ERASMUS+ COOPERATION PARTNERSHIP IN YOUTH

Access+EU

HANDBOOK

Increasing Accessibility and Inclusion of People with Disabilities in Erasmus+ Projects

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Project Information and Credits

This Handbook is an intellectual output of Access+EU, an Erasmus+ Cooperation Partnership in Youth project, dedicated to increasing accessibility and meaningful participation for young people with disabilities in European youth programmes.

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Partners and Team Behind the Project

Access+EU is built through cooperation among five organisations in Italy, Albania, Spain, Poland, and Bosnia and Herzegovina. The consortium combines experience in international youth work, disability support, inclusive education, mental health, mobility, and European project management. Together, the partners connect policy and project design with the lived realities of young people with disabilities and those who support them.

YouNet Reggio Emilia | Italy

COORDINATOR AND LEAD FOR INCLUSIVE PROJECT MANAGEMENT

YouNet Reggio Emilia develops international mobility, training, and volunteering opportunities that strengthen young people's employability, active citizenship, and intercultural learning. Its experience in Erasmus+ project management and inclusive youth work anchors the consortium's planning, implementation, and quality coordination.

you-net.eu

Albanian Center for Education, Care and Training, ACT Center | Albania

LEAD FOR DISABILITY-RELATED SUPPORT NEEDS IN PRACTICE

ACT Center supports the social inclusion of marginalised and vulnerable groups through education, care, vocational preparation, rehabilitation, and community-based activities. Its practical perspective helps translate diverse functional support needs into safe, respectful, and workable arrangements before, during, and after mobility activities.

actcenter-al.org

Erasmus Learning Academy, ELA | Spain

LEAD FOR INCLUSIVE TRAINING AND LEARNING DESIGN

ELA promotes innovation, modernisation, and internationalisation in education. Drawing on more than a decade of experience with educators and international mobility, it contributes inclusive non-formal learning principles, accessible facilitation approaches, and methods for adapting activities to different participation needs.

erasmustrainingcourses.com

Fundacja Educational Trip | Poland

LEAD FOR PREPARING PARTICIPANTS AND FAMILIES FOR INCLUSIVE MOBILITY

Educational Trip supports the personal and professional development of young people through vocational education, training, seminars, and mobility. Its contribution focuses on transparent preparation, trust-building with families, emotional readiness, expectation management, and meaningful follow-up after mobility experiences.

educationaltrip.eu

Udruženje Menssana | Bosnia and Herzegovina

LEAD FOR DISABILITY UNDERSTANDING, INCLUSIVE COMMUNICATION, AND EDITORIAL INTEGRATION

Menssana is a voluntary non-governmental organisation that promotes mental health, combats stigma, and supports the social inclusion of people who use mental health services. Through occupational activities, self-help, education, and community work, it brings a person-centred perspective to disability-related needs, communication, well-being, and the Handbook's introductory and concluding chapters.

udruzenjemenssana.org

How the team worked together

The Handbook is a collective output. Each partner leads content connected to its field of practice, while the consortium jointly reviews terminology, accessibility, examples, and recommendations. This shared editorial process is intended to keep the publication coherent, transferable across countries, and useful to youth workers, project coordinators, facilitators, disability professionals, participants, and families.

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About the Project

Access+EU is an Erasmus+ Cooperation Partnerships in Youth project concerned with a practical question: how can Erasmus+ youth projects be designed so that young people with disabilities can participate meaningfully, safely and on an equal basis? The project approaches accessibility as a shared responsibility that begins with project design and continues through preparation, delivery, communication, evaluation and follow-up.

Erasmus+ Cooperation Partnerships in Youth

Access+EU is implemented under Erasmus+ Key Action 2 as a KA220-YOU Cooperation Partnership in Youth. Cooperation Partnerships enable organisations from different countries and fields to combine knowledge, test approaches and develop results that can be used beyond a single organisation or local context. In the youth field, they strengthen the quality, relevance and European dimension of youth work through structured transnational cooperation.

Inclusion and diversity are central to the Erasmus+ programme. Cooperation Partnerships are expected to design accessible and inclusive activities, consider the perspectives of people with fewer opportunities and involve them in decisions that affect their participation. This makes the action particularly relevant to Access+EU: the project does not treat inclusion as an additional measure introduced after an activity has been planned, but as a quality principle that should shape the entire project cycle.

Within this framework, cooperation can create lasting value by:

- connecting youth organisations with disability, education, mental-health and community expertise;
- transferring practical experience across different national and organisational settings;
- developing methods, training materials and open resources that others can adapt;
- strengthening the capacity of youth workers and organisations to remove barriers to participation;
- supporting more equitable access to European learning, mobility and participation opportunities.

Access+EU

Access+EU brings together five partner organisations from Italy, Albania, Spain, Poland, and Bosnia and Herzegovina. Their complementary experience spans Erasmus+ and international mobility, youth work, inclusive education, disability-related support, vocational learning, mental health, community participation and family engagement.

The project responds to a persistent gap between the ambition of inclusive European youth mobility and the practical capacity needed to deliver it. Opportunities may be formally open to everyone, while barriers in information, communication, venues, travel, learning methods, support arrangements, group dynamics or organisational procedures still restrict participation. Access+EU therefore focuses on what organisations and youth workers can do before, during and after an activity to make inclusion real in practice.

The partnership combines consultation, peer learning and capacity building. Its working process includes focus groups, technical visits, exchange with youth workers and disability-related stakeholders, and an international Training of Trainers. These activities connect different professional perspectives and help translate experience into practical guidance, educational resources and approaches that can be transferred to other Erasmus+ settings.

The project results include this Handbook, training and practical materials, and Open Educational Resources. Together, they are intended to support a wider shift from individual goodwill to more systematic and sustainable inclusive practice within youth organisations.

Project Aims and Objectives

The overall aim of Access+EU is to strengthen the capacity of youth workers and organisations to design, implement and facilitate inclusive Erasmus+ mobility and youth projects involving young people with disabilities.

The project pursues three closely connected aims:

- build youth workers' knowledge, confidence and practical capacity for disability-inclusive youth work;
- bridge cooperation between the youth sector, disability professionals, participants, families and support networks;

- embed inclusion in organisational practice so that progress continues beyond the funded project period.

To advance these aims, Access+EU seeks to:

- increase understanding of barriers, functional support needs and enabling conditions for participation;
- improve accessible communication and the inclusive facilitation of mixed-ability groups;
- integrate accessibility into project applications, planning, venues, travel, risk prevention, implementation and follow-up;
- support thoughtful preparation with participants, families, caregivers and relevant professionals;
- develop, test and share practical educational resources for youth workers and organisations;
- promote a transferable model of inclusive Erasmus+ practice that can be adapted across Europe.

About the Handbook

What is this Handbook and who is it for?

The Access+EU Handbook is a practice-oriented learning resource for making Erasmus+ youth projects more accessible and inclusive for young people with disabilities. It brings together conceptual foundations, organisational guidance, facilitation approaches and practical considerations across the project cycle. It is designed to help readers move from positive intentions to informed, planned and responsive action.

The Handbook does not offer a single formula for every person or situation. Disability, support needs and participation barriers are diverse and context-dependent. The guidance therefore encourages dialogue, individualised planning, flexibility and respect for autonomy. It complements, but does not replace, direct consultation with participants or specialist advice where health, safety, legal or technical expertise is required.

The publication is written primarily for:

- youth workers, trainers, facilitators and mentors;
- Erasmus+ project coordinators, mobility staff and organisational managers;
- organisations that are beginning, reviewing or strengthening their inclusion practices;

- educators, disability professionals, personal assistants, caregivers and family members who cooperate in mobility preparation and support;
- stakeholders and decision-makers who influence access to youth participation and international learning.

Young people with disabilities are the intended beneficiaries of this work. Their rights, preferences, agency and lived experience should remain central whenever the Handbook's guidance is applied.

The vision behind this publication

The Handbook begins from a simple distinction: being admitted to an activity is not the same as being able to participate in it. Meaningful inclusion requires environments, information, learning methods and support arrangements that people can use, as well as relationships in which they are listened to, respected and able to make choices.

For this reason, Access+EU treats accessibility as an ongoing practice rather than a final compliance check. It should be considered when objectives are written, budgets and roles are agreed, venues and travel are selected, participants and families are prepared, activities are facilitated, risks are reviewed, feedback is gathered and learning is followed up. Inclusion becomes more reliable when it is shared across the team and built into ordinary project management.

The publication also adopts a functional and person-centred perspective. The relevant question is not simply which category of disability a participant has, but what may enable or restrict that person's participation in a specific context. This shifts attention from labels to practical needs such as movement, communication, sensory regulation, comprehension, rest, emotional safety, health support and personal assistance, while recognising strengths, preferences and autonomy.

Ultimately, the vision is a youth sector in which inclusive Erasmus+ participation is not exceptional. It is anticipated, resourced and continually improved as part of good-quality youth work.

How this Handbook was developed

This Handbook is a collective result of the Access+EU partnership. Its structure reflects the complementary expertise of the five organisations and follows the practical journey of an inclusive project: understanding disability-related barriers and needs, designing accessible learning, managing projects inclusively, arranging support in practice, preparing participants and families, communicating accessibly and carrying learning into future work.

The content development process draws on the project's focus groups, technical visits, partner exchange and Training of Trainers design. These strands bring together the perspectives of youth workers, educators, disability and mental-health practitioners, project staff, caregivers, families and other stakeholders. Partner authors then translate this shared learning into thematic chapters grounded in their respective fields of practice.

A common chapter framework supports coherence across the publication. Chapters combine an overview of the topic, key concepts and theoretical grounding with practical expertise, examples or tools, future indications, references and suggestions for further reading. The consortium's editorial process is intended to align terminology, connect related themes and keep the guidance usable across different countries and organisational contexts.

The Handbook should be understood as a resource for reflective practice. Its recommendations need to be interpreted with the people concerned and adapted to the activity, local context, available expertise and current Erasmus+ rules.

How to read this Handbook?

The structure

1. **"How to recognise disability and related needs?"** broadens the understanding of disability, including visible and invisible disabilities, barriers, identity and lived experience.
2. **"Designing Inclusive Learning in Non-Formal Education: From Access to Meaningful Participation"** applies inclusive learning and Universal Design for Learning to non-formal education.
3. **"Inclusive project management"** embeds inclusion throughout the project cycle.
4. **"Disability-related support needs in practice"** translates support needs into action before, during and after mobility.

5. **“Preparing participants and families for inclusive mobility experiences”** focuses on preparation with participants, families and support networks.
6. **“Inclusive communication”** brings the approach together through inclusive communication.

Connection of the chapters

The chapters follow one shared logic: understand the person and the barriers, design participation from the outset, organise the project so inclusion is resourced, and adapt support throughout the mobility experience.

- Chapters **1** and **6** provide the person-centred and communication foundations.
- Chapter **2** connects them to learning design;
- Chapter **3** turns them into project decisions, budgets, roles and risk planning;
- Chapters **4** and **5** apply them to daily support, travel, family cooperation and follow-up. Concepts recur intentionally, showing that accessibility, co-creation and reflection are continuous responsibilities.

Suggested reading path

For a complete overview, read Chapters 1 to 6 in order.

- **Readers** planning a new project can move from Chapter 1 to Chapters 2 and 3, then use Chapters 4 to 6 while preparing implementation.
- **Trainers and facilitators** may begin with Chapter 2, then consult Chapters 1 and 6 to strengthen needs awareness and communication.
- **Mobility coordinators** can start with Chapters 3, 4 and 5 for planning, practical support and cooperation with families.

Each chapter can also be used independently as a reference, but decisions should always be checked with the participant concerned and adapted to the context.

Key terms and acronyms

- **Accessibility:** removing physical, digital, communication, organisational and attitudinal barriers.
- **Co-creation:** developing activities and decisions with people with disabilities as active partners.

- **Disability:** the interaction between an impairment and environmental or social barriers.
- **Lived experience:** knowledge arising from a person's everyday reality.
- **Reasonable accommodation:** necessary, appropriate adjustments that enable equal participation.
- **NFE:** non-formal education.
- **UDL:** Universal Design for Learning, a framework offering multiple ways to engage, access information and demonstrate learning.
- **CRPD:** UN Convention on the Rights of Persons with Disabilities.

CHAPTER 1. - How to recognise disability and related needs?

Merima Bradarić Srna and Anja Hunček, Association Menssana

Abstract

Disability represents a complex and multidimensional aspect of human identity that influences how individuals perceive themselves and how they are perceived by others. Traditionally, disability has often been interpreted through a medical framework that focuses primarily on impairments and diagnoses. However, contemporary approaches increasingly emphasize the social and contextual dimensions of disability, highlighting the ways in which environmental, cultural, and institutional factors shape individuals' experiences. This chapter explores disability as both a visible and invisible phenomenon and examines how perceptions, social expectations, and systemic structures influence the recognition and interpretation of disability.

Drawing on theoretical frameworks such as the Social Model of Disability and the understanding of disability as a dynamic interaction between individual conditions and social environments, the chapter highlights the limitations of viewing disability solely through a diagnostic lens. Research indicates that global frameworks and policies frequently overlook disability as an intersecting identity, often treating it as a separate or isolated characteristic rather than recognizing its interaction with other aspects of identity such as gender, age, socioeconomic status, and cultural background. Such limitations may contribute to persistent barriers in policy development, service provision, and social inclusion.

The chapter also addresses the widespread misconception that disability is primarily associated with visible physical impairments. In reality, many disabilities are invisible, including mental health conditions, neurological differences, chronic illnesses, and psychosocial impairments. Because these conditions are not immediately observable, individuals living with them may face misunderstanding, stigma, or disbelief. These challenges are further compounded by difficulties in identifying certain impairments, particularly psychological or neurological conditions, where diagnosis often relies on behavioural assessments and psychological testing rather than clear biological indicators.

