



Social inclusion of adult people with intellectual disabilities in Croatia

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Introduction. Contemporary social policies aimed at individuals with disabilities are grounded in the social model of disability. As a result, the primary objective of social policy towards individuals with disabilities globally, within the EU, and also in Croatia, is the pursuit of social inclusion following the initiation of deinstitutionalization. *Objectives.* This research aimed to examine the social inclusion of adults with intellectual disabilities in Croatia. The primary objective involved identifying dimensions or factors within the social inclusion Questionnaire. Additionally, the study sought to explore potential correlations between the age and gender of adults with intellectual disabilities and their level of social inclusion. *Method.* The study comprised 145 adults with intellectual disabilities, residing with their families in various cities across the Republic of Croatia. A questionnaire specifically tailored to measure the social inclusion of people with intellectual disabilities was developed. *Results.* The final version of the Questionnaire singled out 4 factors within the construct of social inclusion: Social environment and physical health; Inclusion and human rights; Mental health and relationships with family and friends; and Economic well-being. The findings revealed that there were no statistically significant associations between the social inclusion of individuals with intellectual disabilities and either their age or gender. *Conclusion.* It is important to develop better measurement instruments for social inclusion and to conduct research on

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a larger sample of individuals not involved in non-governmental programs. The impact of age and gender should also be examined qualitatively to identify specific characteristics. Additionally, according to the descriptive data, there is a need for improved educational programs and employment opportunities for people with intellectual disabilities.

Keywords: adults with intellectual disabilities, social inclusion, age, gender

Introduction

People with disabilities are a particularly vulnerable social group (Snipstad, 2022). Contemporary social policies directed at individuals with disabilities are grounded in the social model of disability. This model emphasizes that disability is linked to societal barriers faced by individuals with physical and/or psychological limitations in their functioning (Mihanović, 2011). This perspective marks a significant departure from the traditional medical model, which views disability primarily as a problem of the individual, caused by physical or mental impairments that require medical treatment or intervention (Shakespeare, 2013). Instead, the social model emphasizes the need for societal change to remove these barriers, thereby promoting equality and full participation for individuals with disabilities. Following the onset of deinstitutionalization, the concept of social inclusion emerged as the primary objective of global, EU-wide, and Croatian social policies directed toward individuals with disabilities (Leemann et al., 2022; Steward, 2000, both according to Nousiainen & Leemann, 2024). This is supported by numerous documents such as the UN Convention on the Rights of Persons with Disabilities (OG, 2007), the European Disability Strategy (EU, 2010), as well as the domestic document National Strategy for Equalization of Opportunities for Persons with Disabilities from 2017 to 2020 (Government of the Republic of Croatia, 2017). Social inclusion refers to the process of improving the terms of participation in society for people who are disadvantaged based on their disabilities. Social inclusion is a multi-dimensional concept that encompasses various aspects of life, including social interactions, access to education and employment, physical and mental health, human rights, and economic well-being.

When it comes to people with intellectual disabilities, they represent a particularly marginalized group within the group of people with disabilities. It is one of the most socially excluded social groups (Bollard, 2009). Skočić Mihić and Kiš-Glavaš (2010) speak of “a particularly unfavorable employment and social status of people with intellectual disabilities” (p. 388), which is certainly inseparable from the status of social inclusion. Also, in the European report on the implementation of the Strategy for Persons with Disabilities 2010-2020, the European Union states that most of the activities were related to people with visible disabilities, while the needs of people with intellectual disabilities were less considered (EU, 2020). This paper researches some determinants

of social inclusion in this population, i.e., adults with intellectual disabilities. Understanding social inclusion should be guided by the principles what are created by Brown et al. 2015 and some of them are: social inclusion is viewed within the framework of an ecological perspective; it is the result of a complex interaction between a person and the society or communities within which persons live and develop; social inclusion should be viewed from a lifelong and developmental perspective; it is a dynamic process, not an immutable state, etc.

Research on social inclusion of people with intellectual disabilities was first, as stated by Amado et al. (2013), focused on the mere physical presence of persons in local communities and on the number of community activities in which persons could have been involved. Gradually, the direction of research turned toward the actual involvement of persons in the communities in which they lived, examining the concepts of “belonging”, “community connection”, and “friendships” in local communities. Cobigo et al. (2012) state that a sense of belonging and personal well-being should also be included in defining social inclusion. Despite the relatively long era of research on the subject, the concept of social inclusion is still unclear. According to Cobigo & Stuart (2010), it is not agreed upon what the concept of social inclusion is made of. Studies identify various factors influencing the social inclusion of people with disabilities (Koller et al., 2018) like the role of family and friends (Leyser & Kirk, 2004), financial possibilities (Wann & Burke-Smalley, 2023) or societal attitudes (Smith et al., 2016). This research explores factors and potential individual determinants of social inclusion of individuals with intellectual disabilities, such as gender and age.

