in community activities or apply for work."

The descriptions suggest that this exclusion went further than the exclusion from formal support. Several of the participants described negative, pitying attitudes or low expectations for their capabilities from members of the wider community when seeking jobs or partaking in activities. Their status as adults seemed not to be recognised, but rather focus was placed solely on their impairment, thereby preventing equality.

The study also demonstrated that this exclusion resulted from the poor transport links and inaccessibility to public spaces available.

We heard several of our participants explain that even though community activities were being organised, because they were not easily accessible or transport was an issue, it made regular involvement too difficult. The exclusion process is therefore not just related to how people treat them as individuals, but the environments in which they exist. We also noted that the civil society organizations participating played only a minor role in long-term inclusion; some may have arranged a day trip or a temporary service, but participants clearly stated their need for vocational support for disabled adults, supported employment, accommodation support, mental health support, involvement in community life throughout the adult lifespan and support that helps to break this exclusion through inclusion. The descriptions suggest that the exclusion suffered by these participants was the sum total of institutional, environmental, and attitudinal barriers to disability and that it was not inherently an attribute of being disabled.

Most of our participants stated their desire to be involved in the community as an equal citizen and for opportunities to pursue their work and leisure in accessible facilities with public transport, for disability to have a higher profile within community-based development with the implementation of consistent community programmes to support long-term inclusion. The analysis here suggests therefore that family and services are only one aspect of the support required for adults to have a successful transition to adulthood, as community inclusion is critical to developing social, economic, and civil participation.

Theme 5: The Need for Sustainable Transition Services and Long-Term Support

The last theme related to the importance participants expressed on a continual coordinated support once the child had outgrown child services in preparing for adult life. Throughout each interview, it was conveyed by every person I spoke with that their requirement was not just of their current youth support, but a system of service support that will help each person develop the means to function autonomously, seek a job, involve their communities and ultimately maintain a high quality of life. For the interviewees, adulthood is not completion of services yet only the starting point of solutions to allow for mature years.

One concern that several mentioned as there has been no structure support preparing them for leaving child services; the interviewees stated they did not understand of rehabilitations to go to, job readiness programs, financial support accessible and places of house which aid develop impartial abilities, which is why they did not want to be able to develop skills as well as make the transition to adult years efficiently. Each participant stated that they ought to have had services a couple of years before leaving formal, adolescent-based programs in order for them to adjust or gain the knowledge.

One participant explained:

"What we need is not temporary help; we need continuous support that prepares us for adult life and remains available afterwards."

Another participant stated:

"If there had been a clear transition plan before I turned 21, many of the difficulties I experienced could have been avoided."

Such personal accounts indicated that respondents were keen to receive some continuous form of support that would facilitate individual autonomy. Instead of advocating long-term reliance upon formal services, participants requested support networks and services to equip them to take charge of their employment, education, health, mobility and social participation alone. Support in this context represented, in participants' words, an investment in autonomy rather than an interminable service arrangement.

Another key dimension to participants' perceptions of successful adulthood related to the centrality of employment.

They anticipated vocational preparation, workplace preparation, supported employment and career counselling to constitute part of an effective transition process. According to the participants, employment, besides contributing to financial autonomy, also contributed to individuals' sense of confidence, social inclusion and sense of self. Access to transport, community-based rehabilitation services, psychological services and lifelong learning also appeared as significant as far as supporting effective transitions into adulthood were concerned. Another major area concerning this theme focused on coordination among institutions.

Participants repeatedly mentioned a desire for increased communication and cooperation between institutions such as schools, rehabilitation centres, health agencies, local authorities, employments agencies and disability organizations.

Participants maintained that their transition into adulthood had often been hindered by service delivery gaps, duplicated procedures and confusing information from several fragmented organizations. An all-encompassing approach that included an ongoing, guiding relationship was desired. Some individuals highlighted, for example, the need for more general awareness about disability and equal inclusion in the community, in order to improve their opportunities to fully access educational, career and civic life.