Another key theme of the chapter is the importance of lived experience and personal expertise. Individuals with disabilities possess unique knowledge about their own conditions, needs, and daily

challenges. Recognizing this experiential expertise is essential for developing inclusive policies, services, and support systems. In particular, the chapter highlights the importance of listening to persons with disabilities and their families when assessing the impact of a condition on everyday life. Focusing on lived experience rather than solely on diagnosis can lead to more accurate understandings of disability and more effective forms of support.

Ultimately, the chapter emphasizes that disability should not be viewed solely as a personal limitation but rather as a complex interaction between individuals and their social environments. By recognizing both visible and invisible forms of disability, valuing lived experience, and challenging narrow definitions of disability, societies can move toward more inclusive systems that better support the participation and well-being of persons with disabilities.

Key words: *Disability, Lived experience, Intersectionality, Inclusion, Identity*

Introduction

Disability is an important aspect of human diversity and identity that shapes how individuals interact with the world around them. For many people, disability influences not only their relationship with their own bodies and abilities but also the way they are perceived and treated by others. Despite growing awareness and policy development in recent decades, disability is still frequently misunderstood or narrowly defined. In many contexts, disability continues to be associated primarily with visible physical impairments, while less visible conditions such as mental health disorders, neurological differences, or chronic illnesses remain underrecognized.

This limited understanding of disability reflects broader societal assumptions about what disability "looks like." When individuals encounter someone, whose disability is not immediately visible, they may struggle to interpret the situation because it does not align with their expectations. Such reactions are shaped by cultural norms, social narratives, and personal experiences that influence how people interpret disability and respond to individuals who live with it.

Contemporary disability studies challenge these traditional perceptions by emphasizing that disability is not solely a medical condition or a personal deficit. Instead, disability emerges through the interaction between an individual's impairment and the social, environmental, and institutional structures surrounding them. This perspective is reflected in the Social Model of Disability, which distinguishes between impairment—referring to a person's physical, sensory, cognitive, or

psychosocial condition—and disability, which arises from the barriers and responses created by society.

Recognizing this distinction has important implications for how disability is addressed in policy, practice, and everyday interactions. If disability is understood primarily as a medical problem, solutions tend to focus on treatment, rehabilitation, or individual adaptation. However, when disability is understood as a social phenomenon, attention shifts toward removing barriers, improving accessibility, and creating inclusive environments that allow individuals with diverse abilities to participate fully in society.

International frameworks and policies have increasingly acknowledged the importance of inclusion and participation for persons with disabilities. Nevertheless, many global initiatives still fail to fully integrate disability as a central aspect of identity. Disability is often treated as a separate issue rather than as a dimension that intersects with other identities and social experiences. This limitation can reduce the effectiveness of policies intended to address inequality and social exclusion.

Another important challenge lies in recognizing invisible disabilities. Many individuals experience significant difficulties in daily life that are not immediately observable. Conditions such as depression, anxiety disorders, schizophrenia, neurological differences, and chronic illnesses may have profound impacts on a person's functioning and well-being, yet they are often misunderstood or minimized because they do not fit common visual representations of disability.

These challenges highlight the importance of acknowledging the lived experiences of persons with disabilities. Individuals themselves often possess the most detailed understanding of how their conditions affect their daily lives, relationships, and participation in society. Recognizing this experiential expertise is essential for developing effective support systems, policies, and services.

This chapter therefore explores the concept of disability through both theoretical and experiential perspectives. It examines how disability is defined, perceived, and experienced, while emphasizing the importance of recognizing invisible disabilities and valuing the expertise of persons with disabilities themselves. By broadening our understanding of disability, we can create more inclusive environments that better reflect the diversity of human experience.

Theoretical background

Disability is one aspect of a person's self that can be very determinative in regards to one's relation to themselves and others, as well as relation of others to one self. It can be visible and invisible in regards to the diagnosis underlying the disability.

According to Wickenden (2023) UN SDGs and other global frameworks do not sufficiently address disability as a significant aspect to identity. They often fail to recognise that disability interacts with other identities and should not be treated as an isolated characteristic. Therefore, a different model is needed that will explain how different identities intersect and shape individuals' experiences of disadvantage.

The Social Model of Disability emphasizes the difference in defining impairment and disability. Impairment refers to an individual's specific physical, sensory, cognitive or psychosocial condition, while disability reflects the ways in which society responds to these differences, as Wickenden (2023) claimed. Stated in this format, disability is understood as a socially constructed phenomenon.

In regards to addressing disability we most commonly refer to it in a dichotomous way as either person having or not having disability. Sometimes, when this is beneficial for the individual, they

might think about themselves this way, even though they might not be aware of it. When addressing disability, we have to be aware that, when marking someone as a person with disability this can overshadow all their other identities they have. This can lead to society perceiving this person solely as a person with disability and their entire identity be brought down to this one distinction.

Disability is still perceived as a special category that requires a specialised approach and cannot be included in mainstream systems. Therefore, persons with disabilities require special knowledge and tools to be included, which can be perceived as costly in terms of time and money by decisionmakers and not be made a priority. Even though a lot of OPDs at local, national and international levels are lobbying for this to change.

In the last couple of years, a lot of research has been done in regards to the disability and a lot of policies and laws have been passed. However, a lot of these actions are still missing the perspective of persons with disabilities.

According to Riches et al. (2009), WHO frames disability as a dynamic state arising from the activities one wishes to undertake and any associated difficulties, environmental and personal factors (physical

accessibility, societal attitudes, and the individual's life context), which together may restrict participation in the community.

In response to the observation that persons with severe disabilities are often experiencing low levels of participation in meaningful activities despite the shift from institutional model to community living The Active Support Model was developed. This Model allows persons with severe disabilities to be included in societal activities through support form a third party (a caregiver, or assistant assigned to them through a system).

As Porter et al. (2011) stated, the definition of disability highlights four key aspects:

- Disability arises from an impairment
- The condition has lasted, or is expected to last for at least one year
- It affects everyday activities of the person
- Impact is substantial rather than minor or trivial

There is a misconception that disability relates only to highly visible physical impairments, rather than a wide range of conditions including less visible disabilities such as chronic illnesses or mental health disorders.

Identifying psychological impairments is never easy. It relies to a great extent on performance in psychological tests and behavioural analysis. As a result, identification is hard and can vary regarding a lot of factors that cannot always be controlled. This results in a discrepancy in diagnosis as indicators vary from individual to individual. Therefore, we can have two individuals with different symptoms but with the same diagnosis and one of them can have a disability related to the diagnosis while the other does not necessarily have to have diagnosis related disability. As previously stated, disability is a socially constructed factor, and its presence depends on social factors of the individual in question.

There is a lot of research that shows how language affects disability. A lot of people may not inform their physician on their symptoms due to embarrassment, pride or fear of discrimination. This then leads to underreporting of symptoms and ultimately incorrect diagnosis. Terms such as "longstanding disability" are a good example on how language can negatively impact individuals.

Lately, it is discussed that not diagnosis itself, but difficulties in lived experiences of an individual should be a determining factor to deciding if a person has disability or not. As individuals themselves

and parents of children with severe diagnosis can describe difficulties they are having in everyday life. Those difficulties can vary from person to person and can have different impacts.

According to Riches et al. (2009) the complexity of factors shaping lived experience makes it inappropriate to draw conclusions about an individual without understanding how a health condition is experienced in daily life. The impact of a condition is therefore a key consideration and should be assessed in relation to the activities that are meaningful for the young person and their family.

As Riches et al (2009) stated, the identification by parents of the impact of their child's difficulties should serve as a starting point for constructive dialogue with professionals. In this

process, it is essential that parents feel their perspectives are taken seriously, without experiencing patronisation, stigma or judgement.

Understanding Disability Beyond What Is Visible

When discussing persons with disabilities, it is important to recognize that disability is not always visible. In many cases — particularly when referring to mental health conditions, neurological differences, or chronic illnesses a person may not outwardly appear to have a disability at all. Research and practice in the field of disability studies consistently highlight that a large proportion of disabilities are not immediately observable. Despite this, many people hold a strong mental image of what a person with a disability is supposed to look like or how they should behave.

These mental images are often shaped by social narratives, cultural norms, media portrayals, and personal experiences. For many people, the concept of disability is still associated primarily with visible physical impairments, such as the use of a wheelchair, crutches, or other assistive devices. While these forms of disability are important and deserve recognition and support, they represent only a portion of the diverse experiences encompassed by disability.

When individuals encounter someone, whose disability is not visible, their expectations may not be met. This can lead to confusion or discomfort because it challenges the frameworks people rely on to interpret social situations. Human beings naturally rely on belief systems and cognitive shortcuts to navigate everyday life. These mental frameworks help us interpret the world quickly and efficiently. However, they can also limit our understanding when reality does not fit neatly into these predefined categories.

When our assumptions about disability are challenged, we may initially feel uncertain about how to interpret the situation or how to respond. This reaction is not uncommon; it reflects the broader ways in which people process unfamiliar information. Recognizing this process is an important step toward developing greater awareness and sensitivity toward diverse experiences of disability.

How Our Perceptions Are Shaped

Our perceptions of disability are not formed in isolation. They are shaped by a wide range of factors, including upbringing, cultural context, education, social norms, and personal encounters with disability. From an early age, many people are taught certain patterns of behaviour when interacting with individuals who appear to have visible impairments. For example, children may be encouraged to help someone who is missing a limb or who appears physically vulnerable.

While such intentions may come from a place of empathy, they can also reinforce simplified assumptions about what disability means. A person with a visible physical impairment may be automatically perceived as helpless or dependent, even if they are highly independent and capable. At the same time, individuals with invisible disabilities may not receive the understanding or support they need because their challenges are not immediately recognized.

Consider, for instance, a person living with schizophrenia, bipolar disorder, severe anxiety, or another mental health condition. These conditions may significantly affect a person's ability to function in daily life, influencing concentration, emotional regulation, social interaction, and overall well-being. In some cases, the impact of such conditions may be greater than that of certain physical impairments. However, because these difficulties are not visible, they may remain misunderstood or overlooked.

This discrepancy illustrates the importance of moving beyond surface-level interpretations of disability. A broader and more inclusive understanding acknowledges that disability is not defined solely by what we can see.

Recognizing Invisible Difficulties

One of the key goals of this handbook is to encourage a more comprehensive understanding of disability that includes both visible and invisible experiences. It is often easier for people to empathize with individuals whose difficulties are clearly observable. When we see someone struggling to walk,

using mobility aids, or visibly experiencing distress, we may quickly recognize that they require support or accommodation.

However, many people live with challenges that are not visible to others. These challenges may include chronic pain, neurological conditions, learning disabilities, mental health disorders, or autoimmune diseases. Because these experiences are largely internal, they are often misunderstood or dismissed.

Empathy becomes more complex when the difficulty cannot be easily observed. In such cases, people may question the legitimacy of the condition or attribute behaviours to personal characteristics rather than recognizing them as part of a disability.

For example, individuals experiencing depression often struggle with everyday activities that others take for granted. Tasks such as waking up, maintaining personal hygiene, commuting to work, or engaging in social interactions may require a great deal of emotional and physical energy. From an external perspective, behaviours such as arriving late to work or appearing disengaged may be interpreted as laziness or lack of motivation. In reality, these behaviours may reflect the profound impact of depression on a person's daily functioning.

Similarly, individuals living with conditions such as paranoid schizophrenia may experience persistent feelings of suspicion or anxiety in social environments. In professional settings, this may manifest as difficulty trusting colleagues or discomfort during group interactions. Without an understanding of the condition, these behaviours may be misinterpreted as hostility or uncooperativeness. Recognizing that such responses may be connected to a disability can foster more supportive and understanding interactions.

The Role of Social Perception and Stigma

The misunderstanding of invisible disabilities is closely connected to broader social attitudes toward disability. In many societies, stigma surrounding mental health conditions and neurological differences remains significant. This stigma can discourage individuals from disclosing their conditions or seeking support.

Fear of discrimination, social exclusion, or negative judgment often leads people to conceal their difficulties. As a result, invisible disabilities remain underrecognized, and individuals may struggle without adequate understanding from their peers, employers, or community members.

Addressing this issue requires a shift in perspective. Rather than assuming that we can easily identify who is experiencing difficulty, it is important to acknowledge that many people may be managing challenges that are not immediately visible. Creating environments that encourage openness, respect, and flexibility can help reduce stigma and promote inclusion.

Disability as a Social Concept

The term “disability” itself is complex and multifaceted. Contemporary approaches increasingly recognize that disability is not defined solely by a medical condition or impairment. Instead, disability emerges from the interaction between an individual’s characteristics and the environment in which they live.

In this sense, disability can be understood as a social construct. This does not mean that impairments or health conditions are not real or significant. Rather, it highlights that the limitations people experience is often shaped by social structures, environmental barriers, and cultural attitudes.

For example, a person who uses a wheelchair may encounter significant limitations in a building without ramps, elevators, or accessible entrances. In an accessible environment, however, many of these barriers disappear. The same individual may be able to participate fully in work, education, and social activities when appropriate accommodations are provided.

Similarly, individuals with cognitive or mental health conditions may thrive in environments that offer flexibility, clear communication, and understanding. In rigid or unsupportive settings, however, these same individuals may face significant barriers to participation.

Recognizing disability as an interaction between individuals and their environment shifts the focus from “fixing” the person to improving systems, structures, and attitudes. It emphasizes the importance of creating inclusive environments that accommodate diverse needs.

Formal Recognition and Its Limitations

In many countries, individuals must meet specific criteria to be officially recognized as persons with disabilities. These criteria are typically established by governmental or medical authorities and are used to determine eligibility for support services, accommodations, or legal protections.

While such systems are often necessary for administrative and policy purposes, they may not fully capture the complexity of individual experiences. Disability is not always easily measurable or

consistent across different contexts. A person may function well in one environment but encounter significant barriers in another.

Furthermore, the process of obtaining formal recognition can sometimes be lengthy, complex, or emotionally challenging. Individuals may feel that their experiences are being reduced to medical categories or bureaucratic requirements.