Pagan (2020) states that Yang and Victor (2011) found that the prevalence of loneliness generally increases with age, but this relationship may vary from country to country. Additionally, Pagan (2020) found that men have lower loneliness scores compared to women. Also, a strong association was found in his research between loneliness and the age of the individual, but with differences according to gender and disability status. In men with a more severe degree of disability, the level of loneliness decreases with age, while in women, the opposite result occurs. Gender and age are cited by Sarkar and Parween (2021) as one of the factors of social exclusion of persons with disabilities. Lazarus and Oluwole (2017, according to WHO 2010) state that there is exclusion, stigma, prejudice, and inequality toward girls with disabilities. Pandey et al. (2024) also mention the importance of the influence of age, sex, and gender orientation in controlling resources (including social resources), whereby women are in a significantly worse position. Silver (2015) states that gender, age, and disability are the basis for social exclusion in almost all countries, but the extent of these differences is different from country to country. He believes that the national and cultural context shapes social inclusion at the level of economic, social, and political life. Quinn et al. (2016) note that in Bangladesh, women with

disabilities are doubly discriminated against and that they are excluded from social activities and social groups. Tefera et al. (2018) also point out that, along with disability, gender is one of the important factors that limit the possibility of women with disabilities achieving equal participation in society. Women with disabilities face additional barriers to social inclusion – because of the prejudices they may face due to their gender and disability (White et al., 2018). Simões and Santos (2016) found that gender is a predictor of the quality of life of people with intellectual disabilities (including social inclusion). Morán et al. (2019), on a sample of children and young people with intellectual and autism spectrum disorders, also found gender differences that showed that girls were less socially involved than boys.

Obviously, there is still much space to define and explore social inclusion. This paper seeks to contribute to understanding the concept of social inclusion in the context of people with intellectual disabilities. This study area aims to identify (1) dimensions (factors) within the framework of the questionnaire on the social inclusion of adults with intellectual disabilities in Croatia, (2) the correlation between the age and gender of people with intellectual disabilities and their social inclusion, and (3) descriptive data of responses to selected sections of the questionnaire. Descriptive data is provided to summarize and highlight the key findings of the study in relation to the social inclusion of adults with intellectual disabilities, such as education, employment and income, leisure, and social networks.

Method

Sample

The sample included people with intellectual disabilities (N=145, gender – male N=68 (47%), female N=77 (53%), age M=26.63, min 18 years, max 70 years) who live with their families and use social services of half-day stay and psychosocial rehabilitation at the Center for Education Lug and in the association members of the Croatian Union of Associations of Persons with Intellectual Disabilities from the following cities: Osijek (N=12), Slatina (N=6), Orahovica (N=19), Slavonski Brod (N=19), Split (N=9), Pula (N=52), Zagreb (N=10), Samobor (N=6), and Šibenik (N=12). The sample is convenient and was obtained through the authors of this work themselves. The study included people with mild intellectual disability who are verbal and able to answer the questionnaire questions according to the assessment of the organizations' employees. The respondents were divided into three groups by age: young (18–29 years, N=39, 27%), median age (30–50 years, N=86, 59%) and mature age (51–70 years, N=20, 14%). Most of the sample consisted of people living in large cities (N=113, 78%) and 32 (22%) living in rural settings. The variable place of residence is coded according to the population criterion– places with more than 50,000 inhabitants are large cities, and the rest are smaller places. When deciding on the criterion for the

size of residence, the last Census of Population from 2011 was consulted (available at <https://www.dzs.hr/hrv/censuses/census2011/censuslogo.htm>). The only exception was the city of Šibenik, which has a little less than the mentioned number of inhabitants but is still included in the group of large cities due to its size and cultural and historical significance. When contacting potential respondents, ethical principles and the dignity of users were considered, and consent was sought from parents/guardians of persons with disabilities. The purpose of the research was explained to everyone, and the ways of handling their personal data were clarified. Before conducting the research, implementation approval was requested and obtained from the competent ministry (Ministry of Labor and Pension System, Family, and Social Policy). The users were given a survey description and consent form in an easy-to-understand format.

Procedure

The questions were individually and verbally explained to the person with intellectual disabilities, and they answered the questions with the assistance of a support worker who knew them best. The questionnaire included subjective (e.g., “*How do you feel as unemployed?*”), as well as objective (e.g., “*What is the highest level of your education?*”) variables. Several measures were implemented in the study to ensure that people with intellectual disabilities understood all questions, including:

Providing additional time and clarification of questions: Researchers and support workers additionally clarified questions for the respondents during the survey completion process. Certain terms were further clarified with the sub-questions that were contained in the instructions at the end of the questionnaire. For example, the concept of leisure time is further clarified for people with intellectual disabilities in this research as a time when they are free from mandatory activities that are covered daily within associations and organizations (since most of them are unemployed).

