

## AVAILABILITY OF CHOICE FOR PEOPLE WITH MODERATE INTELLECTUAL DISABILITY IN DIFFERENT TYPES OF HOUSING IN SERBIA

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### Abstract

This research aimed to determine the availability of choice for people with moderate intellectual disability in different types of housing in the Republic of Serbia. The sample included 87 male and female adults with moderate intellectual disability, living in one out of three types of housing: a family home, an institution, or within the supported community living program. The Choice Questionnaire (Stanchiffe & Parmenter, 1999) was used to determine the availability of choice in their daily lives. The results indicated that the overall availability of choice was significantly higher in people with moderate intellectual disability living within the supported community living program than in those living in family homes or institutions. The differences in choice opportunities were also found in particular life domains. The practical implications of this research involve the need to provide people with moderate intellectual disability with more frequent opportunities to make personal decisions and choices.

**Key words:** availability of choice, moderate intellectual disability, type of housing.

## ДОСТУПНОСТ ИЗБОРА ОСОБАМА СА УМЕРЕНОМ ИНТЕЛЕКТУАЛНОМ ОМЕТЕНОШЋУ У РАЗЛИЧИТИМ ТИПОВИМА СТАНОВАЊА У СРБИЈИ

### Апстракт

Циљ истраживања је био утврђивање доступности избора за особе са умереном интелектуалном ометеношћу које станују у различитим типовима становања. Узорак је обухватио 87 одраслих мушкараца и жена са умереном интелектуалном омете-

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ношћу, које живе у једном од три типа становања: у породичном дому, институцији или у програму становања уз подршку. Упитник о избору (Stancliffe & Parmenter, 1999) је примењен за утврђивање доступности избора у свакодневном животу испитаника. Резултати су показали да је укупна доступност избора значајно виша код особа са умереном интелектуалном ометеношћу које живе у оквиру програма становања уз подршку у односу на оне који живе у породичним домовима или институцијама. Разлике у приликама за избор су такође утврђене у појединим животним доменама. Практичне импликације овог истраживања укључују потребу за обезбеђивањем веће доступности доношења одлука и вршења избора особама са умереном интелектуалном ометеношћу.

**Кључне речи:** доступност избора, умерена интелектуална ометеност, тип становања.

### *INTRODUCTION*

Choice-making is of great importance for people with intellectual disability (ID) since it gives them a sense of independence, personal dignity and satisfaction. Situations in which they need to make a decision are important opportunities to learn and practice new social knowledge and skills (Agran et al., 2010). The significance of choice availability is reflected in its predictive role for behavioural autonomy in adults with moderate intellectual disability (MID) (Author, 2021), and in the fact that choice-making and self-advocacy skills are the basis for the development of more complex manifestations of self-determination (Shogren et al., 2015).

Despite the proven long-term benefits of autonomous behaviour for the quality of life (Shogren et al., 2017), people with ID have limited opportunities to acquire and practice volitional skills, such as autonomous choice-making, compared to their typically developing peers (Mumbardó Adam et al., 2018). Support providers for people with moderate and severe ID often shape the decisions of these persons, trying to ensure that the decision made is in accordance with what they believe is in the best interest of a person with ID, and to reduce the risk of making a decision they consider inadequate (Pilnick et al., 2010). The insufficient attention paid to the importance of providing choices to people with ID is arguably driven by an age-old assumption that concepts relating to self-determination and autonomy have no relevance to these people, due to perceived lack of decision-making capacity (Jameson et al., 2015). It is considered that limited opportunities reduce the possibility of acquiring choice-making and decision-making skills, and functionally applying them in different social circumstances. Data shows that people with mild and MID are able to exercise their rights to choose in everyday life through the process of supported decision-making, and that this is a very complex process that must be adequately regulated so as not to become substituted decision-making (Devi et al., 2020). The role of a person providing support is to explain a problem or a question, explore available options, and help with expressing preferences (Carney & Beaupert, 2013).