For these reasons, it is important to balance formal definitions of disability with an understanding of lived experience.

The Value of Lived Experience

This brings us to a central concept of this handbook: the importance of recognizing the expertise of persons with disabilities themselves. Individuals living with disabilities possess deep knowledge about their own experiences, challenges, strengths, and coping strategies. They navigate complex systems, adapt to changing circumstances, and develop practical solutions to everyday barriers.

This lived experience represents a valuable form of expertise. While professionals such as doctors, psychologists, educators, and policymakers bring important knowledge from their respective fields, persons with disabilities bring first-hand insight into how policies, services, and environments actually affect daily life.

Listening to these perspectives can lead to more effective solutions. When individuals with disabilities are actively involved in decision-making processes, policies and programs are more likely to address real needs and promote meaningful inclusion.

Recognizing this expertise also shifts the narrative surrounding disability. Instead of viewing persons with disabilities solely as recipients of care or support, it highlights their role as active contributors to knowledge, innovation, and social change.

Moving Toward Inclusive Understanding

Developing a more inclusive understanding of disability requires ongoing reflection and openness to learning. It involves questioning long-standing assumptions and recognizing that disability is a diverse and multifaceted experience.

By acknowledging both visible and invisible disabilities, we can begin to create environments where individuals feel understood and respected. By valuing the expertise of persons with disabilities, we can ensure that policies and practices are informed by real experiences rather than stereotypes.

Ultimately, inclusion is not only about providing accommodations or removing barriers. It is also about fostering a culture of empathy, curiosity, and respect. When we move beyond narrow definitions of disability and listen to the voices of those directly affected, we gain a deeper understanding of human diversity and the many ways in which people navigate the world.

In this way, recognizing “your expertise” is not only an act of respect—it is an essential step toward building more equitable and inclusive societies.

Future Indications

Future developments in disability research, policy, and practice should continue to emphasize the importance of inclusive perspectives and the recognition of lived experience. Although significant progress has been made in recent decades through international conventions, advocacy movements, and academic research, many systems still approach disability primarily through medical or administrative frameworks. Moving forward, greater efforts are needed to integrate social, cultural, and experiential perspectives into decision-making processes.

One important direction involves strengthening the participation of persons with disabilities in policy development, research, and program design. Their lived experiences provide valuable insights that cannot be fully captured through clinical assessments or statistical data alone. Ensuring meaningful participation of persons with disabilities and their representative organizations can contribute to more responsive and effective policies.

Another key area for development is the increased recognition of invisible disabilities. Public awareness initiatives, professional education, and workplace training can play an important role in reducing stigma and promoting understanding of conditions that are not immediately visible. By improving awareness and communication, institutions can create more supportive environments for individuals who experience less visible forms of disability.

Future approaches should also continue to emphasize intersectionality. Disability rarely exists in isolation; it often interacts with other social identities such as gender, age, socioeconomic status,

ethnicity, and cultural background. Recognizing these intersections can help policymakers and practitioners develop more comprehensive and equitable strategies for inclusion.

Finally, continued research is needed to better understand the complex relationship between diagnosis, lived experience, and social participation. Focusing on the real-life impact of conditions rather than solely on diagnostic categories may lead to more effective and individualized forms of support.

By adopting these directions, societies can move closer to a model of inclusion that recognizes the diversity of disability experiences and values the expertise of persons with disabilities as essential partners in shaping more accessible and equitable communities.

References

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CHAPTER 2. - Designing Inclusive Learning in Non-Formal Education: From Access to Meaningful Participation

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Abstract

The ACCESS+EU project addresses the critical necessity for enhanced inclusion of young people with disabilities within the Erasmus+ framework and broader youth work initiatives across Europe. Grounded in the foundational principle that “every learner matters and matters equally” (UNESCO, 2017), this handbook serves as a technical resource for transitioning from declarative policies to operative inclusive practices. It emphasises that authentic inclusion requires a paradigm shift from a medical model of deficit to a social and human rights model that identifies barriers as arising from within the educational environment itself, rather than from the characteristics of the individual (UNESCO, 2017; UNESCO, 2020).

Drawing on the institutional expertise of Erasmus Learning Academy (ELA) and evidence-based data gathered through multi-stakeholder focus groups and technical visits, this work identifies frequent structural, psychosocial, and "invisible" barriers—such as neurodivergence and mental health challenges—that often remain unrecognised in standard training formats (EC, 2021). By systematically applying the Universal Design for Learning (UDL) framework, specifically focusing on the principle of Engagement, the handbook provides youth workers with an anticipatory design approach to create flexible, safe, and non-violent learning spaces that accommodate human variability as the norm (CAST, 2024; UNESCO, 2017).

Ultimately, the project aims to empower practitioners with specialised competences in emotional regulation, active listening, and situated decision-making (EASNIE, 2019). The core guiding premise remains that designing inclusive learning activities is not about lowering standards, but about widening access to meaningful participation. This approach ensures that international mobility becomes a sustainable and equitable pathway for all learners, particularly those with fewer opportunities, fostering cohesive societies where diversity is celebrated as a vital educational resource (EC, 2021; UNESCO, 2020).

Key words: *Inclusion, Equity, Erasmus+, Diversity, Accessibility*

Introduction

Erasmus Learning Academy (ELA) brings over a decade of experience in the modernisation of educational systems through international mobility and inclusive training frameworks. This expertise informs ELA's role in coordinating the ACCESS+EU project, which applies an intersectional approach to address the interconnected dimensions of health, trauma, and social equity within learning environments.

The contemporary Erasmus+ landscape is characterised by a growing diversity of learners, reflecting the increasing complexity of European societies in terms of cultures, abilities, and identities (European Commission, 2021). However, providing access to a programme does not automatically ensure inclusion. The right to education implies not only participation, but also meaningful engagement in learning processes and outcomes. Importantly, not all barriers to participation are visible: while physical accessibility is often addressed, many learners encounter obstacles linked to neurodivergence, mental health, or structural limitations embedded within educational systems (UNESCO, 2017).

In line with Sustainable Development Goal 4, inclusion and equity are recognised as the foundations of quality education. Nevertheless, ensuring that each learner has a genuine and personalised opportunity to progress remains a persistent challenge (UNESCO, 2017). Despite policy advances, many training initiatives continue to rely on a "one-size-fits-all" approach, treating learner differences as deviations to be managed rather than as an inherent and valuable dimension of the learning process. Authentic inclusion cannot be achieved through punctual adaptations or by integrating individuals into rigid, unmodified structures. Instead, it requires a shift towards designing learning environments that are flexible from the outset and that acknowledge learner variability as the norm (European Agency for Special Needs and Inclusive Education [EASNIE], 2022).

ELA's practice in non-formal education demonstrates that learning is most effective when it is learner-centred, active, and collaborative. Working with highly diverse participant profiles, the organisation approaches diversity as an educational resource rather than a challenge, ensuring that no learner is marginalised within international education contexts. This chapter builds on that experience to explore how facilitators can design inclusive training and learning activities that reduce barriers to participation while maintaining high educational expectations.

The guiding principle of this handbook is that designing inclusive learning activities is not about lowering standards, but about widening access to meaningful participation.

Theoretical background

Theoretical Foundations of Inclusive Learning in Non-Formal Education

Inclusion is understood as a continuous process that helps to identify and overcome barriers limiting the presence, participation, and achievement of all learners. This conceptual framework is built around the central message that “every learner matters and matters equally”, which serves as the vital role of inclusive education in transforming global systems (UNESCO, 2017). Under the 2030 Agenda for Sustainable Development, particularly SDG 4, countries are called upon to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (UNESCO, 2020).

A fundamental tenet of this approach is the recognition that human variability is the norm, rather than a deviation to be managed. Therefore, individual differences must not be seen as problems to be fixed, but as opportunities for democratising and enriching learning. Sustainable inclusion requires a shift from a deficit-oriented medical model towards a social and human rights model. This involves the institutional recognition that learners’ difficulties often arise from within the education system itself—including rigid curricula, inappropriate assessments, and non-adaptive environments—rather than from the characteristics of the individual (UNESCO, 2017). As societies become increasingly diverse, education systems must be responsive to all learners’ needs to ensure no one is left behind (UNESCO, 2020).

Staff training and inclusive environments

The successful implementation of inclusive education is inherently dependent on the quality of formative practices and the comprehensive preparation of the education workforce. Within this context, well-trained and qualified professionals are considered the most powerful resource for narrowing achievement gaps and improving education quality. Teacher professional learning (TPL) for inclusion is not a finite event but a professional continuum that must span from initial teacher education (ITE) through induction to career-long continuing professional development (CPD) (EASNIE, 2019).

To foster inclusive environments, policy and training must provide educational staff with the core values and competences to accommodate diverse learning needs. Competences in this framework are understood as complex combinations of attitudes, knowledge, and skills. Based on the Profile of Inclusive Teachers, four core values underpin the competence of every professional involved in inclusion: valuing learner diversity by recognising difference as an asset; supporting all learners through maintaining high expectations for every student; working with others by prioritising collaboration, teamwork, and giving learners a genuine voice; and committing to personal professional development through lifelong learning and reflective practice (EASNIE, 2019).

Universal Design for Learning (UDL)

Universal Design for Learning (UDL) is an evidence-based pedagogical framework grounded in scientific research on learner variability, aimed at ensuring equitable access, participation, and learning outcomes for all learners by removing barriers at the design stage rather than through individualised, reactive adaptations (CAST, 2024). This approach aligns with inclusive education principles that recognise diversity as a normative condition of learning, not as an exception requiring correction. UDL is particularly compatible with non-formal education (NFE) contexts, such as Erasmus+ training activities, due to their learner-centred, voluntary, and flexible nature. In these environments, UDL provides a structured framework for translating inclusive values into concrete training design that supports gradual engagement and learner agency, particularly for participants with fewer opportunities (EASNIE, 2019).

The UDL framework is organised around three interrelated principles: Multiple Means of Engagement, Multiple Means of Representation, and Multiple Means of Action and Expression. Within the scope of the ACCESS+EU project, particular emphasis is placed on Engagement, as affective dimensions play a decisive role in participation and persistence in learning. Learners differ significantly in what motivates them and how safe they perceive learning environments to be; therefore, no single approach to engagement can be effective for all participants. By designing activities that optimise choice and autonomy, foster collaboration and belonging, and address emotional safety, educators can create learning spaces where participation is meaningful and inclusive by design, rather than dependent on post-hoc adjustments (CAST, 2024).

Applying Inclusive Design in Non-Formal Education and Erasmus+ Training Contexts

Providing access to a programme is fundamentally distinct from ensuring authentic inclusion. While the European Commission (2021) prioritises widening access, true inclusion is understood as an ongoing process aimed at identifying and removing the specific barriers that limit a learner's presence, participation, and achievement. Mere integration—where learners are placed in mainstream settings but expected to adapt to unaltered structures—does not constitute inclusion. Instead, inclusion requires a transformation of the learning environment itself to ensure that every individual has a personalised opportunity for progress (UNESCO, 2017).

Erasmus Learning Academy (ELA) draws on over a decade of institutional experience in the modernisation of educational systems through international mobility and inclusive training frameworks. Within the Erasmus+ context, ELA operates as a bridge between high-level European policy objectives and the practical realities of non-formal education (NFE). Through the coordination of projects such as ACCESS+EU, the organisation applies methodological and technical rigour to ensure that international mobility becomes a viable and meaningful pathway for all learners, particularly those historically marginalised by rigid educational structures.

To achieve this, ELA adopts an intersectional approach that recognises learners as holders of multiple, overlapping identities, which may generate complex and cumulative barriers to participation (UNESCO, 2020). Diversity within this framework extends beyond visible physical or sensory impairments to include so-called "invisible" barriers, such as neurodivergence (e.g., autism or ADHD), severe or chronic health conditions, and socio-economic disadvantage. By analysing how these factors interact with institutional norms and learning environments, ELA moves beyond a unitary "special needs" perspective to address the structural conditions that constrain engagement and participation (EC, 2021).

A critical distinction can be drawn between declarative inclusion—expressed through policy statements, international conventions, and legislative frameworks—and operative inclusion, which refers to the concrete design and implementation of learning activities (UNESCO, 2017). ELA's expertise is firmly situated within this operative dimension. The organisation translates declarative principles into applied methodologies through:

- Technical visits to specialised centres to observe evidence-based practices, therapeutic approaches, and infrastructural adaptations.
- Multi-stakeholder focus groups involving professionals, families, and young adults to collect qualitative data on lived experiences and identify context-specific barriers.
- The development of training curricula and handbooks that equip youth workers and educators with practical guidance on inclusive pedagogical design.

Within this framework, ELA does not merely endorse international and European policy documents but actively operationalises them. By designing safe, non-violent, and inclusive learning environments, the organisation treats learner diversity not as a problem to be managed, but as a structural reality that challenges educators to recognise, support, and cultivate individual potential (UNESCO, 2017; UNESCO, 2020).

In accordance with the social model of disability, barriers to participation are not viewed as inherent deficits within the individual, but rather as a result of the interaction between individuals and an environment that fails to accommodate their specific needs (UNESCO, 2017). Within non-formal education (NFE) and the Erasmus+ framework, identifying these obstacles is a prerequisite for creating truly inclusive mobility and training opportunities. As noted by the European Commission (2021), not all barriers are visible, and many learners face intersectional challenges where multiple exclusion factors overlap, such as poverty, geographical isolation, and neurodivergence (EC, 2021).

Types of frequent barriers in Erasmus+ and Non-Formal Education

The following categories represent the most significant challenges identified through ELA's field research and international policy analysis:

- Structural barriers: These refer to the rigidities within the educational or mobility system itself. Examples include inflexible training rhythms, the lack of accessible infrastructure in hosting venues, and the language barrier. Our technical visits have shown that many young people with intellectual disabilities or mental health challenges lack the second language skills typically required for international exchanges, which immediately excludes them from traditional Erasmus+ calls.
- Emotional and psychosocial barriers: Learners with fewer opportunities often experience high levels of anxiety when facing the uncertainty of travel or new social environments. Past experiences of educational exclusion or trauma can lead to a lack of self-confidence and a fear

of stereotyping and stigma (UNESCO, 2020). If the training environment is not perceived as a safe, non-violent space, these learners are likely to disengage or avoid participation altogether (UNESCO, 2017).