Using visual aids: For those who had difficulty with the concept of time, we used visual materials (such as calendars) to better illustrate the different time intervals. Also, answers on a five-point scale were facilitated by pictorial concretes (emoticons).

Assistance from a familiar support worker: The respondents completed the survey with the help of a support worker who knew them well to ensure the validity of their responses (support workers knew what level of education they had, if they worked, or how many hours per week they worked).

Data analysis

Descriptive statistics were used to summarize the basic characteristics of the data collected from the respondents. This included calculating measures such as means, standard deviations, and minimum and maximum values. Factor analysis was performed to validate the instrument used in measuring social inclusion. Cronbach’s alpha coefficient was used to assess the internal consistency and reliability of the instrument questionnaire. Spearman’s rank correlation coefficient was used to examine the relationship between gender, age, and social inclusion. The following variables were

used in the study: social inclusion (measured by the Social Inclusion Questionnaire), gender (M/F), and age group (18–29, 30–50, 51–70).

Measuring instrument

The Questionnaire on social inclusion of individuals with intellectual disabilities was developed for the purpose of this study based on the Social Inclusion Scale SIS (Secker et al., 2007) and the Social and Community Opportunities Profile (SCOPE) (Huxley et al., 2012). The SIS scale ($\alpha=.85$) available in open access in the original version consists of 16 items divided into three subscales: social isolation ($\alpha=.76$), social relations ($\alpha=.70$), and social acceptance ($\alpha=.76$). The SCOPE questionnaire ($\alpha\geq.70$) in the original version, depending on its form, contains 117, 44 and 21 items each. The scale consists of eight dimensions (Health, Family and Social, Education, Safety, Finance, Work, Housing and Accommodation, Leisure and Participation). Searching for an optimal instrument, both the SIS and SCOPE scales were compared. While each scale has its strengths, we identified areas where they could be improved. To create a more comprehensive tool adapted for persons with intellectual disability, we added questions from the SIS scale to the SCOPE to cover aspects that were not previously included in the SCOPE. While SIS and SCOPE are valuable tools for measuring social inclusion, the new instrument developed for this study seeks to address their limitations by combining their strengths. It aims to provide a more comprehensive, adaptable, and user-friendly tool for assessing social inclusion among individuals with intellectual disabilities.

Thus, for the purpose of this questionnaire, 5 questions from the SIS scale were taken (from the social isolation subscale: *Do you also socialize with people who do not have difficulties and disabilities? Have you been involved in an activity, club, or organization that all people go to, with and without difficulty? Do you have friends you see or hear from every week? Do you think you are a useful member of society? From social acceptance subscale: Do you know your human rights?*). As stated earlier, all the questions were additionally verbally presented and explained, with some answers offered for better understanding, for example for the question “*Do you know your human rights?*” offered answers were: “Yes, I know my rights very well.”, “Yes, I know most of my rights.”, “Yes, I know some of my rights.”, “I am not sure what my rights are.”, “No, I do not know my rights at all.” Next, 14 questions from the SCOPE questionnaire were taken: *Are there many opportunities in your place that you can get involved in if you want? E.g., cultural centers, volunteer clubs, church groups, sports clubs, courses, etc.?* (Leisure and participation domain) *In general, how safe do you feel in your settlement (city)?* (Safety domain) *Do you have a chance to find a job? How many hours a week do you work (Monday to Sunday)? How do you feel about being unemployed?* (Work domain) *Do you have an opportunity to increase revenue (for additional earnings)?* (Finance domain) *What is the highest level of your education? In the last year, have you been involved in educational programs (e.g., courses or retraining)?* (Education domain) *How is your physical health?* (Health domain) *Do*

you have at least one parent? Do you see your family as much as you'd like? How many friends do you have? How often do these friends or neighbors come home to visit? (Family and Social domain) In general, are you as included in society as you would like to be? Overall, the questionnaire contains a total of 22 questions where the answers to 14 questions were given on a five-point scale, answers to 2 questions were given numerically (*How many hours a week do you work (Monday to Sunday)? How many friends do you have?*), and answers on 2 other questions were given by marking one of the offered answers: yes/no/I don't know (*Have you been involved in an activity, club, or organization that all people go to, with and without difficulty?; In the last year, have you been involved in educational programs (e.g., courses or retraining).* Fourteen variables were taken from the SCOPE, 5 from the SIS, and 3 more variables were added by the authors regarding personal data of the respondents (age, gender, and place of living).

The overall level of social inclusion was calculated by adding up all answers to questions (except sociodemographic data). Certain particles are inversely encoded. The higher score indicated a higher level of social inclusion. Fourteen particles entered the factor analysis (because they provided 1 to 5 scale answers), and they grouped by obtaining 4 factors or 4 areas of social inclusion measured by the Questionnaire. Cronbach alpha coefficient for the Questionnaire on social inclusion of people with intellectual disabilities (14 particles) is $\alpha=.72$, which indicates moderate reliability and solid acceptability for research purposes. The lowest score on the Questionnaire was 27, and the highest was 61. The average score was 45.06, indicating the point around which most results cluster. Scores vary by approximately 6.721 units from the mean, indicating moderate dispersion of results.