*Availability of Choice for People with ID*

Previous studies that aimed to determine the level of choice availability, decision-making, and control in the daily life of people with ID indicate that choice opportunities vary according to the domain within which a decision has to be made. People with ID usually do not make the majority of important decisions independently but under the influence of significant others (Wong & Chow, 2021). Availability of choice is greater for activities related to satisfying basic needs, housekeeping, and leisure activities, while choices related to more complex life domains, such as health, employment, schooling, money management, and housing are primarily made by parents or service providers, with relatively low involvement of people with ID (Lakin et al., 2008; Tichá et al., 2012).

In analysing the available studies on choice-making and autonomy of people with ID, research in which the informants were people with ID, and where the problem of choice-making and control is given from their perspective is particularly valuable. The results of such studies indicate that people with ID point out the lack of autonomy and freedom of choice related to their health (Bollard et al., 2018), lack of control over their finances, and involvement in making decisions related to money management (Buhagiar & Lane, 2020). Furthermore, they emphasise that they face disregarding their wishes and limiting choices, and control in their everyday lives, even in the context of common life activities such as self and household care, recreational activities, communication, and social interactions (Gjermestad et al., 2017).

People with ID have fewer social opportunities in different areas of life compared to people without disabilities, as they generally live in a more restrictive social environment (Umb Carlsson, 2021). Ensuring optimal living conditions and providing opportunities to choose activities according to interests, age, needs and abilities are important factors in improving the quality of life of people with ID (Tamaš, 2016). Different types of housing provide different perspectives. Thus, people with ID living within a community have significantly greater social participation in employment, recreation and leisure activities, and involvement in community groups (e.g. church, school, sports, local government) than those living in a segregated setting (Verdonschot et al., 2009). According to research results, the right of people with ID to personal choice, independent decision-making, and taking control over their lives is significantly related to their living conditions. Compared to other types of housing, such as living in a family home, independent living, and supported community living, people with ID who live in institutions, where they share their living space with many other individuals, have the fewest choice opportunities related to daily activities (daily schedules, leisure time, spending money) (Tichá et al., 2012). Institutional practices, such as performing routine daily activities according to a fixed schedule, restricting access to certain parts of the living space, being

excluded from making decisions about who to share a room with, and arranging the activities according to staff availability indicate a constant control and disempowerment of people with ID (Murphy & Bantry-White, 2021). On the other hand, supported living has a stimulating effect on improving problem solving, choice-making and decision-making skills of people with ID, and these skills are necessary for their adequate inclusion in the life of the local community (Petrović et al., 2016). Furthermore, research results show that people with MID included in the supported community living program show a significantly lower level of stress and aggressive behaviour than those living in family homes or institutions (Tamaš et al., 2016).

Research on the availability of choice for people with ID is of great importance since it is a starting point for improving this population's choice-making, control, and self-determination (Palmer et al., 2013). Since several studies identified the type of housing as a significant factor in the existence of choice opportunities related to everyday life and important life decisions (Murphy & Bantry-White, 2020; Stancliffe et al., 2011; Ticha et al., 2012), we tried to determine the role of the type of housing in choice availability for people with ID in the Republic of Serbia, where similar studies have not been done before.

#### *The Serbian Context*

In the Republic of Serbia, there is a history of institutionalisation of persons with ID. Although modern legislation tends to reduce the institutional placement of these persons, changes in practice are slow. Adults with MID mostly live with their immediate family due to the lack of a more adequate solution, or if they have no family, in institutions that are usually isolated from the community. Very few people with MID are included in the supported community living program, which usually involves several people living together in one apartment where they have the necessary support and try to get involved in the wider community as much as possible. Such programs are available only in a few, mostly larger cities, and an insufficient number of users are included in this type of housing (Matković & Stranjaković, 2020).