- Cultural and social barriers: These stem from discriminatory attitudes and a lack of representation. UNESCO (2020) reports that one-third of young people have experienced bullying in school, with those perceived as different being the most frequent targets. In mobility projects, a lack of intercultural preparation for both the host and the participant can lead to marginalisation and cultural friction.
- Invisible barriers (Neurodivergence and Mental Health): Conditions such as Autism Spectrum Disorder (ASD), ADHD, or depression often go unrecognised because they do not present with visible physical symptoms. These learners require reinforced mentorship and structured routines to feel secure (EC, 2021). Professionals during our field research emphasised that individuals with mental health disorders require continuous accompanying by specialists with whom they have a therapeutic relationship based on trust and emotional validation.

Table 1 illustrates how specific environmental factors translate into direct exclusion or limited participation (UNESCO, 2017). It highlights that the lack of adaptability in both infrastructure and pedagogy is the primary driver of educational inequality in Erasmus+ contexts.

Field data obtained from interviews with practitioners at ACAPASIL reinforces these observations, indicating that the reduced participation of neurodivergent learners is primarily driven by the perception that international mobility is inherently complex and stressful. This perceived complexity is particularly acute during the preparatory phases prior to departure, where the logistical and administrative burden can become overwhelming for those with fewer opportunities.

Professionals highlight that coordination with tutors or mobility officers often represents a critical friction point for individuals requiring specific reasonable accommodations. When these coordination mechanisms are not sufficiently flexible or clear, they can trigger significant anticipatory anxiety and demotivation, effectively acting as a structural and psychosocial barrier that prevents the learner from engaging with the experience even before it commences. This underscores the necessity for reinforced mentorship and early, personalised support to ensure that the "invisible" barriers of neurodivergence are addressed through proactive planning rather than late adaptations.

Interpretative Analysis

Based on our institutional experience, invisible barriers—specifically those related to neurodivergence and mental health—are the obstacles that appear most frequently and yet are the most likely to go unnoticed. This occurs because many NFE practitioners are trained in general youth work but lack the specialised knowledge to recognise the early signs of sensory overload or emotional distress (EASNIE, 2019).

Furthermore, structural barriers like language requirements are often seen as neutral standards rather than exclusionary filters. When we ignore these factors, the consequences are severe: we do not only fail to include the learner, but we risk re-traumatising them through a new experience of failure. If these barriers are not addressed through Universal Design for Learning (UDL) and personalised support, Erasmus+ projects will continue to reach only the most resilient of the disadvantaged, leaving behind those who need the transformative power of mobility the most (EC, 2021). True inclusion requires moving beyond access to ensure that the quality of the experience allows for the achievement and well-being of every participant.

Designing inclusive learning environments from the outset

Designing inclusive learning environments requires a fundamental shift from reactive models based on late adaptations—where changes are introduced only once a specific "need" has been identified—towards an anticipatory design approach. This proactive perspective ensures that learning environments are sufficiently flexible to accommodate human variability as a normative condition from the outset (UNESCO, 2017). By applying the principles of Universal Design for Learning (UDL), youth workers and educators can create learning spaces that are accessible to the widest possible range of participants, thereby reducing the need for post-hoc modifications (EASNIE, 2019).

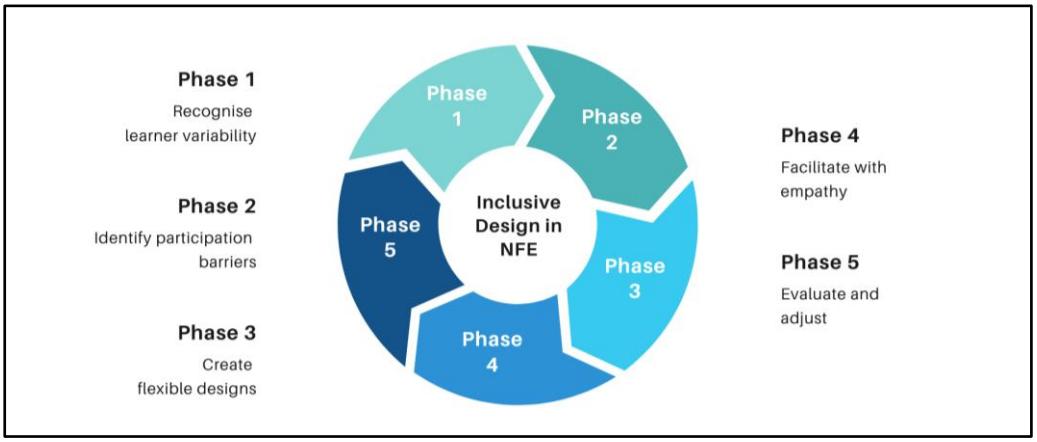
Translating inclusion into pedagogical practice

Within non-formal education (NFE) contexts and Erasmus+ training activities, inclusion is operationalised through a series of intentional structural and facilitative design choices:

- Session structure: Learning sessions should incorporate multiple means of engagement in order to connect with diverse interests, motivations, and identities (CAST, 2024). This includes offering choice in how participants access information and interact with content, ensuring that session design itself does not function as a barrier to participation (EASNIE, 2019).

- Sequencing of activities: Inclusive learning is supported through step-by-step capacity-building pathways (EC, 2021). Complex tasks should be broken down into smaller, manageable steps, allowing participants to progressively build confidence, competence, and autonomy.
- Group norms: The establishment of clear, participatory group norms is essential for fostering safe and non-violent learning environments (UNESCO, 2017). Such norms should prioritise collaboration, interdependence, and collective responsibility, contributing to a learning climate in which all participants feel welcomed and secure (CAST, 2024).
- Management of time and energy: Inclusive design recognises that learners differ in terms of pace, attention, and energy levels. Providing additional time to respond or complete tasks, alongside the availability of flexible break or quiet spaces, has been identified as a key inclusive practice during technical visits to specialised centres.

The effectiveness of inclusive learning environments is underpinned by three interrelated pillars: predictability, achieved through structured routines and visual or illustrated schedules; flexibility, enabling facilitators to respond to the evolving needs of the group; and clarity, ensured through the use of clear, concrete, and visual language.



Infographic 1: Inclusive design cycle in non-formal education

The inclusive design cycle is represented as a loop to reflect the understanding that inclusion is a continuous and evolving process rather than a finite objective or a single intervention (UNESCO, 2017). Its non-linear nature acknowledges that learner groups are dynamic; strategies that prove effective in one context may require substantial reconfiguration in another (EASNIE, 2022).

This approach is grounded in a practice-into-theory logic, whereby facilitators rely on reflective practice and collective professional judgement to make informed pedagogical decisions in real time

(EASNIE, 2019). Reflection (Phase 5) feeds directly back into a deeper understanding of learner diversity (Phase 1), generating a spiral of professional learning in which competences are continuously refined through action, feedback, and evaluation (EASNIE, 2022). In this way, the learning environment functions as a dynamic laboratory for inclusion rather than a static or rigid structure (EASNIE, 2019).

Engagement as a core driver of inclusion

Engagement is not merely a component of the learning process but a fundamental condition for educational progress. As established by the Universal Design for Learning (UDL) framework, affect represents a crucial element of learning; learners differ significantly in the factors that spark their motivation and enthusiasm (CAST, 2024). In inclusive settings, engagement must be understood as the active presence and meaningful participation of all learners, ensuring that the learning experience is relevant to their authentic identities (UNESCO, 2017).

Motivation, emotional safety, and participation

The relationship between emotional safety and participation is interdependent. For young adults facing neurodivergence or mental health challenges, such as depression or anxiety, the learning environment must be perceived as a safe, non-violent, and supportive space (UNESCO, 2017). Without a foundation of trust, respect, and emotional validation, affective barriers can block the learning process entirely.

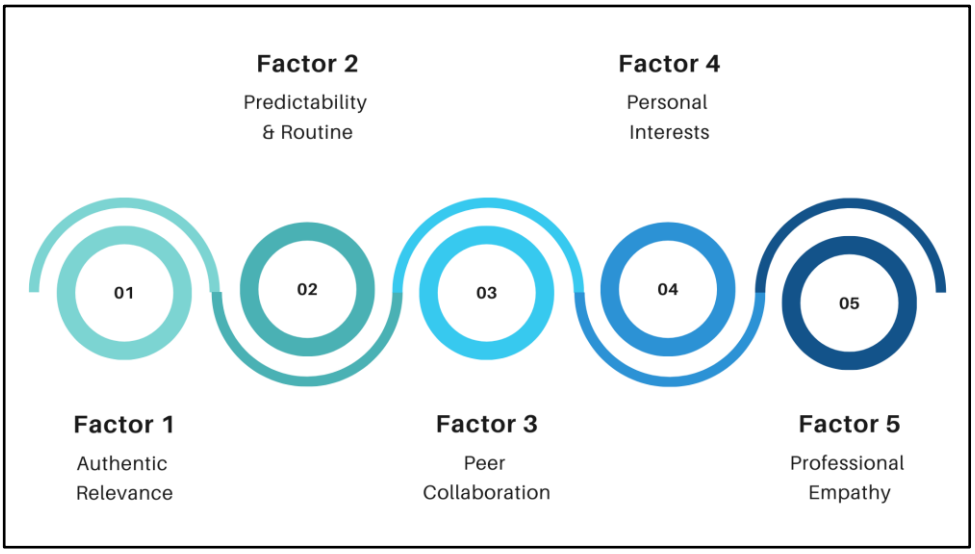
When engagement fails in non-formal education (NFE), the consequences are immediate: learners may isolate themselves, miss intercultural learning opportunities, or experience a sense of failure that reinforces existing stigmas. Therefore, motivation is not an internal trait of the learner but a result of a design that welcomes interests and identities while sustaining effort through high expectations and flexible support (CAST, 2024).

Practical applications for inclusive engagement

To operationalise engagement, facilitators must implement concrete practices that move beyond standardized instruction:

- Optimising Choice and Autonomy: Providing learners with agency in the learning process allows them to connect activities to their personal goals and dreams (CAST, 2024; EASNIE, 2022).

- Cooperative Learning: Using "peer power" and student-to-student cooperation maximises participation and achieves high standards for all, viewing diversity as a rich resource for collective learning (UNESCO, 2017).
- Flexible Rhythms: Inclusive design acknowledges that learners require different timeframes to respond. Providing more time to complete tasks and dividing complex tasks into simpler steps reduces anxiety and prevents disengagement.
- Legitimising Diverse Forms of Participation: Engagement is fostered when facilitators honour the authentic selves of learners, allowing multiple ways to express knowledge and feelings, such as through arts-based methods or digital tools (CAST, 2024).



Infographic 2: Factors influencing learner engagement in inclusive settings

- Factor 1: Authentic Relevance – Connecting learning to experiences that are meaningful and valuable (CAST, 2024).
- Factor 2: Predictability & Routine – Using visual schedules and structured routines to create security for neurodivergent learners.
- Factor 3: Peer Collaboration – Fostering interdependence and community where all learners feel wanted (UNESCO, 2017; CAST, 2024).
- Factor 4: Personal Interests – Tapping into individual passions to stimulate motivation and joy (CAST, 2024).

- Factor 5: Professional Empathy – Facilitators maintaining a close, empathetic, and non-directive but firm attitude.

Explanation focused on practical experience: Experience from technical visits to specialised centres demonstrates that engagement succeeds when facilitators stop trying to "fix" the learner and instead modify the environment to reduce threats and distractions (CAST, 2024). For instance, incorporating a learner's personal interests into a task is a more effective motivator than traditional rewards. Furthermore, active listening serves as an operative tool to validate a learner's fears, turning a potentially exclusionary moment into a bridge for participation. In contrast, rigid training rhythms and technical language without visual support are primary factors that trigger disengagement and isolate learners from the group dynamic.

Supporting learners with fewer opportunities in mobility contexts

This section examines how mobility activities can address the diverse barriers faced by learners with fewer opportunities. It highlights practical approaches to building confidence, strengthening group support, and creating environments in which every participant can engage meaningfully.

Defining “fewer opportunities” in practice

Within the framework of the Erasmus+ and European Solidarity Corps Inclusion and Diversity Strategy, the term “people with fewer opportunities” refers to individuals who face specific obstacles that prevent them from having effective access to international mobility and educational opportunities on an equal footing with their peers. These obstacles are not merely individual traits but result from the interaction between personal circumstances and structural barriers within society and the education system.

In the context of the ACCESS+EU project, this definition is operationalised to include learners facing "invisible" barriers such as mental health disorders (e.g., depression or anxiety) and neurodivergence, alongside more visible physical or sensory disabilities. Furthermore, it encompasses those dealing with socio-economic disadvantages, cultural differences, and geographical isolation. Recognising that diversity is not a static concept but a dynamic educational resource is essential for creating cohesive societies (EC, 2021; UNESCO, 2017).

The importance of step-by-step confidence building

Inclusive mobility requires a step-by-step capacity building pathway. For many learners with fewer opportunities, the prospect of standard transnational mobility can be overwhelming, triggering anxiety or a lack of self-confidence (EC, 2021). To mitigate this, organisations must offer a continuum of experiences:

- Online exchanges can serve as a bridge to physical mobility, allowing learners to build intercultural skills in a familiar environment.
- Short-term and small-scale mobilities provide a first experience that builds the necessary autonomy for longer-term projects.
- Reinforced mentorship provides an intensified support process, involving frequent meetings and step-by-step guidance during and outside working hours, ensuring that learners feel safe enough to take risks and succeed (EC, 2021; CAST, 2024).

According to the practitioners interviewed at ACAPASIL, one of the most significant barriers emerges during the immediate preparatory phase of the journey. This critical friction point occurs when neurodivergent individuals are required to coordinate complex logistical arrangements and communicate directly with mobility coordinators.