Results

Factor analysis

To verify the validity of the created questionnaire, we performed a factor analysis. Kaiser-Meyer-Olkin sampling adequacy measures ($KMO=.779$) and Bartlett's sphericity test ($\chi^2 (145) = 546.002, p<.001$) suggest that the data are suitable for conducting factor analysis.

A total of 14 quasi-interval variables were analyzed, and the first four components have eigen values greater than 1. Accordingly, based on the Kaiser-Guttman criterion (whereby the components of an eigen value greater than 1 are retained), the first four components can be retained that together explain 57.865% variability in the data. Catello's Scree test also justifies maintaining the same number of factors.

Table 1

Amount of variance explained in the questionnaire of social inclusion of people with intellectual disabilities, after extraction by main components method and Varimax rotation

Factor	Initial		After rotation	
	Altogether	% of variance	Altogether	% of variance
1	4.204	30.025	2.646	18.897
2	1.581	11.293	1.910	13.641
3	1.258	8.989	1.792	12.797
4	1.058	7.558	1.754	12.530

After conducting varimax rotation, each factor explains 1-3% variance and, together, 18.897% variance, as seen in Table 1. Only 14 items grouped into 4 factors entered the statistical analysis, which showed good reliability in the factor analysis, thus obtaining 4 factors or 4 areas of social inclusion measured by the Questionnaire.

Table 2

Factor structure matrix of the social inclusion questionnaire, obtained by component analysis with Varimax rotation

Questions	Factors			
	1	2	3	4
1.	.743			
2.		.549		-.348
3.	.667			
4.	.595			-.506
5.				.730
6.	.437			-.585
7.	.533		.474	
8.			.766	
9.		.449	.487	.455
10.			-.533	.480
11.		.738		
12.	.589	.420		
13.	.556		.446	
14.		.720		

Table 3

Descriptive analysis of results on the Questionnaire on social inclusion of individuals with intellectual disabilities

Particles	M	SD	Min	Max
1.	3.44	1.178	1	5
2.	3.74	1.213	1	5
3.	4.46	.707	1	5
4.	2.31	1.367	1	5
5.	2.83	1.076	1	5
6.	2.09	1.296	1	5
7.	3.94	.888	1	5
8.	3.97	.950	1	5
9.	3.81	1.209	1	5
10.	3.06	1.203	1	5
11.	3.66	1.288	1	5
12.	3.64	.977	1	5
13.	4.11	1.081	1	5
14.	2.82	1.284	1	5

From Table 3. it is evident that the average score or value (M) given by people with intellectual disabilities on the Questionnaire of social inclusion of individuals with intellectual disabilities is between 2.09 (the lowest average score on the variable – 6. *Do you have an opportunity to increase your income or for additional earnings?* which indicates reduced opportunities for additional earnings) and 4.46 (the highest average score on the variable – 3. *In general, how safe do you feel in your settlement/city?* which indicates that they feel quite safe in their settlement/city).

Dispersion of answers (SD) ranged from .707 (the lowest variability on question - 3. *In general, how safe do you feel in your settlement/city?*) to 1.296 (the highest variability on question - 6. *Do you have an opportunity to increase your income or for additional earnings?*). It is also evident that all theoretical grade ranges (from 1 to 5) are represented in the answers.

The results presented in Table 4 indicate the following distribution of the factors with the highest saturation regarding the four subscales to which the names have been assigned, guided by the theoretical basis of social inclusion, and considering the distribution of issues: Social environment and physical health, Inclusion and human rights, Mental health and relationships with family and friends, Economic well-being.

Table 4*Dispersion of questions on the following factors*

Factor 1	Factor 2	Factor 3	Factor 4
Social environment and physical health	Inclusion and human rights	Mental health and relationships with family and friends	Economic well-being
1. Is there a lot of opportunities in your town that you can get involved in if you want? E.g., cultural centers, volunteer clubs, church groups, sports clubs, courses, etc.?	2. Do you also socialize with people who do not have difficulties and disabilities?	8. How is your mental health? 9. Do you see your family as much as you'd like?	5. How do you feel as unemployed?
3. In general, how safe do you feel in your settlement (city)?	11. Do you have friends you see or hear from every week?	10. How often do these friends or neighbors come home to visit?	6. Do you have an opportunity to increase your income (for additional earnings)?
4. Do you have a chance to find a job?	14. Do you know your rights?		
7. How is your physical health?			
12. In general, are you as involved in society as you would like?			
13. Do you think you are a useful member of society?			