With regard to all of the above mentioned, our research aimed to determine the availability of choice for people with MID in different types of housing. There are two reasons why this research problem could be significant. The first refers to the fact that the results of similar studies have not been published so far in our surroundings. The second, and probably more important reason is the limited network of independent living support services for people with ID in the Serbian context. The results of this study could be significant for directing housing policy for people with ID in the future in Serbia, and can affect the improvement of the services available to them.

## METHODOLOGY

### Sample

The sample included participants who met the following three criteria: (1) 20-60 years of age; (2) living in one out of three types of housing (immediate family, institution, supported community living); and (3) diagnosed MID. With regard to verbal abilities, all participants were able to participate in a simple conversation about everyday experiences. Participants with autism spectrum disorder and severe sensory and motor impairments were excluded from the sample.

The sample consisted of 87 people with MID – 50 men (57.5%) and 37 women (42.5%). Of the total number of participants, 31 live within the supported community living program (35.6%), 21 in their immediate families (24.1%), and 35 in an institution (40.2%). The distribution of the sample according to gender and type of housing is given in Table 1. The Chi-squared test indicated no statistically significant differences between the subsamples of the participants living in different types of housing with regard to gender ( $\chi^2=3.064$ ,  $df=2$ ;  $p=.216$ ).

*Table 1. Distribution of the sample according to gender and type of housing*

Type of housing	Gender	N	%
Supported living	male	14	28.0%
	female	17	45.9%
Family	male	14	28.0%
	female	7	18.9%
Institution	male	22	44.0%
	female	13	35.1%

The age range of the participants in the whole sample was between 21 and 57 years ( $M=33.77$ ;  $SD=9.27$ ). Table 2 shows the comparison of the participants' age according to the type of housing. One-way analysis of variance determined that the subsamples of the participants from different types of housing were not statistically significantly different with regard to age ( $F=2.825$ ;  $df=2$ ;  $p=.065$ ).

*Table 2. Age of the participants in different type of housing*

Type of housing	M	SD
Supported living	37.48	9.93
Family	31.53	5.09
Institution	33.82	10.30

### *Instrument*

The Choice Questionnaire (Stancliffe & Parmenter, 1999) was used to determine the availability of choice in different life domains. This instrument consists of 26 items describing various activities divided into the following groups: (1) Domestic activities, co-residents and staff; (2) Money and spending; (3) Health; (4) Social activities, community access, and personal relationships; (5) Work/day activities; and (6) Overall choice. By selecting one of the three given answers, the participants were asked to evaluate to what extent each activity was available to them. The answers referred to complete freedom of choice (3 points), partial freedom of choice (2 points), and the absence of opportunities for choice-making (1 point). The total score was obtained by summing up the responses to all 26 items, with a higher total score indicating a higher level of choice availability in daily life. The authors of the scale (Stancliffe & Parmenter, 1999) report a high internal consistency reliability of the scale ( $\alpha=.81$ ), and high test-retest reliability ( $r=.95$ ) for the application in the population of adults with mild, moderate, and severe ID. Our research confirmed the high internal consistency reliability of the scale ( $\alpha=.896$ ).

### *Procedure*

The research was conducted in institutions where the participants lived, day-care centres that the participants living with their families visited, supported living services, and the participants' apartments. The instrument was applied through individual interviews, with repeating questions and providing additional explanations when necessary. The interview was conducted in a separate room with no distractors, and lasted about 45 minutes. Data on age and the level of intellectual functioning was taken from the participants' records in institutions, day-care centres, or organisations. After being presented with the research aim and description, the participants and their guardians consented to participating in the research and sharing the data from the participants' record. The ethical guidelines of the Special Education and Rehabilitation Code of Ethics in Science and Research – Good Scientific Practice, required for the conduct of this type of research, were followed during the selection of participants.