To mitigate these challenges, experts recommend that all information provided be clear, timely, and fully accessible, which serves to significantly reduce levels of uncertainty and anticipatory stress. Furthermore, they suggest the establishment of early-stage support channels designed to address queries and adapt the administrative process in a personalised manner. This proactive approach allows for the necessary adjustments to be made while ensuring the full inclusion of the participant, avoiding any form of segregation before the experience even begins.

The role of the group and the environment

The learning environment must be designed as a safe, non-violent, and inclusive space where diversity is treated as an opportunity for democratising learning. A core component of this is the role of the group. By fostering collaboration, interdependence, and peer-to-peer support, facilitators can harness "peer power" to overcome barriers to participation (UNESCO, 2017). Furthermore, environmental predictability—achieved through structured routines and visual aids—is vital for supporting neurodivergent learners or those with mental health challenges (CAST, 2024).

The practical experience of ACAPASIL underscores that the availability of professional support figures during mobility is fundamental. This role transcends mere bureaucratic supervision; it involves providing reliable reference persons capable of offering assistance during moments of emotional distress or high stress, thereby ensuring the experience remains both safe and enjoyable.

Practitioners insist that continuous accompaniment does not undermine individual autonomy. Instead, it empowers the participant to manage themselves more effectively within unfamiliar environments by providing the necessary emotional security to navigate new challenges. This approach ensures that support is viewed as a tool for self-management and empowerment, rather than a limitation on independence.

For more information see: *Appendix 2 Inclusive strategies across the mobility lifecycle*

Explanation: Impact and Sustainability

The strategies outlined in Table 3 are designed to ensure that the impact of mobility is both deep and sustainable. Inclusion is an ongoing process, not a single event (UNESCO, 2017). By focusing on the "after" phase, organisations ensure that the knowledge and confidence gained by the learner are transferred back into their local community, creating a multiplier effect (EC, 2021).

Furthermore, using tools such as the ACCESS+EU Handbook and OER platform allows youth workers to reuse and adapt evidence-based practices, ensuring that inclusivity becomes embedded in the institutional culture rather than being a series of isolated adaptations. This systemic approach moves beyond "declarative inclusion" towards an operative reality where the rights and talents of every individual are respected and fulfilled (UNESCO, 2017; UNESCO, 2020).

Reflective Practice and Continuous Improvement

Inclusion must be understood not as a finite objective or a static state, but as a dynamic and continuous process designed to identify and remove barriers that limit the presence, participation, and achievement of all learners (UNESCO, 2017; EASNIE, 2022). Achieving a truly inclusive environment is not a linear progression; it involves continual adjustment and repositioning as the educational landscape and learner variability evolve.

The importance of participant feedback and multi-stakeholder engagement

Meaningful consultation with all stakeholders is a prerequisite for professional growth. Authentic inclusion requires listening to the children's voice and eliciting the views of parents and families regarding the learner's well-being and progress. Within the ACCESS+EU framework, this is operationalised through qualitative feedback surveys and post-activity evaluations that measure satisfaction, the relevance of content, and perceived impact. By acknowledging learners as equal partners in the educational discourse, facilitators can challenge their own assumptions and refine their pedagogical approaches to better meet diverse aspirations (UNESCO, 2017; EASNIE, 2022).

Insights from the practitioners at ACAPASIL highlight that feedback mechanisms must transcend standardised formal surveys. It is fundamental to establish direct channels of communication with participants across every stage of the mobility lifecycle: before, during, and after the experience.

This comprehensive approach ensures that specific requirements for information, logistical planning, and emotional support are fully addressed. By prioritising this ongoing dialogue, facilitators can proactively anticipate potential difficulties, creating a learning environment that is truly inclusive and responsive to the unique variability of learner profiles. This shift towards active, multi-phase communication allows for the real-time adjustment of activities, ensuring that the training remains relevant to the authentic needs and well-being of every individual.

Self-assessment and collective professional learning

Effective competence development for inclusion is underpinned by reflective practice and the examination of personal and collective beliefs (EASNIE, 2019). Tools such as the Profile for Inclusive Teacher Professional Learning serve as a handhold for professionals to evaluate their own work and performance. However, individual reflection is insufficient for professional maturity; true inclusion requires shifting the emphasis towards team agency and the co-creation of a shared professional vision. Inclusive professional learning communities enable practitioners to unlearn ineffective traditional practices and replace them with innovative, evidence-based methodologies (EASNIE, 2022).

Institutional learning and ELA's commitment to excellence

Erasmus Learning Academy (ELA) maintains a commitment to continuous improvement by embedding research, monitoring, and reflexive analysis into its institutional culture. As a coordinating

entity, the organisation ensures that lessons learnt are transformed into actionable knowledge. ELA's strategy for improving its practices includes:

Rigorous Monitoring and Evaluation: ELA utilises a structured Monitoring and Evaluation Plan to track project progress, assess training impact through pre- and post-assessments, and recalibrate key performance indicators (KPIs) based on emerging needs.

Periodic Reporting and Peer Review: Systematic internal reporting every six months ensures that challenges are promptly identified and addressed, fostering a culture of institutional accountability.

Field-Based Diagnostics: Through technical visits and focus groups, ELA gathers first-hand data on best practices and real-world barriers, using these insights to upgrade training curricula and handbooks continuously.

Final Strategic Evaluation: Each project lifecycle concludes with a Final Evaluation Meeting in Tenerife, designed to assess long-term sustainability, share recommendations for future initiatives, and establish ongoing networks for collaboration beyond the project's lifecycle.

In conclusion, professional maturity in the field of inclusion requires accepting that we do not have all the answers yet (UNESCO, 2017). By embracing reflective practice and a culture of trust, organisations can ensure that inclusive pedagogy becomes the default approach for providing high-quality, equitable education for all (EASNIE, 2019).

Key takeaways for practitioners

This concluding section provides actionable strategies for youth workers and trainees to transition from a theoretical understanding of inclusion to an operative, high-quality practice. These takeaways serve as a technical guide for designing and implementing inclusive activities within the ACCESS+EU framework.

1. Shift from reactive to anticipatory design - Authentic inclusion is not achieved through late, punctual adaptations or "integrating" a learner into a rigid, pre-existing structure (UNESCO, 2017). Practitioners must adopt an anticipatory design approach, utilising Universal Design for Learning (UDL) principles to ensure that the learning environment is flexible enough to accommodate human variability from its inception (EASNIE, 2022). This reduces the need for post-hoc modifications and ensures that accessibility is embedded rather than added on.

Field research and professional feedback from ACAPASIL indicate that inclusive environmental design is insufficient if information and support structures are not adequately anticipated. Neurodivergent learners continue to face significant barriers of stress and discoordination when logistical details and support mechanisms are implemented as late adaptations rather than as core project components. To ensure that international mobility remains a positive experience, it is vital to incorporate clear protocols and professional accompaniment, providing participants with a reliable reference figure to manage potential emotional distress. Moreover, the advanced communication of itineraries, structured routines, and specific responsibilities serves as a critical tool for reducing uncertainty and fostering the emotional security necessary for participation. This proactive strategy ensures that the mobility environment remains a safe and supportive space, effectively preventing the experience from becoming a primary catalyst for anxiety.

2. Prioritise affect and emotional safety as prerequisites for learning - Affective factors and emotions can either trigger or block the learning process (CAST, 2024; EASNIE, 2022). Practitioners should implement positive behaviour management and maintain an empathetic, professional attitude based on active listening and emotional validation. Creating a safe, non-violent, and predictable environment—characterised by structured routines and visual aids—is essential for supporting neurodivergent learners and those facing mental health challenges (UNESCO, 2017).

3. Cultivate team agency through multi-stakeholder collaboration. Inclusive practice is too complex for any professional to manage in isolation. It is vital to shift from individual performance to team agency, where youth workers, parents, families, and disability specialists work together as equal partners. This includes giving learners a "true voice" by involving them as active decision-makers in their own learning and assessment processes (EASNIE, 2022; UNESCO, 2017).

4. Embed reflective practice and the capacity to ‘unlearn’ - Developing inclusive practice requires a continuous cycle of personal and collective reflection. Practitioners must be willing to ‘unlearn’ traditional, deficit-oriented methods that label or categorise learners (EASNIE, 2022; UNESCO, 2020). By using qualitative feedback and systematic self-assessment, youth workers can identify and remove structural and psychosocial barriers that limit participation (UNESCO, 2017.

5. Recognise diversity as an opportunity for innovation. Learner diversity—encompassing different cultures, abilities, and identities—should be treated as a rich educational resource rather than a problem to be fixed (EC, 2021; UNESCO, 2017). Practitioners should implement co-operative learning

and "peer power" to foster social cohesion and allow a diverse group to work at their own pace within a common framework.

Future indications

Inclusion must be viewed not as a finite objective but as a dynamic, continuous process that requires constant adjustment to the evolving complexities of learner variability (UNESCO, 2017). The future of inclusive training design in the youth sector lies in the total transition from reactive "add-on" adaptations to an anticipatory design paradigm (EASNIE, 2022). This involves the systematic application of Universal Design for Learning (UDL) from the inception of any training programme, ensuring that all participants—regardless of neurodivergence, mental health challenges, or socio-economic status—can access meaningful participation without the need for post-hoc modifications (CAST, 2024; EASNIE, 2019).

Furthermore, the professional role of the youth worker is destined to evolve into that of an inclusion facilitator, whose expertise centres on emotional regulation and the management of safe, non-violent environments (UNESCO, 2017). As established in this chapter, Engagement will remain the core driver of inclusion; therefore, future methodologies must prioritise affect and emotional validation as prerequisites for any educational progress (CAST, 2024).

Sustainability in this field will be achieved through collective professional learning and team agency, where youth organisations, disability specialists, and families work as equal partners (EASNIE, 2022). The dissemination of results through Open Educational Resources (OER) and digital handbooks will ensure that the operative knowledge gained during the ACCESS+EU project is transferable, allowing future Erasmus+ mobilities to become inherently more equitable and accessible. Ultimately, inclusive practice will be recognised not as an exceptional requirement for some, but as the primary indicator of high-quality youth work for all (UNESCO, 2017).

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Appendix 1

Table 1: Common barriers to participation in non-formal education contexts

Type of barrier	Example in Erasmus+ activities	Impact on participation
Structural	Hosting venues with narrow corridors or non-adapted bathrooms (CPC visit observation).	Prevents learners with motor disabilities from attending the training session.
Linguistic	Technical language used in training modules without visual support.	Excludes non-native speakers or learners with language disorders from understanding key concepts.
Psychosocial	Sudden changes in the daily schedule or lack of structured routines.	Triggers anxiety and disengagement in neurodivergent learners (e.g., ASD).
Invisible	Depressive episodes or social anxiety during a transnational mobility.	Learners remain isolated in their room, missing out on intercultural and social learning.
Cultural	Training materials that use introverted or introverted stereotypes for certain groups.	Learners feel misrepresented and misunderstood, leading to alienation.

Appendix 2

Phase	Inclusive strategy	Expected outcome
Before	Preparatory Visits and personalised needs assessment	Establishment of trust between partners and identification of specific accessibility requirements
During	Reinforced Mentorship and intensified emotional accompanying	Building of learner autonomy and reduction of anxiety during the mobility experience.
During	Implementation of UDL-based inclusive pedagogical methodologies	Meaningful participation and achievement of learning outcomes for all participants
After	Guided reflection on the learning process and documentation of developed competences	Meaningful participation and achievement of learning outcomes for all participants
After	Involvement of returned participants in local dissemination and peer-mentoring activities	Meaningful participation and achievement of learning outcomes for all participants

Table 2: Inclusive strategies across the mobility lifecycle

CHAPTER 3. - Inclusive project management

Jennifer Parker and Fanni Orbàn, YouNet Reggio-Emilia

Abstract

This chapter examines the integration of inclusive principles within contemporary youth work and European project management, arguing that inclusion must be embedded structurally across the entire project cycle. It highlights how barriers to participation arise primarily from environmental, organisational, and attitudinal factors rather than from individual impairments.

The chapter outlines a model of Inclusive Project Cycle Management that begins with a needs analysis grounded in ethical responsibility and direct engagement with people with disabilities. Co-creation is identified as a central methodological principle, enabling people with disabilities to act as co-designers whose insights inform objectives, methods, and participation formats. The implementation phase requires continuous attention to physical, digital, communicational, and organisational accessibility, supported by structured planning tools and adaptive facilitation practices. Budgeting and resource allocation are described as decisive actions for operationalising inclusion, as they allow organisations to anticipate variability and provide adequate support.

In addition, there is the integration of practical tools to the theoretical framework. Tables, checklists, and visual summaries translate conceptual principles into actionable guidance, offering project managers concrete instruments for assessing accessibility, planning inclusive activities, and allocating resources effectively.

The chapter concludes by emphasising the need for future initiatives to normalise co-creation, strengthen safeguarding, and deepen accessibility planning. By combining theoretical foundations with practical instruments, the chapter provides a comprehensive framework for creating project ecosystems in which all participants can engage.

Keywords*: Co-creation, Accessibility planning, Equity, Resource allocation, Risk management*

Introduction

Inclusive project management has become a defining feature of contemporary youth work and European cooperation. As programmes increasingly prioritise accessibility, participation, and equity, project managers are expected to design initiatives that anticipate diversity rather than react to it. This shift reflects a broader understanding that inclusion must be embedded structurally across the entire project cycle rather than treated as an isolated component.

Insights emerging from the Access+EU consortium confirm that many young people experience some form of disability or functional limitation. Their primary barriers to participation are not individual impairments but the physical, digital, organisational, and attitudinal obstacles present in their environments. Language, representation, and organisational culture also play a decisive role in determining whether individuals feel welcomed, respected, and able to participate meaningfully. These observations highlight the need for a holistic approach to project management, one that integrates ethical responsibility, co-creation, accessibility planning, and universal design principles from the very beginning.