Table 5*Descriptive analysis of results on the extracted factors on the Questionnaire of social inclusion of individuals with intellectual disabilities*

Factors	M	SD	Min	Max
Factor 1	17.96	3.860	10	25
Factor 2	10.21	2.757	6	15
Factor 3	10.84	1.899	6	15
Factor 4	4.92	1.465	2	9

In Table 5, it is evident that Factor 1 shows the highest mean value and the greatest variability (M=17.96, SD=3.860, Min=10, Max=25), which may indicate a wider distribution of results within this factor. Factors 2 (M=10.21, SD=2.757, Min=6, Max=15) and 3 have similar mean values (M=10.84,

SD=1.899, Min=6, Max=15), but Factor 3 shows less variability. Factor 4 has the lowest mean value and the smallest dispersion (M=4.92, SD=1.465, Min=2, Max=9), suggesting that the results for this factor are the most consistent among the respondents. It should be noted that the smaller number of variables and the presence of negative variables in Factors 3 and 4 may affect the results, reducing data diversity and impacting the mean values and standard deviations.

Cronbach alpha coefficient for Factor 1 (6 particles) is $\alpha=.78$, indicating moderate reliability; for Factor 2 (3 particles), it is $\alpha=.56$, indicating low reliability. This lower reliability may be due to the limited number of items and the potential diversity in the respondents' understanding and experiences of social inclusion and human rights. There are three items loaded onto Factor 3, two of which have a negative sign, making it inappropriate for calculating the Cronbach alpha coefficient. This complexity suggests that further refinement and additional items may be needed to capture this dimension accurately. In Factor 4, the presence of negative correlations and the limited number of items make it inappropriate to calculate a Cronbach alpha coefficient for this factor.

Correlation of social inclusion with age and gender

The distribution of the results of all the variables in question deviated from normal, which was determined by the Kolmogorov-Smirnov test, as well as the visual inspection of the histogram and analysis of correlations by Spearman's correlation coefficient.

Table 6

Correlation between age, gender, and social inclusion (N=145)

Social inclusion measured by the Questionnaire	Age group (1=18–29, 2=30–50, 3=51–70)	Gender (male/female)
Spearman's correlation coefficient	-.138	-.041
P	.097	.625
N	145	145

The correlation between the variables age and social inclusion are examined, and it is evident that $r=-.138$, $p>.05$, $N=145$ (Table 6). There is a negative correlation, but it is too small and insufficiently significant at the confidence interval of 95%. Therefore, we conclude that there is no statistically significant correlation between age and social inclusion of adults with intellectual disabilities in this sample. The correlation between the variables gender and social inclusion was examined, and the following results were obtained: $r=-.041$, $p>.05$, $N=145$. Again, the correlation is negative (the data are encoded in such a way that 1=male sex, 2=female sex). However, the correlation coefficient is too small, and statistical significance is insufficient. Thus, we conclude that there is no statistically significant association between gender and social inclusion of adults with intellectual disabilities.

Descriptive analysis of selected particles from the questionnaire

In the following text, selected questionnaire items related to important aspects of social inclusion for adults with intellectual disabilities are presented. These variables were chosen based on their relevance to understanding the respondents' experiences and the challenges they face in different areas of life. Specifically:

Education

Most of the respondents completed primary school (N=61, 42.10%), followed by secondary school under a special program (N=60, 40.70%). Some respondents (N=18, 12.40%) did not complete primary school, and 4.80% (N=7) of respondents have completed regular secondary school according to an adapted program. The third group of respondents (51-70) was educated in a different educational system (segregated), which could be one of the reasons they did not finish school. It is evident that around 40% (N=59) of adults with ID completed elementary school, and 40% (N=59) of them completed high school with special programs. Also, for people who have completed some form of secondary education, it is questionable how employable they are in the existing labor market. Regular secondary education programs, especially programs in special secondary schools, are outdated in the context of a highly technologically developed world of work. This is why lifelong learning is very important. Thus, the respondents were asked if they had been involved in some form of education in the past year. Most of them (N=123, 84.80%) did not attend any course or retrained in the last year. These results indicate a gap in gaining skills and knowledge, which are declining with age, especially in the population of people with intellectual disabilities.

Business and income

When asked if they were employed, 82.80% (N=120) of the respondents declared themselves unemployed, while only 17.20% (N=25) declared themselves as employed. Most of them do not have jobs on a regular, open market, but they receive material compensation in nongovernmental organizations through forms of supported employment. This indicates that in Croatia, there is not enough developed employment with support as an appropriate form of employment of people with intellectual disabilities. Also, there are not enough flexible forms of work (work in occasional forms, work in incomplete working hours, self-employment with support, work in social entrepreneurship, and more). When asked if they had the opportunity to find a job, 28.6% (N=42) of the respondents indicated that they did not have any opportunities, and an additional 24% (N=35) said that they had very poor opportunities to find a job. Accordingly, when asked if they had an opportunity to increase revenue, 48.3% (N=71) of the

respondents replied that they had no opportunity to increase income. It is also important to note that a portion of the sample consists of individuals over the age of 70, who are typically retired. This demographic detail might influence the high percentage of respondents classified as unemployed, as retirement status is a significant factor in their employment status.