An inclusive approach means accepting that a person with disability is not a 'care recipient but an active participant within a diverse and tolerant society', and would also entail ensuring accessible physical environments, changing negative institutional and public attitudes and adopting an equal opportunity stance toward people with

disabilities. As a whole, this theme underlined participants' conception of adulthood as a period of empowerment, where assistance is gradually withdrawn to become increasingly individualised and personalised. Individuals experience and portray meaningful transitions into adulthood through continuity in rehabilitation processes, service integration and institutional cooperation, environmental, educational and professional inclusion as well as equal societal participation and equal contribution.

The findings suggest, then, a policy paradigm shift that extends beyond age-based service cuts toward integrated life-course perspectives and policy developments aimed at maximizing the autonomy of adults with disabilities and addressing their lifelong transition processes.

Collectively, the recommendations that emerge represent a move from current fragmented and individual reactive systems towards integrated, person-centred transition supports and opportunities for meaningful participation throughout the life course.

5. Discussion

My study examines how mild and moderate disabilities of Arab young people with disabilities in northern Israel transition to adulthood after the completion of the formal care and support systems (at the age of 21). It indicates in general terms that the successful transition of young people with disabilities to adulthood is determined by structural, institutional and sociocultural variables rather than by their disability. In general terms and for all themes, young people's adulthood is defined by discontinuing services, fragmented institutions and inaccessibility to care, family dependence and inability to be integrated into the community, lack of preparedness to adults' life and dependence on the family for livelihood. These findings support the view of the social model of disability according to which disadvantage related to disability arises primarily from physical barriers, environmental as well as societal, rather than individual limitations (World Health Organization [WHO], 2023). The first central finding shows that the transition to adulthood of youth with disabilities beyond the age of 21 leads to abrupt interruptions in the delivery of rehabilitation, education and social welfare services. Instead of a gradual developmental process, adulthood is experienced as a bureaucratic threshold after which a substantial decline in services is perceived. This is consistent with the assertion by Carter *et al.* (2022), who suggested that segmented transition services fail to provide a consistent continuum of services from childhood to adulthood. Similarly, Michael *et al.* (2024) found that Israeli young adults with physical disabilities faced major difficulties in finding employment, rehabilitating and independently managing their daily lives after their education was completed.

It supports earlier studies, which already found that such challenges are exacerbated among ethnic minorities because geographic and socioeconomic marginality and limited access to cultural services join administrative discontinuity. The second

finding confirms a significant disparity between disability policies in legislation and reality. The participants agreed that legislation does offer their group of people adequate legal protection, but all were also able to report fragmented services, administrative complexities and poor institutional integration in the field. The study supports the statement of the United Nations Disability and Development Report (2020), which stated that implementing new disability legislation alone was not sufficient to reduce inequities without integrated efforts. As Omary (2024) pointed out, an adapted model of service for disabled persons must provide support for adults beyond school, and in this aspect integrated transition models are required. Based on the findings of this study, it can be argued that assessing effective disability policies requires considering, in addition to legislative frameworks, also individuals' capacity to access services in their communities for continued rehabilitation, employment and supported living.

Family assistance turned out to be a supportive protective factor and a resource for continued dependence on the family during adulthood. The participants said in one voice that upon completion of public services, they became reliant upon their families to an unprecedented extent and were entirely dependent on parents or other family members for assistance with financial, social and functional needs. Badran *et al.* (2024) argue that family support continues to be the most significant factor contributing to the resilience of the Arab population with disabilities in Israel, and this study reinforces these findings. At the same time, this study corroborated Dababnah *et al.*'s (2023) study findings that protective families may inhibit autonomy in decision-making, and family help may stem more from institutional failures to carry out the long-term provision of care than from inherent traits of Arab families to take on a role that the state has forsaken them from doing. Another important theme that emerged during my research concerns the community participation of young Arabs with disabilities and continuing marginality. Participants reported environmental obstacles, few community programs and an unmitigated social exclusion which continued to affect employment chances and full involvement in the civic sphere. My study supported the existing findings, which already described how stigma and discriminatory practices could perpetuate educational, occupational and social exclusion (World Health Organization [WHO], 2021; Vecchio Camargo *et al.*, 2022).