The practical experience accumulated by organisations such as YouNet Reggio-Emilia illustrates how inclusive principles can be translated into concrete methodologies. Across numerous European projects, YouNet Reggio-Emilia has consistently applied co-creation, safeguarding, accessibility planning, and adaptive facilitation to ensure that diverse participants can engage fully. What emerges from our work as most relevant is the consistent application of inclusive practices throughout the project cycle; demonstrating that inclusion becomes meaningful only when it is embedded in everyday decisions, structures, and interactions.

Inclusive Project Cycle Management

Insights into collaborative and co-created solutions, integrating universal design principles, allocating resources for accessibility, and planning for diverse forms of participation. As the project moves into implementation, inclusion becomes a continuous practice: ensuring the accessibility of venues, materials, facilitation styles, and group dynamics. Effective accessibility planning, together with thoughtful budgeting and resource allocation, ensures that inclusion is operational.

Inclusion must be embedded across all phases of the project cycle:

- *Needs analysis:* involving people with disabilities directly to understand access needs, preferences, and potential barriers
- *Design:* integrating universal design principles, co-creating solutions, allocating resources for accessibility, and planning for diverse participation
- *Implementation*: ensuring continuous accessibility of venues, materials, facilitation styles, and group dynamics
- *Monitoring:* adopting flexible and responsive mechanisms that allow real-time adaptation
- *Evaluation:* enabling all participants to contribute meaningful feedback and identifying barriers for future improvement

Needs Analysis and Ethical Responsibility

An inclusive project begins with a needs analysis grounded in ethical responsibility. This phase is not simply a technical assessment but it is a relational process that requires listening, transparency, and meaningful engagement with the people most affected by the project. Involving people with disabilities directly is essential for identifying access requirements, personal preferences, and potential barriers that may otherwise remain invisible. Their lived experience provides irreplaceable insights that shape the relevance and fairness of the entire initiative.

Ethical responsibility also means recognising that inclusion is inseparable from safety. A project cannot be considered inclusive if participants do not feel physically, psychologically, and socially safe. Safeguarding practices must be embedded from the very beginning of the project cycle, including:

- *Clear communication guidelines* that set expectations for respectful and accessible interaction
- *Co-created group agreements* that define shared values and behavioural norms
- *Confidential and accessible reporting mechanisms* for raising concerns or incidents
- *Digital safety protocols* that protect participants in online environments

These practices ensure that safety is a relational commitment that builds trust and enables meaningful participation.

For more information see: Appendix 1 - Risk management planning - checklist

Designing Inclusive Projects Through Co-Creation

Co-creation is a central pillar of inclusive project design. Instead of creating projects *for* people with disabilities, co-creation ensures that projects are designed *with* them, recognising that individuals hold essential knowledge about their own access needs, motivations, and barriers. This approach strengthens both the relevance and the accessibility of the project, and empowers people with disabilities as active contributors rather than passive beneficiaries.

Step-by-step co-creation in the design phase:

- *Early engagement:* Invite people with disabilities into the conceptual phase to co-design objectives, methods, and priorities. Value their expertise, ensure their contributions shape decisions, and acknowledge their role in the project's architecture.
- *Participatory needs assessments:* Use interviews, focus groups, or surveys to identify access needs, motivations, and potential barriers.
- *Iteration and refinement:* Integrate feedback into the proposal, adjusting timelines, communication strategies, and learning pathways. Share revised drafts with participants to confirm that changes address their needs.

For more information see: Appendix 2 - General areas of individual needs assessment

Accessibility Planning

Accessibility planning is a multidimensional process that spans physical, digital, communicational, and organisational aspects of a project. It requires project managers to adopt a holistic perspective, recognising that barriers can emerge in any part of the learning environment.

→ *Physical accessibility* involves selecting venues that offer step-free access, accessible toilets, quiet rooms, adjustable lighting, and flexible seating arrangements. These elements support participants with mobility impairments, sensory sensitivities, chronic pain, or neurodivergence. Experienced organisations often conduct site visits or request detailed accessibility checklists from venues to ensure that no critical features are overlooked.

→ *Travel accessibility* is equally important. Clear travel instructions, arranging support at airports or train stations, and reimbursement procedures written in plain language can significantly reduce stress for participants. Providing alternative travel options, such as avoiding night travel or offering taxi support, can make participation possible for individuals who would otherwise be excluded.

→ *Digital accessibility* has become essential in blended and online projects. Materials must be available in multiple formats, compatible with assistive technologies, and designed with high-contrast visuals and clear structure. Online sessions must consider eventual internet limitations, offering asynchronous alternatives (i.e. materials that people can access anytime) when needed.

→ *Communication accessibility* requires the use of plain language, visual schedules, interpreters when needed, and multiple ways for participants to express themselves. This approach supports participants with linguistic barriers, cognitive disabilities, or social anxiety, and contributes to a more inclusive group dynamic.

For more information see: Appendix 3 - Accessibility of travel and accommodation - checklist

Budgeting and Resource Allocation

Budgeting is one of the most decisive moments in inclusive project management. European programmes explicitly allow for a wide range of accessibility-related costs (personal assistants, adapted materials, accessible transport, additional accommodation expenses) and inclusive project managers must be proactive in integrating these items from the outset to prevent last-minute improvisation. This approach also ensures that participants with different needs are supported equitably, without creating financial pressure on the organisation or the individuals involved.

Inclusive budgeting requires anticipating variability. For example, a project may need to allocate funds for alternative travel routes for participants with mobility impairments, or for simplified materials for participants with cognitive disabilities. It may also require additional staff time for mentoring, debriefing, or one-to-one support. These costs are essential components of a high-quality, accessible learning environment, and can be covered by a specific part of the project grant, called “inclusion support for organisations”.

Types of costs that can be covered by the inclusion support funding:

1. Accessibility-related costs: personal assistants or funding for accompanying person, adapted materials, accessible transport, additional accommodation needs
2. Anticipation of variability: alternative travel routes, sensory-friendly spaces, simplified communication formats and materials, sign language interpretation, subtitles, assistive listening devices, visual materials, reduced stimuli environments
3. Additional staff time: mentoring, debriefing, individual support, coordination and meetings with families or caregivers

For more information see: Appendix 4 - Documentation and evidence checklist

Practical recommendations

YouNet Reggio-Emilia offers its years of experience in the field of European project management, to be translated into practical tables and checklists, in order to summarize the most important points during different phases of the inclusive project cycle management.

Future Indications

The chapter has shown that inclusive project management becomes meaningful when inclusion is embedded structurally across the entire project cycle. The experiences described throughout the chapter highlight that the main barriers faced by young people with disabilities are not individual impairments but the physical, digital, organisational, and attitudinal obstacles present in project environments. For this reason, future initiatives must continue to prioritise early engagement, ethical responsibility, and safeguarding as the foundation of any inclusive process.

Looking ahead, co-creation should become a standard practice rather than an optional enhancement. Involving people with disabilities from the earliest design stages ensures that projects respond to real needs and that participation formats, timelines, and communication strategies are shaped by lived experience. This approach not only improves project relevance but strengthens ownership and motivation among participants.

Future projects must also deepen their commitment to comprehensive accessibility planning. Physical, digital, communicative, and organisational accessibility should be treated as interconnected dimensions that require continuous monitoring and adaptation. As digital participation becomes

increasingly common, ensuring accessible online environments will be essential to prevent new forms of exclusion. Also budgeting and resource allocation are very important for turning inclusive intentions into reality.

By consolidating these practices, future projects can create environments where all participants engage, contribute and experience a sense of belonging.

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Appendix 1

Table 1: Risk management planning - checklist

Area	**Preventive measure**
Project planning phase	participatory needs assessment, accessibility needs collection forms, checklists for venues, pre-visit at facilities for accessibility verification, alternative travel planning, accessible digital tools selection, planning inclusion costs, organisation of pre-departure meetings with participants, establishing reporting channels and co-created group agreements
Implementation phase - Health	emergency contact information available, basic information about nearby medical services (pharmacy, hospital), information on participants' medical needs collected in advance where appropriate
Implementation phase - Safety	clear safety instructions for venues and accommodations, emergency exits and meeting points explained, important documents identified in advance (e.g. ID/passport, insurance, disability card)
Implementation phase - Communication	designated contact person for participants, brief orientation session on the first day covering venues, schedules, and support contacts
Implementation phase - Well-being	regular check-ins with participants (e.g. reflection groups, morning check-in, evening check-in), feedback loops, mid-term evaluation
Implementation phase - Crisis response	predefined emergency procedures, "what if" scenarios, collaboration of participating organisations, clear procedure for reporting problems, concerns, or incidents, clear procedures for requesting assistance
Follow-up phase	multiple feedback formats and accessible evaluation forms, mentoring or support after the mobility, personal action plan with participants, documentation of good practices (for organisations) and update of inclusion procedures

Appendix 2

Table 2: General areas of individual needs assessment

Area	**Guiding questions**
Mobility and physical access	Are there any barriers related to movement, transport or infrastructure? Are there any accessibility requirements related to accommodation or activity venues (e.g. elevators, adapted bathrooms, quiet spaces)? Does the participant require assistance during travel (e.g. airport assistance, accessible transport services)?
Communication	Does the participant require adapted communication formats, translations or assistive technologies? Are there communication preferences that facilitators should be aware of during group activities?
Learning environment	Are adjustments needed in training methods or learning materials? Are there preferred ways of participating in group work (e.g. smaller groups, written contributions, visual materials)? Are there any concerns about participating in group or intercultural activities?
Health and well-being	Are there health considerations that organisers should be aware of? Are there any special dietary needs that organisers should consider? Are there situations that could create stress or discomfort during the mobility (e.g. crowded environments, long schedules)?
Personal support	Is an accompanying person or facilitator required?
Orientation and preparation	What kind of other information or resources would help the participant in the preparation for the mobility program (e.g. preparatory meeting, written materials, etc.) ? What are the participant's main expectations from the mobility experience? Are there any concerns or uncertainties the participant would like to discuss before the mobility?
Digital access	Does the participant need support in using digital tools or online platforms used during the mobility?

Appendix 3

Table 3: Accessibility of travel and accommodation - checklist

Area	**Accessibility considerations**
Transport	assistance needed in booking, accessible boarding procedures, assistance services during travel, what to bring (e.g. ID card or passport, etc.)
Accommodation	accessible rooms, elevators, adapted bathrooms, clear instructions for check-in and check-out, information about nearby services (pharmacy, medical assistance, shops, etc.), what to bring (e.g. clothes according to weather and planned activities)
Location	safe and accessible routes between accommodation and venue, alternative means of transportation, maps or visual guides for orientation, indoor-outdoor alternatives according to weather conditions
Facilities	quiet spaces or rest areas, accessible dining areas, access to drinking water, what to bring (e.g. disability card, specific medicine, etc.)
Information	Information in multiple formats (visual+audio) shared in advance (venue description, travel guidance, etc.), clear instructions and contact points, accessible graphics, translations where needed, emergency contacts indicated

Appendix 4

Table 4: Documentation and evidence checklist

Documentation element	**Example evidence**
Needs assessment	record of participant support needs, pre-departure questionnaires, notes from interviews/consultations
Support plan	description of accessibility measures, emails or notes confirming agreed support arrangements, internal budget planning documents
Financial records	invoices/receipts/contracts (proof of payments) for accessibility services
Activity reports	evidence of implemented measures, attendance lists or confirmation of participant involvement in activities, photos (where appropriate), final evaluation results, lessons learned

CHAPTER 4. - Disability-related support needs in practice

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ABSTRACT

This summary chapter examines the importance of including youth with disabilities in mobility programs as a step toward equality and social integration. Based on the Social Model of Disability, the document argues that primary obstacles do not stem from individual limitations, but rather from a lack of adaptation in the environment and social systems.

The report provides a structured guide across three main phases:

1. *Pre-Mobility Phase:* Focused on in-depth multidisciplinary analysis, inter-institutional coordination, adaptation of materials, and ensuring accessible logistics to prevent barriers before they turn into obstacles.

2. *During-Mobility Phase:* Which requires dynamic support and flexibility to adapt non-formal methodologies in real-time. This phase ensures that communication, time management, and personal assistance respect the participant's autonomy and dignity.

3. *Post-Mobility Phase:* Aimed at a detailed evaluation of the experience, emotional empowerment upon returning home, and the integration of acquired skills into daily routines through collaboration with the family.

This chapter concludes that the success of inclusive mobility depends on the commitment of all stakeholders, thorough preparation, and flexibility, contributing directly to the building of a barrier-free society.

Keywords: *Social Model, Inclusive Mobility, Multidisciplinary Team, Accessibility, Emotional Empowerment, Social Integration.*

INTRODUCTION

Within the framework of current social developments, the inclusion of youth with disabilities in international activities and cultural exchanges represents a primary step toward achieving equality and true social integration. However, this process cannot be spontaneous; it requires rigorous planning and a well-structured methodological approach to be effective.

Experience shows that the main obstacles these young people face often do not stem from their individual limitations, but from the environment's failure to adapt and the lack of adequate support systems. In this context, the role of the multidisciplinary team is decisive. This team serves as a guarantor for creating a safe environment, where every logistical or emotional challenge is addressed in advance, ensuring that the focus of the mobility remains on the participant's learning and personal growth.

THEORETICAL BACKGROUND

The Social Model of Disability, developed by Michael Oliver, represents a fundamental shift in how disability is conceptualized. This model emerged as a reaction from persons with disabilities themselves against the exclusion and discrimination they experienced in society. It is based on the distinction between "impairment" (the individual's physical or mental condition) and "disability" (the barriers created by society and the surrounding environment).