When asked how they feel as unemployed, 31.7% (N=46) of the respondents answered “bad”, and 31.7% (N=46) answered “neither bad nor good”. From this, it is evident that most respondents have a desire to be employed, though various barriers remain.

Leisure

When asked if they had the opportunity to participate in leisure activities, 25% (N=36) of the respondents answered “there are some opportunities”; 26% (N=38) of them answered “there are quite some opportunities”, 23% (N=33) answered “there are a lot of opportunities” (cultural centers, volunteer clubs, church groups, sports clubs, courses, etc.). From this, we can conclude that people perceive their local environment as a place with developed services and facilities. On the other hand, when asked if they were involved in an activity, club, or organization that all people go to, with and without difficulties, 62.1% (N=90) of the respondents answered that they were not involved. In other words, almost 38% (N=56) of the respondents were included only in organizations that exclusively deal with people with disabilities. Although this is also a form of social inclusion, a more ideal indicator of true inclusion would be one where people with disabilities spend time with people without disabilities.

Networks of friends and socializing

When asked how often friends or neighbors come home to visit, 26.9% (N=39) of the respondents answered “at least once a week”, 26% (N=38) answered “at least once a month”, and 24% (N=35) answered “at least once every two weeks.” Some of the respondents, 13% (N=19), said that friends and neighbors never visited them. According to these results, it seems that the respondents have frequent contact and socializing with friends and neighbors. Finally, 44.8% (N=65) of the respondents estimate that they are generally well involved in society. In this matter, 20% (N=29) of people who said they were not sure, and over 11% (N=16) who said they were minimally included in society, should not be ignored. This question is quite abstract and is left to the respondents on a subjective impression. While the majority pleaded to be well included, it is not a negligible proportion of respondents who stated that they were unsure.

Discussion

The factor analysis conducted in this study provided an overview of the dimensions of social inclusion among adults with intellectual disabilities in Croatia. Four distinct factors emerged, each representing key aspects of social inclusion: Social environment and physical health, Inclusion and human rights, Mental health and relationships with family and friends, and Economic well-being. The factor “Social environment and physical health” aligns with previous research that emphasizes the importance of a supportive social environment and good physical health in overall quality of life and promoting social inclusion (Brown et al., 2013). The factor “Inclusion and human rights” revealed low reliability. This factor comprises items that assess social interactions with non-disabled individuals, the presence of friends, and awareness of rights. The low reliability might be attributed to the limited number of items and the possible diversity in the respondents’ understanding of social inclusion and human rights. Previous studies have highlighted the complexity of measuring social inclusion and human rights, as these constructs can be influenced by various social, cultural, and personal factors (Barnes & Mercer, 2010, according to French & Swain, 2015). Future research should focus on expanding the number of items and refining the existing ones to improve the reliability of this factor. The third factor, “Mental health and relationships with family and friends”, includes three items related to mental health, family interactions, and social visits from friends or neighbors. The negative correlation between the frequency of social visits and the overall score on this factor suggests that fewer social visits are associated with lower scores on mental health and social relationships. This finding indicates that social isolation can negatively impact mental health, which is consistent with existing literature (Shakespeare, 2013). However, the presence of negative correlations among the items and the insufficient number of items with positive correlations rendered it inappropriate to calculate a Cronbach alpha coefficient for this factor. This complexity suggests that additional items and further refinement are needed to accurately capture the nuanced relationships between mental health and social relationships. The fourth factor, “Economic well-being”, is comprised of two items evaluating the subjective experience of unemployment and opportunities to increase income. The negative correlations between these items and the overall factor suggest that poorer perceptions of unemployment and lower perceived opportunities for income generation are associated with lower economic well-being. This finding highlights the critical impact of economic stability on social inclusion, as financial insecurity can significantly limit an individual’s ability to participate fully in society (Krysovaty et al., 2024). Future research should aim to develop a more comprehensive set of items to better capture the economic dimensions of social inclusion.

Factors of social inclusion found in this research are comparable to factors within the *Ecological model of social inclusion* (Simplican et al., 2015).

This model explains social inclusion through two large domains: interpersonal relationships and community participation, in which every domain consists of three components – category, structure, and level or function. Our four factors fit the given domains in a way that our first factor - Social environment and physical health, and our third factor - Mental health and relationships with family and friends, fall into the domain of community participation, while our second factor - Inclusion and human rights as well as our fourth factor - Economic well-being, fall into the domain of interpersonal relationships.