In the context of ethnic minorities and especially of the Arab minority in northern Israel, it may expand earlier research into how minority status interacts with disability and creates forms of dual and multi-layered disadvantage. The present study shows how minority status and disability overlap in a context of unequal access to social and public resources in the Arab society of northern Israel. Finally, and as a conclusion of these themes, participants spoke about their desire for continuity of services in a manner that will support their adults' life beyond the age of 21. It is evident that the participants did not ask for long-term dependency and were rather in favor of coordinated guidance on employment, continued assistance on training and rehabilitation, transport services for this sector of the population and assistance with employment. They thus support a whole

life course perspective on policy which must include a plan throughout development and a whole life course, as the UN (2021) and WB (2022) have pointed out. It is the first time that adulthood is described not only in its developmental sense, but also in relation to how young people with disabilities cope with the transition using support not just from their family but also from the public sector after exiting the services framework until 21.

The current study contributes a number of findings. Firstly, it provides rich, context-specific qualitative information regarding the transition of Arabs with moderate disabilities into adulthood after formal support services are withdrawn in northern Israel, an area currently underexplored in research on transitions of disabled young people internationally. Second, by focusing on the intersection of structural, institutional, cultural and family factors, it presents a comprehensive model of transition of adults with mild and moderate disabilities. Third, the current study further develops ecological and social models of disability by conceptualizing adulthood not merely in terms of individual characteristics, but also as shaped by continuously emerging interactions among state policy, family support, community engagement and accessibility.

These findings suggest concrete policy recommendations for culturally sensitive approaches that will offer coordinated services, promoting the life skills, inclusive environments and vocational pathways necessary for independent living.

5.1 Original Contribution of the Study

In addition to verifying the documented obstacles faced by people with disabilities during the transition to adulthood, the current research makes three original contributions to the literature on this issue. First, the research provides culture and context-specific qualitative data on the Arab sector in northern Israel, which, as of yet, is a relatively poorly investigated group in international disability and transition research. By considering the experience of adult members with mild to moderate disabilities in this minority population, the present research adds a fuller account of how cultural, social and institutional constraints to transition may be influenced. Secondly, unlike some previous studies that have treated the issues of employment, family support, stigma and the availability of support services as distinct constructs, the current study develops an integrated analysis, where the impact of five correlated variables is explored simultaneously; the number of job opportunities, accessibility and ease of mobility, family expectations towards the adult with disability, perceptions of stigma and discrimination, and availability of services. Such an approach enables a broader view of the complex variables influencing the process of social independence of people with mild and moderate disabilities transitioning to adulthood. Thirdly, by showing how transition experiences may not only be influenced by the disability-specific barriers, but are also mediated by factors such as a collectivist family structure, minority group status, and the existing institutional structures, this research brings forth a culture-based view. This contrasts with the more prevailing Western model of adulthood that conceptualizes independence as individual autonomy, as this research points to the ongoing

negotiations of independence on the level of family support, participation in community activities and assistance from formal services. Thus, this work contributes to the burgeoning literature calling for context and culturally sensitive approaches to policies in disability.

6. Implications

The implications of the research are significant in terms of disability policy and the practice of professionals working with adults with disabilities in the Arab sector of northern Israel and assisting them in the transition to adulthood. Thus, it is crucial that transition services are long-term services, are not discontinued at the administrative age of 21, but are continually offered for a more protracted period. Planners for the transition to adulthood, policymakers, and professionals involved in rehabilitation need to create an integrated and organized array of services in various service fields such as education, health services, vocational rehabilitation, employment, and independent living so as to help enable the successful transition to adulthood. Furthermore, greater cooperation among government, municipal, rehabilitation service centers, and the public sector will help minimize fragmentation and accessibility gaps among these services. Because of the central position of families, programs with an integrated, family-centred approach can be developed in order to support the parents, increase their engagement and involve them in promoting the independence, self-determination and the capacity for autonomous decision-making. In addition to raising the consciousness of the public, an increase in accessibility at work place and expansion of supported employment opportunities are needed.