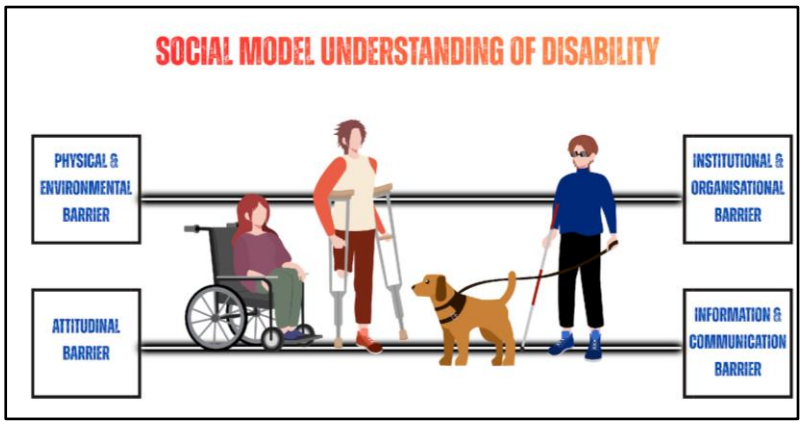

Figure 1.1 The theory of Social Model of Disability

According to Oliver, disability is not caused by individual limitations, but by the way society is organized. The lack of adapted services and the failure to consider diverse needs in the construction of social structures constitutes a form of institutionalized discrimination. Thus, the problem does not lie with the individual, but with the system that fails to include everyone equally. The social model demands that youth with disabilities be accepted as they are, emphasizing the need for society to adapt to the environment rather than the individual changing themselves. Applying this model to a mobility program implies shifting the focus from the diagnosis to the barriers existing in the environment. In this sense, disability is seen as a social construct rather than an individual problem. In practice, this means that if a young person is unable to participate fully in an activity, the responsibility lies with the organization and the lack of necessary adaptations, not with the individual

themselves. By applying this approach, an inclusive space is created where young people, with and without disabilities, collaborate to identify barriers and build solutions together. This leads to more equal, sustainable, and human relationships, promoting real inclusion and challenging discrimination in practice.

PHASE I – PRE-MOBILITY

The mobility process consists of three main phases: the pre-mobility phase, the during-mobility phase, and the post-mobility phase. Each of these phases plays an important role in ensuring a successful and inclusive experience for participants. In the following sections, these phases will be explained in more detail, highlighting the key elements and aspects that should be taken into consideration in each of them.

The success of any initiative for the inclusion of youth with disabilities begins with a preparatory phase, where attention to detail and close cooperation are key. This phase aims to build a “bridge of safety” between the daily reality of the youth and the new environment, by anticipating and addressing every potential barrier before it turns into a real obstacle. Through an in-depth multidisciplinary analysis, it is ensured that logistics, communication, and emotional support are in full alignment with the individual needs of each participant. This is achieved through the following elements:

Close inter-institutional coordination

Coordination between the family, the sending institution, and the receiving partner is essential for identifying and addressing challenges right from the initial phase. Meetings can be held online or physically. During these meetings, the exchange of information regarding health, social, and emotional needs take place, as well as the identification of potential problematic situations and the drafting of concrete solutions (e.g., methods for managing the participant's stress or anxiety).

Interviews and tailored preparatory materials

Interviews can be conducted individually with the person with disabilities or in the presence of a family member or a supporting assistant/teacher. Through them, skills, limitations, preferences, and communication methods are identified. Preparatory materials must be tailored according to needs. If there are visual impairments, enlarged text should be provided or the use of assistive programs (e.g., screen readers) and simplified, understandable formats depending on the specific disability.

Familiarization visits and preparation with the host environment

Familiarization visits play an important role in reducing uncertainty and increasing self-confidence. If possible, preliminary visits to the host location should be organized, so that the youth can become familiar with the environment, the staff, and the activities. In cases where mobility takes place abroad, the staff should provide simplified presentations, or photos, videos, or visual guides can be used to explain the environment.

Adapted transport

Ensuring transport must be done in accordance with the needs of the participants. Accessible vehicles (e.g., for wheelchair users). In the event that youth with disabilities travel by plane, it is very important to plan assistance at the airport and during the flight in advance. The airline must be notified of specific needs (such as wheelchair use, assistance for boarding/disembarking, or support during the journey). Airports usually offer escort services from check-in to the plane, as well as assistance during transit. Additionally, it is recommended that schedules be appropriate and that very long trips or those with many layovers be avoided to reduce fatigue and stress.

Activity planning and well-being

Activities must be planned with a focus on the physical and mental well-being of the participants. Short and non-tiring sessions combined with regular breaks and adapted according to the individual capacities of the youth with disabilities.

Accessibility of environments

The selection of suitable venues is essential for a positive experience. The environment must be physically accessible to everyone, including ramps, elevators, wide spaces, and adapted toilets. It should have clear signage, good lighting, and information in various formats (text, audio, or symbols) to facilitate orientation. It is important to provide quiet and noise-free spaces to avoid overload and to support emotional well-being. Additionally, staff should be trained to provide support tailored to the needs of each individual. These elements help in preventing sensory overload and in managing stress.

Accompaniment and Personal Support

Direct support is a key component throughout the mobility period. Young people may be accompanied by family members, mentors, or personal assistants. Each of them contributes to daily

support in designing and implementing strategies for behavior management and ensuring emotional well-being throughout the experience.

PHASE II – DURING MOBILITY

During the second phase, the success of the project depends on shifting the focus toward dynamic support, which guarantees the active and dignified inclusion of youth with disabilities in every activity. This stage requires flexibility and readiness from the team to adapt methodologies in real-time, ensuring that the environment, communication, and activities are fully accessible to everyone. The achievement of this goal is reached based on the elements explained below:

Adaptation of Activities and methodology

A key element is the adaptation of activities according to the individual needs of the youth with disabilities. Activities should be modified using non-formal methods that include different learning styles (visual, auditory, and kinaesthetic). The success of the activities depends on their modification in accordance with the participants' profile, ensuring that physical or cognitive barriers do not hinder the learning process. For people with physical disabilities, ensure that the environment where the activity takes place allows for wheelchair rotation and has tables with adjustable heights for group work. For people with visual impairments, use music or rhythmic beats to signal the start, end, or change of activity phases.

For people with hearing impairments, ensure that the speaker's face is always well-lit to facilitate lip reading. For people with cognitive disabilities or neurodivergence, use simplified language for all written materials. At the conclusion of the activities, the evaluation process should be as accessible as the training itself. Instead of long and complex questionnaires that can be challenging for people with difficulties in writing or concentration, non-verbal methods should be used. The use of colored cards allows participants to express in a simple way whether the activity was understandable, enjoyable, or if there were difficulties.

Time management

To guarantee effective inclusion, activities should be divided into short and dynamic sessions, ideally lasting 20-25 minutes. After each session, it is essential to provide regular breaks that allow participants to disconnect from the training stimuli. During the activities, participants should be given enough time to process the information received or the instructions given. The transition from one

activity to another should not be immediate; transitions should be smooth and announced in advance. One of the most crucial elements for the success of mobility is avoiding the overloading of the daily program. A very crowded agenda directly leads to a decline in concentration and can cause irritation or isolation among participants.

Inclusive Communication

Information must be provided in various forms simultaneously (verbally, in writing, and through images), using simple language and a slow pace. An unbreakable ethical and professional rule is that communication must always be directed toward the person with a disability themselves, and not toward their companion or assistant. By speaking directly to the person with a disability, we treat them as an equal in the conversation. To increase understanding and minimize sensory barriers, the use of assistive tools is indispensable. Using a microphone ensures that the voice is clear and overcomes background noises, while visual materials serve as concrete references for abstract concepts.

Environment Adaptation

The environment must be entirely barrier-free to allow for independent movement. This includes ensuring ramps with proper slopes, wide toilets equipped with support rails, and corridors free of obstacles. The organization of the training hall must allow sufficient space for maneuvering wheelchairs, ensuring that tables and work tools are at an accessible height for everyone. For many young people, especially those with high sensory sensitivity, the environment can quickly become overwhelming; therefore, background noise should be reduced, and overly bright lights should be avoided, as they can cause mental fatigue and irritation. Additionally, placing signage with visual icons helps with quick orientation toward key areas such as dining spots, emergency exits, or work zones. During an intensive mobility, it is essential to provide a "Quiet Corner." This should be a separate environment, away from the noise of the large group, where participants can withdraw to rest if they feel psychologically, emotionally, or physically overwhelmed.

Personal Assistance and Autonomy

The presence of personal assistants and mentors is a key element that guarantees the safety and inclusion of youth with disabilities. They do not serve merely as companions, but as a bridge that facilitates orientation in new environments, mediates communication with the group, and helps

manage emotionally difficult situations. Their primary function is to provide motivation and positive reinforcement, creating an atmosphere of trust where the young person feels capable of taking on the challenges of the activities. In cases of sensory overload or fatigue, assistants help in the early identification of signs of stress and escorting the youth toward quiet areas. Assistance must be provided with great care and discretion, guided by the golden principle: “Help when requested, but do not impose intervention.” Every intervention, whether physical (assistance in movement) or communicative, must be made only after obtaining the individual's consent, respecting their wishes and dignity at every step.

For more information see: *Appendix 1 - Possible challenges and proposed solutions during mobility programmes*

PHASE III – POST-MOBILITY

The conclusion of a mobility for youth with disabilities marks the beginning of a critical phase where the success of the experience is measured through detailed evaluation and deep reflection. This stage aims to ensure that learning and personal growth do not stop upon returning home but are instead integrated into the participant's new routine through close collaboration with the family and the multidisciplinary team. By focusing on emotional processing and barrier analysis, this phase guarantees that every lesson learned serves to empower the youth and continuously improve inclusive programs, as detailed in the following points:

Emotional Empowerment and Post-Return Support

The transition from a dynamic and inclusive environment back to routine can be accompanied by a decline in motivation. This process must be carefully managed through the development of individual or group sessions where young people can freely express their feelings. It should be highlighted that the difficulties they encountered are, in fact, acquired skills; subsequently, an action plan should be drafted aiming to integrate these new skills into daily life. The goal is for young people not to lapse into passivity, but to use their acquired competencies to improve their quality of life and independence within their usual environment.

Collaboration with the Family and Multidisciplinary Team

To guarantee that the progress achieved during mobility is sustainable, it is essential to build a bridge of collaboration with family members, who play a key role in managing the decline in emotional and

social intensity that follows the return of young people. Through specific guidance, the family is supported to prevent isolation and to keep motivation high, creating the necessary space for the youth to integrate their acquired skills into their daily routine. In parallel, the multidisciplinary team—composed of psychologists, social workers, and therapists—drafts a structured follow-up plan to monitor how the mobility experience is being transformed into long-term development goals, offering continuous technical assistance to the family in overcoming any new barriers.

Mobility Evaluation

The collection of feedback is an essential process that requires the adaptation of communication tools to the specific needs of each participant. This evaluation focuses on using diverse methods to gather opinions, including accessible online questionnaires, direct verbal interviews, or written forms. It ensures that every young person, regardless of the type of disability (physical, sensory, or intellectual), has the appropriate tools—such as large-print materials, sign language, or simplified questionnaires—to express their experience. A detailed evaluation of infrastructure, transport, and activities during the mobility is conducted. The goal is for any obstacles encountered to be clearly identified by the participants themselves, so they may serve as lessons for future mobilities to be developed.

Impact Analysis

This step is essential for measuring the real added value of the project and for identifying exactly where it succeeded and where intervention is needed. The analysis focuses on comparing the initial goals of mobility with the concrete results achieved by the youth. It involves an authentic analysis of the logistics organization, the methodology used, and the support provided. The identification of "weak points" is not viewed as a failure, but rather as a valuable opportunity to improve safety and accessibility standards in the future.

5. Visibility and Advocacy

This step aims to transform the individual success of the participants into a powerful public message for inclusion. Through their testimonies, we aim to transform social perception, proving that disability should never be a barrier to personal development or participation in international programs. These experiences will be promoted as success stories to inspire society and to break down the barriers of prejudice.

FUTURE INDICATIONS

Future developments in inclusive mobility are expected to place an ever-greater emphasis on innovation, accessibility, and personalized support, integrating assistive technologies and digital tools to enhance the quality of experiences for people with disabilities. This process will require closer collaboration between organizations, policymakers, and communities, accompanied by continuous staff training and increased social awareness to guarantee equal opportunities. Crucially, a stronger voice must be given to inclusive mobility to advocate for and organize more initiatives specifically focused on disability. By focusing on the elimination of barriers and the promotion of independence, the mobility of the future will be transformed from a simple act of movement into a powerful tool for personal and social development, contributing directly to the building of a more open, fair, and fully inclusive society for all.

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Appendix 1

Participant Profiles	*Possible Challenges During Mobility*	*Proposed Solutions*
Physical / Motor Impairment	Lack of elevators. Traditional "ice-breaking" games that require running.	Preliminary accessibility audit of the venue. Modification of non-formal games to be played while seated.
Visual Impairment	Difficulty following visual presentations. Orientation in a new and crowded environment.	Voice description of every visual activity. Assigning a peer as a mentor for safe movement.
Hearing Impairment	Background noise makes it impossible to use the hearing aid. In discussions where many people speak simultaneously, the young person finds it impossible to follow the flow.	Organize group work in quiet places or in separate corners of the hall to minimize noise. Use the "communication ball": only the person holding the ball speaks. This ensures that only one person speaks at a time.
Neurodiversity (Autism, ADHD)	Loud noises, bright hall lights, or loud music can lead to "Sensory Overload." Sitting for a long time is challenging for a young person with ADHD, leading to a loss of concentration.	Allow the use of headphones at certain times. Choose venues with natural lighting. Allow them to use anti-stress toys or to take notes by drawing. Plan "Energizers."
Mental Health Problems (Anxiety, PTSD)	Anxiety from the pressure of "active participation" in front of the group. Fear that others will judge them if they experience a panic attack.	Encouraging the sharing of thoughts in pairs to reduce anxiety. From the first day, establish group rules for understanding, confidentiality, and mutual support.