### *Statistical Analysis*

The following statistical measures were used to describe the obtained data: minimum and maximum values, mean, standard deviation, frequency, and percentage. The Chi-squared test and One-way analysis of variance, followed by the Tukey test were used to determine the differences between groups. IBM SPSS Statistics, version 25 was used for data processing.

### RESULTS

One-way analysis of variance was used to examine the statistical significance of differences in availability of choice in different life domains, and as a whole, between different types of housing.

Levene's test of homogeneity of variance determined that the variance of subsamples was homogenous in Domestic activities ( $p=.102$ ), Health ( $p=.312$ ), and Social activities ( $p=.157$ ), while it was not homogenous in Money and spending ( $p=.000$ ), Work/day activities ( $p=.006$ ), Overall choice ( $p=.000$ ), and the total availability of choice ( $p=.024$ ). Thus, the additional Welch test, resistant to the violation of variance homogeneity assumption, was applied for the domains of Money and spending, Work/day activities, Overall choice, and the total availability of choice. Statistically significant differences were determined in all evaluated domains and the scale as a whole (Table 3).

Table 3. Differences in availability of choice according to the type of housing

Subscale	Type of housing	N	M	SD	F	df	p
Domestic activities, co-residents and staff	SL	21	17.00	3.33	24.889	2	<b>.000</b>
	F	31	20.45	4.17			
	I	35	14.51	2.64			
Money and spending	SL	21	5.00	0.95	13.591 <sup>a</sup>	2	<b>.000</b>
	F	31	7.55	2.84			
	I	35	6.11	1.41			
Health	SL	21	4.76	1.30	18.739	2	<b>.001</b>
	F	31	6.45	1.59			
	I	35	6.06	1.61			
Social activities, community access, and personal relationships	SL	21	8.71	2.03	43.943	2	<b>.000</b>
	F	31	10.52	2.51			
	I	35	8.29	1.84			
Work/day activities	SL	21	4.19	1.29	4.054 <sup>a</sup>	2	<b>.023</b>
	F	31	5.55	2.14			
	I	35	4.77	1.61			
Overall choice	SL	21	2.10	0.89	10.772 <sup>a</sup>	2	<b>.000</b>
	F	31	2.81	0.48			
	I	35	2.20	0.76			
Total availability of choice	SL	21	41.76	7.96	11.918 <sup>a</sup>	2	<b>.000</b>
	F	31	53.32	11.63			
	I	35	41.94	7.55			

<sup>a</sup> Welch test; F=family; I=institution, SL=supported living

The subsequent Tukey test determined which groups, formed according to the type of housing, statistically significantly differed in the availability of choice in everyday life (Table 4). The participants living

within the supported living program had more choice opportunities than those living in families and institutions in the domains related to domestic activities, managing money, social relationships and community access, and the total availability of choice. Also, the participants within the supported living program generally perceived available choices as higher (Overall choice domain) than those living in immediate families or institutions.

In the Work/day activities domain and Health domain, the difference was determined in the available choice between the participants in the supported living program and those living with families, to the advantage of supported living. Apart from the advantages of supported living compared to two other types of housing, it was also determined that the participants living in their immediate families had statistically significantly more choices than those living in institutions in the Domestic activities domain.

*Table 4. Differences in choice availability according to the type of housing: comparison between groups*

Subscale	Compared groups	Difference M	SE	p
Domestic activities, co-residents and staff	F – I	2.486	0.943	<b>.027</b>
	SL – F	3.452	0.966	<b>.002</b>
	SL – I	5.937	0.843	<b>.000</b>
Money and spending	F – I	-1.114	0.545	.108
	SL – F	2.548	0.558	<b>.000</b>
	SL – I	1.434	0.487	<b>.011</b>
Health	F – I	-1.295	0.423	<b>.008</b>
	SL – F	1.690	0.433	<b>.001</b>
	SL – I	0.394	0.378	.552
Social activities, community access, and personal relationships	F – I	0.429	0.593	.750
	SL – F	1.802	0.607	<b>.011</b>
	SL – I	2.230	0.530	<b>.000</b>
Work/day activities	F – I	-0.581	0.485	.457
	SL – F	1.360	0.496	<b>.021</b>
	SL – I	0.777	0.433	.178
Overall choice	F – I	-0.105	0.196	.854
	SL – F	0.711	0.200	<b>.002</b>
	SL – I	0.606	0.175	<b>.002</b>
Total availability of choice	F – I	-0.181	2.567	.997
	SL – F	11.561	2.628	<b>.000</b>
	SL – I	11.380	2.294	<b>.000</b>