7. Limitations

Despite valuable lessons concerning the process of adulthood for Arab adults with disabilities in northern Israel who experience mild and moderate disability, this study has a number of limitations. The first limitation is that the study had a qualitative nature; thus, a purposefully selected sample of 30 adults participated in the study. Although 30 subjects enabled an in-depth exploration and richness of thematic development and richness, the data obtained were meant to deepen our understanding about the experiences of adults, not to create statistically generalizable results for all adults with disabilities.

The second limitation involves the heterogeneity of the group of adults participating in the study; indeed, the adults participants have different types of disabilities: physical and motor, sensory impairment, learning difficulties or mild intellectual disability.

While this variation enriched the study through allowing a multi-perspective view of the adults' transition experiences, the authors did not examine differences in transition

experiences as a function of the type of disability. Third, data were collected through semi-structured interviews alone. Despite enabling participants to reveal an in-depth description of their experiences, use of an array of qualitative data collection methods (e.g. Focus groups, observations, documents, etc.) would enhance triangulation. Fourth, the data collection design was a qualitative cross-sectional design, and as such the data obtained is a reflection of an experience in time that could be represented with further analysis as longitudinal. Fifth, as noted, the data collected comes from Arabs living in northern Israel. The study cannot assume transferability to any and all contexts where adults with disabilities are involved in similar life-changing processes. However, there is the possibility for the generalisability to similar minority groups. This study's limitations notwithstanding, this research's context-specific information is an important contribution to the expanding literature base which is available on the topic of transition to adulthood for adults with disabilities, with policy implications.

8. Future Research

Future research should consider the following directions:

- Conduct **longitudinal studies** to examine how the transition to adulthood evolves over time and how support needs change after the age of 21.
- Compare the experiences of **Arab and Jewish adults with disabilities in Israel** to better understand the influence of cultural, social, and institutional factors on transition outcomes.
- Adopt **mixed-methods research designs** that combine qualitative interviews with quantitative measures of employment, quality of life, social participation, and psychological well-being.
- Investigate transition experiences across **different disability types** (e.g., physical, sensory, intellectual, developmental, and multiple disabilities) to identify disability-specific barriers and support needs.
- Evaluate the effectiveness of **transition programs and disability policies** in promoting independent living, employment, and community participation.
- Explore the perspectives of **family members, caregivers, educators, rehabilitation professionals, and policymakers** to obtain a more comprehensive understanding of the transition process.
- Examine the impact of **accessible transportation, assistive technologies, and digital services** on improving independence and social inclusion among adults with disabilities.
- Investigate the role of **community organizations and civil society initiatives** in supporting adults with disabilities after the age of 21 and facilitating long-term social inclusion.

9. Conclusion

This study examined the experiences of adults with mild to moderate disabilities as they made the transition into adulthood within the Arab sector of northern Israel. It illustrates that while personal skills influence adulthood, accessible supported services, adequate policy implementation, family engagement, and an inclusive community make all the difference. From age 21 forward, respondents depicted this life transition as "going out of" or "dropping from" the services previously received, with growing reliance on family, weak community support, and a recurring inability to gain employment or achieve independent lifestyles. At the same time, respondents underscored the significance of appropriate transition services with ongoing support that fosters autonomy, independence and equal participation in the community. This study's findings align with the social model of disability, which maintains that many challenges adults with disabilities confront are rooted in environmental or societal barriers, rather than in their personal impairments or limitations. Using a context of the Arab minority within Israel, this study further enriches an ever-expanding body of research on the transition to adulthood for adults with disabilities by providing culturally sensitive, practical implications for both policymakers and those service providers committed to providing inclusive and individualized transition services that result in long-term integration and autonomy for individuals with disabilities.

Conflict of Interest Statement
The author declares no conflicts of interest.

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