The findings of this study indicate that there is no significant age-related or gender-related association with the social inclusion of adult persons with intellectual disability in Croatia in this sample. The respondents generally have frequent contact with friends and neighbors, indicating good social interactions. While many respondents perceive their local environment as having developed services and facilities for leisure activities, a majority are only involved in organizations specifically for people with disabilities. True social inclusion would involve more integration with people without disabilities. These results are aligned with similar qualitative research on a Croatian sample when the respondents were satisfied with their level of social inclusion, but they were mainly included in segregated daily programs (Fabris et al., 2023). These are positive results in the context of social inclusion and gender equality, but the results of many foreign studies show the opposite. According to them, people with disabilities experience social exclusion depending on the type of impairment, gender, age, and other characteristics (Saran et al., 2023).

Investigating the connection between loneliness, social support, social isolation, and well-being in adults with and without disabilities, in addition to the conclusion that people with disabilities experience a significantly greater feeling of loneliness, social isolation, and low social support than people without disabilities, the authors of this study have also concluded that loneliness is expressed the most in younger people with disabilities (Emerson et al., 2021). Thus, the population of persons with disabilities faces unique social challenges, but the age in our sample did not significantly correlate to their social inclusion. Although older people with disabilities are often discriminated against because of their age and disability, older women with disabilities may be particularly disadvantaged (UN Women, 2020). Men with disabilities are socially included to a greater extent than women, older respondents are more socially included than younger, and women with disabilities are often exposed to double discrimination due to their gender and disability (Saeed Al Harthy et al., 2024).

Also, the third group of respondents (51-70) was educated in a different educational system (segregated), so this could also be one of the reasons why they did not finish school.

McCarron et al. (2011) showed that older people (over the age of 40) living in institutions and people with greater intellectual disabilities had fewer

social contacts. Our study found no significant differences in social inclusion across age groups for those living with their families. This suggests that family environments may mitigate the impact of age on social inclusion. Emerson et al. (2020) concluded that the feeling of personal well-being among people with disabilities is significantly lower in men and the younger population, thus emphasizing the importance of demographic characteristics in the relationship between disability and feeling of well-being.

Leutar et al. (2014) found that men are more informed and, overall, more active in the local community and are better self-represented than women (with different kinds of disabilities). In other words, according to the research on two subscales, men showed better social inclusion than women. These findings contradict our results. Maybe because our respondents are individuals with intellectual disabilities, and it is important to consider their social and emotional differences.

With regard to the connection of age and gender with socially excluding characteristics, Banks et al. (2017) found that the association between disability and poverty is constant in both sexes, and that in the literature it is more represented in working-age people than in older people. Economic factors, including employment and access to resources, play a key role in the social inclusion of people with disabilities. Unemployment can result in financial difficulties and difficulties in accessing services. In addition, employment for people with intellectual disabilities is one of the facilitators for equal participation in everyday life, which is the goal of social inclusion. This also indicates insufficient development of supported employment and flexible work forms for people with intellectual disabilities in Croatia. Given that employment has a significant impact on social inclusion, research results have also shown that women with disabilities and elderly people with disabilities are in a particularly disadvantaged position (Abed et al., 2024).

This research did not include the digital aspect of social inclusion, although it is more and more relevant to social inclusion, especially after the global experience of the COVID 19 pandemic. On that note, Scholz et al. (2017) analyzed the use of the Internet as one of the aspects of social inclusion of persons with disabilities and discovered that elderly persons with disabilities and female persons with disabilities have reduced access to the Internet.

When interpreting the results of our research, it is important to bear in mind that the data were collected directly from people with intellectual disabilities, so data are influenced by their personal interpretation. It is possible that people with intellectual disabilities have a different understanding of social inclusion and may have lower or different standards than those considered "typical" in society. So, maybe they set lower thresholds for satisfactory interpersonal relationships. In addition, it is possible that their satisfaction with social interaction can be achieved through simple or less demanding forms of

communication and interpersonal relationships. Maybe people with intellectual disabilities compare themselves less with social norms or standards. Therefore, it is important to consider different expectations and perspectives and to adjust social inclusion assessments according to the individual needs and abilities of people with intellectual disabilities. This indicates the importance of tailored approaches in assessing and supporting social inclusion to meet the specific needs of this population.

The limitations of the research are reflected in the convenient sample and the nature of the questions from the questionnaire, which are sometimes abstract to people with intellectual disabilities. The impact of these deficiencies was attempted to be minimized by using verbal and pictorial clarifications of questions and answers to the respondents themselves.

Conclusion

Social, economic, and cultural factors are often key to understanding and promoting the social inclusion of people with intellectual disabilities, and understanding them is an important aspect of research and practice to improve their quality of life. This research brought some interesting findings related to the social inclusion of adults with intellectual disabilities in Croatia.