F=family; I=institution, SL=supported living; difference M=difference between mean values, the value for the second type of housing is deduced from the value for the first; SE=standard error



### *DISCUSSION*

Our results show that, at the level of the total score on the applied instrument, the availability of choice was significantly greater for people with MID within the supported living program than those living with immediate families or in institutions. These findings lead to the conclusion that supported community living is a stimulating environment for developing self-determination skills compared to the other two types of housing, since it provides more opportunities to make choices and decisions according to personal preferences and needs. Several studies report on the advantages of supported living over institutions and nursing homes, stating that community living is a more stimulating environment for the development of personal autonomy, which is manifested through independent choice and decision-making (Álvarez-Aguado et al., 2021), and greater control over important life topics, better social participation and quality of life (Kozma et al., 2009; Stancliffe et al., 2011).

The results of our study indicate the participants living in family homes had significantly fewer opportunities to select desired activities and decide on various life issues than the participants within the supported living program. According to Curryer et al. (2015), parents of adults with ID list the following reasons for limiting the choices of their children in different life activities: the reduced capacity to understand more complex situations and make decisions, limited awareness of the consequences of specific options, their children's vulnerability, and the risk of making the wrong decisions. These parents often face the complex task of balancing between the feelings of responsibility and concern for their children's well-being and a desire to allow them to take control over their lives, which sometimes leads to facilitating their children's choice and decision-making and limiting control (Curryer et al., 2020). It is also possible that living with parents/guardians prolongs the patterns of making choices and decisions for a person with ID established during childhood and adolescence. As a result of all of the above mentioned, adults with ID living with parents do not have enough opportunities to practice choice and decision-making skills, which leads to prolonged dependence on others, especially family members (Callus et al., 2019).

#### *Domestic Activities, Co-residents and Staff*

In our research, the availability of choice related to everyday domestic activities, such as household chores, preparing and having meals, daily routines, having a pet, using a phone, etc., was significantly higher in people with MID within the supported living program than in those living in two other types of housing. Furthermore, freedom of choice is more available to our respondents who live with family members, in comparison with those who live in institutions. These results are expected

since it has been determined that supported community living stimulates the acquisition of skills related to domestic activities and provides more choice opportunities for people with ID in this domain (Golding et al., 2005). Other studies indicate that the independent decisions and personal preferences of people with ID in institutions, even those related to the most basic needs and activities, such as choosing and preparing food and setting the table, are controlled by staff and adapted to the group's routine, and preferences and attitudes of the staff. According to the residents themselves, their freedom of choice is often associated with their reduced confidence, and need for the staff to approve and make a final decision about a particular activity (Kåhlin et al., 2016).

### *Money and Spending*

Our results related to money management indicate that participants living in supported housing have more freedom to choose how to spend their money, in comparison with participants living in institutions or with family members, which is consistent with the finding that living in the community and choice-making in people with ID are generally strongly connected (Lakin et al., 2008). The money management of adults with intellectual disabilities is usually done by family members or support providers (Lussier-Desrochers, Lachapelle, & Caouette, 2014), which can probably be explained by the difficulties that people with MID have with understanding the concepts of money and time (Tassé et al., 2019). The higher availability of opportunities to decide how to spend their money in the supported living environment can probably be explained by the fact that some participants within the supported living program are employed and earn a salary. In addition, this housing concept encourages the independence of people with ID in various daily activities, including those related to money (Lakin et al., 2008).