The results of factor analysis highlight several important considerations. Firstly, the moderate reliability of the factors related to social environment and physical health and the overall questionnaire suggest that these areas are important for understanding and improving social inclusion among adults with intellectual disabilities. Secondly, the low reliability of the “Inclusion and human rights” factor indicates a need for additional items and potentially a re-evaluation of the existing items to capture this dimension better. Moreover, the complexity of measuring mental health and relationships with family and friends, as well as economic well-being, underscores the necessity for more nuanced and comprehensive tools. Future studies should aim to develop and validate additional items that can provide a more accurate assessment of these factors.

The finding that there is no significant age-related association in this sample may imply that social inclusion remains relatively stable during the aging process in people with intellectual disabilities. This can be a positive indicator, indicating the ability to preserve social connections through different life stages. Also, it is important to consider that people who participated in the research are users of state and non-governmental organizations through which they have organized leisure activities that include socializing (regardless of their age and gender). It was mentioned before in this text that the social network of people with intellectual disabilities in this sample mostly consisted of other people with disabilities. Thus, in future research, it would be good to include people with intellectual disabilities who are not involved in state and non-governmental support programs.

There was no significant association between gender and social inclusion, i.e., both men and women with intellectual disabilities estimated that there was no difference in their social involvement. Overall, in this sample, it was not confirmed that gender and age play a significant role in the social inclusion of persons with intellectual disability. Therefore, these results can be interpreted as a positive step toward an inclusive society where all individuals have equal treatment and equal chances of social inclusion. Despite that, this does not mean that there are no other more subtle or contextual ways in which gender and age can affect social inclusion.

The descriptive data highlight critical areas for support and intervention to enhance the social inclusion of adults with intellectual disabilities. There is need for better educational programs, employment and income opportunities, and programs to support inclusion with individuals without disabilities. Overall, the findings emphasize the importance of continued efforts to enhance educational and employment opportunities for individuals with intellectual disabilities. By improving their economic prospects and expanding their social networks, policymakers and practitioners can work towards achieving greater social inclusion and overall well-being for this population.

Therefore, future research may analyze how gender stereotypes or prejudices against people with intellectual disabilities affect their social inclusion, although this may not be reflected directly in the results of this study. Also, a deeper qualitative analysis can be conducted to understand how gender and age can affect specific situations and circumstances of social inclusion. Ultimately, this research may serve as a starting point for further analysis and consideration of how gender and age can affect social inclusion, even if they do not appear as dominant associations in current results.

Furthermore, this research also contributes to encouraging further scientific and general reflections on the topic of social inclusion in general, especially for people with disabilities and people with intellectual disabilities. The obtained findings and conclusions cannot be generalized to the entire population of people with intellectual disabilities, but they can serve as relevant guidelines for the Croatian context, given that the sample was quite large and geographically dispersed.

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Socijalno uključivanje odraslih sa intelektualnim smetnjama u Hrvatskoj

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Uvod: Savremene socijalne politike usmerene na osobe sa invaliditetom zasnovane su na socijalnom modelu invaliditeta. Kao rezultat toga, primarni cilj socijalne politike prema osobama sa invaliditetom na globalnom nivou, unutar EU, pa tako i u Hrvatskoj, jeste težnja za socijalnom uključenošću, nakon pokretanja deinstitucionalizacije. *Ciljevi:* Ovo istraživanje imalo je za cilj da se ispita socijalna uključenost odraslih osoba s intelektualnim smetnjama u Hrvatskoj. Primarni cilj uključivao je identifikovanje faktora u upitniku za socijalno uključivanje. Pored toga, studija je nastojala da istraži potencijalne korelacije između starosti i pola odraslih osoba sa intelektualnim invaliditetom i njihovog nivoa društvene uključenosti. *Metod:* Istraživanje je obuhvatilo 145 odraslih osoba sa intelektualnim smetnjama, koje sa svojim porodicama borave u različitim gradovima širom Republike Hrvatske. Razvijen je upitnik posebno prilagođen za merenje socijalne uključenosti osoba sa intelektualnim smetnjama. *Rezultati:* Pronađena su četiri faktora u okviru konstrukta socijalne inkluzije: Društveno okruženje i fizičko zdravlje; Inkluzija i ljudska prava; Mentalno zdravlje i odnosi sa porodicom i prijateljima; Ekonomsko blagostanje. Nalazi su otkrili da ne postoje statistički značajne veze između socijalne uključenosti osoba sa intelektualnim smetnjama i njihovog uzrasta ili pola. *Zaključak:* Važno je razviti bolje instrumente merenja za socijalno uključivanje i sprovesti istraživanje na većem uzorku pojedinaca koji nisu uključeni u nevladine programe. Uticaj starosti i pola takođe treba dubinski, kvalitativno ispitati da bi se identifikovalo postojanje specifičnih karakteristika koje nije moguće obuhvatiti upitnikom. Pored toga, prema deskriptivnim podacima, postoji potreba za unapređenjem obrazovnih programa i mogućnosti zapošljavanja osoba sa intelektualnim smetnjama.

Ključne reči: odrasli sa intelektualnim smetnjama, socijalna inkluzija, doba, pol

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