### *Health*

In the health domain, we found that the participants in the supported living environment and those living in institutions had more opportunities to make health-related decisions than those living with their families. The greater availability of health-related choices in the supported living environment compared to the family environment is not surprising if interpreted in the context of other studies stating that parents of people with ID are usually involved in the conversation between their children and health workers, and make decisions about their children's health (Tuffrey-Wijne, 2013; Wilkinson et al., 2013). On the other hand, our result, according to which people with MID living in institutions had greater availability of health-related choices than the participants living with their families, can be considered surprising since stationary institutions usually

have relatively rigid rules and procedures regarding the residents' behaviour (Kozma et al., 2009; Murphy & Bantry-White, 2021). This result may be explained by the fact that most participants living in institutions stated that they go to medical examinations and communicate with health workers independently, which is expected, because these medical examinations take place within the institutional housing complex where these participants live. They probably already know the medical staff well, which reduces barriers in communication and can be the reason why they usually go alone.

#### *Social Activities, Community Access, and Personal Relationships*

Our participants living in the supported community had significantly more choices related to social activities and community access than those living in institutions or with family members. Institutional living usually involves little contact with a wider community, and a limited range of social interactions and related choices, which makes the obtained finding expected. The question is why people with ID living with their immediate families had fewer choices related to social relationships and community access than those living in supported environments. As this domain includes choices related to leisure time, moving within a wider community, going on visits, etc., we assume that one of the reasons for the limited choices of the participants living with families is the need to organise the participants' wishes according to the plans, routines, and obligations of other family members. In addition, it is possible that limiting these people's choices is based on the parents' need to protect their adult children from the consequences of bad choices in the domain of social relationships and activities in the community. Research confirms that the limitations imposed on adults with ID by their parents in relation to intimate relationships, leisure time, online communication, and moving within the community are mainly the consequence of an overprotective attitude of parents toward their children, even though they are adults (Callus et al., 2019).

#### *Work/day Activities*

The results of our research showed that the participants within the supported living program had greater freedom of choice related to work and daily responsibilities than those living in institutions and families. Similar to our findings, Nota et al. (2007) found that people with ID who live in the community and attend day care centres exhibit greater autonomy in choosing their activities and a greater degree of self-determination in daily life routines, compared to their peers living in the institution. The concept of supported housing implies a specific approach of the staff and the empowerment of persons with ID for more intense inclusion in the wider community, making choices and self-determined actions (Kozma et al, 2009).

### *Overall Choice*

The Overall choice domain in the used questionnaire referred to the participants' general assessment of choices regarding what they want in life, i.e., their personal experience and satisfaction with the availability of choice. The participants within the supported living program rated their satisfaction with choice availability significantly higher than those living in the other two types of housing. Since the results of the scale as a whole indicate greater availability of choice in this group of participants, we can conclude that the level of satisfaction in our participants is in accordance with the actual availability of choice. Other authors (Randell & Cumella, 2009) also point to a higher degree of independence, opportunities to make decisions and choices, as well as a higher degree of life satisfaction of people with ID during life in small home communities, compared to the period when they stayed in residential institutions.

### *CONCLUSION*

This study aimed to determine and compare the availability of choice for people with MID in different types of housing from their perspective. The results showed that institutional living and living with family members were less stimulating environments for making choices and taking control in the daily lives of people with MID compared to the supported community living concept. As encouraging people with ID to practice choice-making and providing them with opportunities to apply that in everyday life are some of the key factors in improving the ability to make choices (Kozma et al., 2009), we assume that these characteristics of supported community living contributed to the obtained results. On the other hand, overprotection and highly-structured environments are identified as hindering factors in self-directed behaviour, taking control, and making choices in daily life (Wehmeyer & Metzler, 1995), which may have contributed to lower availability of choice in the other two types of housing.

The practical implications of this research primarily refer to the need for providing people with MID with more opportunities to make personal decisions and choices. It is necessary to work on improving the skill of decision-making with support, based on the belief that every person has the right to a certain level of autonomy and control over their lives, and that they can express personal desires and preferences related to choice-making in the context of trusting relationships.

Furthermore, it is necessary to provide conditions for the popularisation of supported community living, identified as the most suitable type of housing for choice-making, but also to transfer the positive practice of encouraging choice-making from this type of housing to other environments (institution and family home) as much as possible. Such an ap-

proach would be a step further in improving the dignity, self-esteem, and self-determination of this population.

The methodological design of our research involved determining the role of the type of housing in the choice-making of people with MID by comparing the availability of choice in different housing solutions. Since the subsamples of our participants, formed according to the type of housing, were not statistically significantly different with regard to gender, age, and intellectual abilities, we can conclude that the variations in choice availability should not be attributed to these factors. There is a possibility that factors other than the characteristics of a specific type of housing contributed to the obtained results, which is a limitation of this research. These factors may include comorbid mental health problems, behavioural problems of the participants, or their social skills, which should be examined in future studies.

In order to improve the social participation of people with ID, it is necessary to make changes in national legislation, and social support aims and programs. Instead of continuously questioning whether the acquired competencies are sufficient, the focus of support for people with ID should be providing them with opportunities to make everyday decisions independently and, based on that experience, to be able to self-advocate, make plans, and achieve goals. It is crucial that, at both formal and practical levels, we believe in their ability to control their own life and create a social environment in which this is possible (Williams & Porter, 2017).

ACKNOWLEDGEMENT: This paper is a result of research, which was financially supported by the Ministry of Science, Technological Development and Innovation of the Republic of Serbia (contract registration number: 451-03-66/2024-03/ 200096).

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## ДОСТУПНОСТ ИЗБОРА ОСОБАМА СА УМЕРЕНОМ ИНТЕЛЕКТУАЛНОМ ОМЕТЕНОШЋУ У РАЗЛИЧИТИМ ТИПОВИМА СТАНОВАЊА У СРБИЈИ

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### Резиме

Вршење избора је за особе са интелектуалном ометеношћу од изузетне важности јер им пружа осећај независности, личног достојанства и задовољства и представља основу за развој сложенијих манифестација самоодређеног понашања. Студије указују да особе са умереном интелектуалном ометеношћу генерално имају низак ниво аутономије, личне контроле и доступности избора у животу. Ограничене прилике за избор умањују могућност увежбавања и усвајања вештина вршења избора и доношења одлука, као и функционалну примену ових вештина у различитим друштвеним околностима. Претходним иностраним истраживањима идентификовано је да се доступност избора у различитим областима живота за особе са умереном интелектуалном ометеношћу разликује у односу на начин њиховог становања.

Циљ истраживања био је да се утврди доступност избора за особе са умереном интелектуалном ометеношћу у различитим типовима становања у Републици Србији. Узорак је обухватио 87 одраслих мушкараца и жена са умереном интелектуалном ометеношћу који живе у једном од три типа становања: у породичном дому, институцији или у програму становања уз подршку. За утврђивање доступности избора у свакодневном животу примењен је Упитник о избору (енгл. The Choice Questionnaire; Stancliffe and Parmenter 1999). Добијени резултати указују да је укупна доступност избора значајно виша за особе са умереном интелектуалном ометеношћу из програма становања у заједници уз подршку него за особе које станују са својим примарним породицама или у институцијама. Разлике у приликама за избор су такође утврђене у појединим животним доменама. Практичне импликације истраживања односе на потребу за омасовљењем програма становања уз подршку, као подстицајног типа становања у контексту доступности избора, али и на учесталије омогућавање особама са умереном интелектуалном ометеношћу да доносе одлуке и врше изборе у своје име у другим условима становања (породичном и институционалном становању).