Table 1.1 Possible challenges and proposed solutions during mobility programmes

CHAPTER 5. - Preparing participants and families for inclusive mobility experiences

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Abstract

Inclusive mobility experiences require thoughtful preparation, effective communication, and strong cooperation between participants, families, and professionals. This chapter explores practical approaches to preparing young people with disabilities and their families for international mobility programmes. It highlights the importance of emotional readiness, trust-building, transparent communication, and collaborative support networks in creating accessible and inclusive mobility opportunities.

The chapter provides guidance on pre-departure preparation, family engagement, managing expectations and concerns, cooperation with professionals, and post-mobility follow-up. In addition, it includes practical tools, reflection exercises, and planning templates that can support youth workers, educators, mobility coordinators, and other professionals involved in inclusive mobility initiatives.

By the end of this module, participants will be able to:

- prepare young people with disabilities for international mobility experiences;
- engage families as active partners throughout the mobility process;
- build trust through effective communication and transparency;
- identify and address fears, concerns, and emotional barriers;
- collaborate with professionals and support networks;
- implement meaningful post-mobility follow-up activities.

Keywords: *Inclusive Mobility, Family Engagement, Accessibility and Inclusion, Emotional Readiness, Support Networks*

Introduction

Inclusive mobility begins long before departure. For many young people with disabilities, successful participation is not determined solely by accessibility measures during the mobility itself, but by the quality of preparation beforehand. Families, caregivers, educators, and mobility coordinators all play a role in creating the conditions that enable participants to feel safe, informed, and confident.

Research on inclusive education, family engagement, and disability inclusion suggests that emotional readiness, clear communication, realistic expectations, and strong support networks are key factors supporting successful participation in educational and mobility activities.[1]

Successful inclusion requires a holistic approach. While practical arrangements such as travel, accommodation, and logistics are important, participants also need emotional support, opportunities to build confidence, and access to reliable information. Families need reassurance, transparency, and clear communication throughout the process.

The following sections provide practical guidance, tools, and activities designed to support professionals working with young people and their families before, during, and after mobility experiences.

Preparing Participants for Mobility

This section presents preparation as a gradual, personalised process. It explores how clear information, emotional readiness, confidence-building, and tailored support can help participants approach mobility with greater autonomy and security.

The Importance of Preparation

For many young people, participating in an international mobility programme is both exciting and challenging. While mobility offers opportunities for personal growth, intercultural learning, and increased independence, it may also create uncertainty and anxiety, particularly for participants with disabilities or additional support needs.

[1] UNESCO, 2020; Turnbull et al., 2015; European Agency for Special Needs and Inclusive Education, 2022.

Preparation should therefore be understood as a gradual process that begins well before departure. Effective preparation helps participants understand what to expect, identify available support, and develop confidence in their ability to manage new situations. It also allows organisations to identify potential barriers and put appropriate accommodations in place.

Research on inclusive education and family-centred approaches highlights the importance of emotional readiness, effective communication, and supportive relationships in promoting participation and inclusion. Similar conclusions emerged from the ACCESS+EU focus group conducted in Żmigród, where participants emphasised that feeling supported, understood, and well-informed contributed significantly to their confidence and readiness to participate in mobility activities. The findings also highlighted the importance of emotional support, trusted relationships, and accessible communication throughout the mobility process.

The goal is not to eliminate all uncertainty but to ensure that participants feel informed, supported, and capable of navigating unfamiliar situations with appropriate guidance.

Emotional Barriers

Participants may experience anxiety related to:

- travelling independently,
- meeting new people,
- communicating in a foreign language,
- adapting to unfamiliar environments,
- fear of failure or making mistakes.

Practical Preparation

Participants should receive information about:

1. travel arrangements,
2. accommodation,
3. daily schedules,
4. local customs and cultural differences,
5. available support during mobility.

Communication Preparation

Young people should know:

- who to contact if they need help,
- how support will be provided,
- how to communicate their needs,
- what to do in unexpected situations.

For more information see: *Appendix 1 - Exercise 1. Pre-departure readiness check*

Working with Families

This section examines families as essential partners in inclusive mobility. It offers guidance on addressing concerns, building trust, sharing information transparently, and involving families while respecting the participant's autonomy.

Families as Partners in the Inclusion Process

Families often play a central role in shaping a young person's confidence, resilience, and willingness to engage in new experiences. Their support can significantly influence whether a participant feels ready to take part in mobility activities.

For some families, international mobility may represent an exciting opportunity. For others, it may raise concerns related to safety, accessibility, health needs, communication barriers, or emotional wellbeing. These concerns are natural and should not be viewed as resistance to participation.

A family-centred approach recognises that parents and caregivers possess valuable knowledge about the participant's strengths, needs, preferences, and coping strategies. Involving families from the beginning of the process helps build trust, improves communication, and allows organisations to create more personalised support plans.

Successful cooperation requires mutual respect. Families should feel that their perspectives are heard and valued, while organisations should feel confident in their ability to provide professional guidance and support.

Building Trust

Trust is built through:

1. transparency,
2. consistency,
3. responsiveness,
4. clear communication,
5. respect for family expertise.

Families often know participants better than anyone else and can provide valuable insights into support needs, strengths, and potential challenges.

For more information see: *Appendix 2 - Exercise 2. Family Perspective Mapping*

Communication and Transparency

Why Communication Matters

Communication is one of the most important factors influencing the success of inclusive mobility experiences. Clear, consistent, and accessible communication helps reduce uncertainty, strengthens trust, and enables participants and families to make informed decisions.

Lack of information often increases anxiety and may lead to misunderstandings or unrealistic expectations. Conversely, when participants and families understand what to expect, they are more likely to engage positively and collaborate effectively throughout the mobility process.

Communication should not be limited to sharing information. It should also create opportunities for dialogue, questions, and feedback. Participants and families need to know that their concerns will be taken seriously and that support will be available when needed.

Transparency is particularly important when discussing challenges. Open communication about potential difficulties, support measures, and emergency procedures contributes to a stronger sense of security and trust.

For more information see: *Appendix 3 - Exercise 3 - Communication Throughout the Mobility Cycle*

Managing Expectations, Fears and Emotional Readiness

Addressing Emotional Barriers

Emotional readiness is often overlooked during mobility preparation, despite its significant influence on participation and wellbeing. Young people may experience concerns related to unfamiliar environments, social interactions, independence, language use, or fear of failure.

Similarly, families may worry about safety, communication, accessibility, and their child's ability to cope with new situations. These emotions are a normal part of the preparation process.

Creating space for honest conversations about fears and expectations can reduce anxiety and improve readiness. Participants should be encouraged to discuss concerns without fear of judgement. Families should receive reassurance through information, preparation, and opportunities to ask questions.

Organisations should aim to promote realistic confidence rather than false reassurance. Participants do not need to believe that nothing will go wrong; instead, they need confidence that support will be available if challenges arise.

Good Practice

Rather than promising that "everything will be perfect", coordinators should explain:

- what support is available,
- how challenges are addressed,
- who participants can turn to for help.

This approach builds confidence and credibility.

For more information see: *Appendix 4 - Exercise 4. Scenario Reflection*

Cooperation with Professionals and Support Networks. The Value of Intersectoral Cooperation

Inclusive mobility is rarely achieved through the efforts of a single organisation. Effective support often requires cooperation between professionals from different sectors who contribute complementary expertise.

Teachers may provide insight into learning needs and educational support strategies. Therapists and psychologists may offer guidance on emotional well-being, communication, or behavioural needs. Social workers and youth workers may help identify barriers to participation and support access to services.

Intersectoral cooperation improves continuity of support and helps ensure that participants receive consistent messages and assistance throughout the mobility process. It also enables organisations to respond more effectively to complex or individualised needs.

Building these partnerships requires trust, clear communication, respect for confidentiality, and a shared commitment to inclusion.

For more information see: *Appendix 5 - Exercise 5. Stakeholder Mapping*

Post-Mobility Follow-Up

Extending the Impact of Mobility Experiences

The benefits of mobility do not end when participants return home. Reflection and follow-up activities help transform short-term experiences into long-term personal and educational development.

Post-mobility support provides an opportunity to recognise achievements, address remaining challenges, and identify future learning goals. It also allows organisations to evaluate the effectiveness of their support strategies and gather valuable feedback for future activities.

Families can play an important role during this stage by helping participants reflect on their experiences and recognise personal growth. Structured follow-up activities may also strengthen participants' confidence and encourage future engagement in education, volunteering, employment, or international opportunities.

The most effective mobility programmes view follow-up not as a final administrative task, but as an integral part of the learning journey.

For more information see: *Appendix 6 - Exercise 6. Follow-Up Action Plan*

Future Indications

Future inclusive mobility initiatives should begin preparation well before departure, allowing sufficient time to identify individual needs, remove possible barriers, and develop personalised support strategies. Cooperation among participants, families, youth workers, trainers, and support professionals should remain continuous throughout the entire mobility cycle. Clear and accessible communication can strengthen trust, manage expectations, and help everyone understand their roles and responsibilities. Emotional preparation, peer support, and opportunities to practise unfamiliar situations can increase participants' confidence, autonomy, and sense of security. During the mobility, support arrangements should remain flexible and responsive to changing needs. After returning home, structured reflection and follow-up activities should help participants recognise their learning, share their experiences, and transfer newly acquired competences into their personal, educational, and community lives.

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Appendix 1 - Exercise 1. Pre-Departure Readiness Check

Objective: To assess whether a participant and their family feel prepared for mobility.

Table 1: Checklist for Pre-Departure Preparedness of the Participant and their Family

Area	**Fully Prepared**	**Partly Prepared**	**Needs Attention**
Understanding the mobility programme	☐	☐	☐
Travel arrangements	☐	☐	☐
Accommodation information	☐	☐	☐
Communication needs identified	☐	☐	☐
Health and support needs discussed	☐	☐	☐
Emergency contacts confirmed	☐	☐	☐
Participant feels confident	☐	☐	☐
Family feels informed	☐	☐	☐

Reflection Questions:

1. Which areas require additional preparation?
2. What information is still missing?
3. How can preparation be adapted to individual needs?

Appendix 2 - Exercise 2. Family Perspective Mapping

Objective: To understand family concerns and identify appropriate support strategies.

Table 2: Family Concerns and Possible supporting Measures

Family Concern	Possible Reason	How Can We Respond?
Safety during travel	Lack of previous experience with international mobility	Explain safety procedures, emergency contacts, and supervision arrangements
Communication difficulties	Concerns about language barriers or expressing needs	Explain available language support, translation tools, and communication channels
Separation from family	Anxiety about being away from home for an extended period	Discuss coping strategies, planned communication opportunities, and support available during mobility
Managing health or support needs	Concerns about medication, routines, or accessibility	Provide clear information about accommodations, support measures, and emergency procedures
Social integration and making friends	Fear of exclusion, bullying, or loneliness	Explain group-building activities, mentoring systems, and inclusion practices
Ability to cope independently	Uncertainty about participant's confidence and self-management skills	Discuss preparation activities, gradual independence-building, and available support during mobility
Unexpected situations or emergencies	Fear of not knowing what to do if problems occur	Share emergency protocols and explain how coordinators will provide support

Previous negative experiences	Past challenges in education, travel, or social situations	Listen actively, acknowledge concerns, and explain how support can be tailored to individual needs

Debriefing Questions:

1. Which concerns appear most frequently?
2. Which concerns can be addressed through information?
3. Which concerns require ongoing support?

Appendix 3 - Exercise 3 - Communication Throughout the Mobility Cycle

Table 3: Information to Share throughout the Mobility Cycle

Phase	Information to Share	Communication Channel	Responsible Person
Before Mobility	Travel arrangements, accommodation details, emergency procedures, contact information, support measures, programme objectives, participant expectations	Information meeting, email, phone call	Mobility Coordinator
During Mobility	Regular updates on activities, wellbeing, important announcements, communication channels for concerns, information about significant developments	WhatsApp group, email, phone call	Group Leader
After Mobility	Participant feedback, results and achievements, learning outcomes, future opportunities	Evaluation meeting, email	Project Coordinator

Reflection Task: *Review the example above and discuss the following questions:*

1. Which communication methods would work best in your organisation?
2. How would you adapt communication for participants with different support needs?
3. What additional information should be shared at each stage?

Appendix 4 - Exercise 4. Scenario Reflection

Instruction: How would you respond to some possible scenarios that might occur during a mobility program?

1. A parent is worried about their child's safety abroad.

   _____

   _____

   _____

2. A participant is afraid of speaking a foreign language.

   _____

   _____

   _____

3. A family expects constant communication during mobility.

   _____

   _____

   _____

4. A participant is reluctant to disclose support needs.

   _____

   _____

   _____

Appendix 5 - Exercise 5. Stakeholder Mapping

Objective: To identify professionals, organisations, and community partners who can support inclusive mobility experiences and strengthen the participant support network.

Instructions: Review the example below and identify stakeholders relevant to your own context. Consider what expertise or resources they can offer, how strong your current relationship is, and what actions could help strengthen cooperation.

Table 4: Stakeholder's Potential Contribution to the Project

Stakeholder	Potential Contribution	Current Relationship	Next Action
School	Information about learning needs, participant progress, and support strategies	Regular cooperation	Schedule a planning meeting before mobility
Therapist	Guidance on individual support needs and coping strategies	Occasional contact	Develop a communication protocol for mobility preparation
Psychologist	Emotional wellbeing support and advice on anxiety management	Established partnership	Include in pre-departure preparation meetings
NGO supporting persons with disabilities	Accessibility expertise, resources, and training materials	Limited cooperation	Explore opportunities for future collaboration

Social Services	Information about available support services and community resources	No formal cooperation	Establish initial contact and exchange information

Reflection Questions:

1. Which stakeholders are already part of your support network?
2. Which stakeholders are currently missing?
3. What expertise could strengthen participant preparation and inclusion?
4. Which partnership should be prioritised in the next six months?

Appendix 6 - Exercise 6. Follow-Up Action Plan

Objective: To design a structured post-mobility support process that helps participants reflect on their experience, identify further support needs, and maintain engagement after returning home.

Instructions: Review the examples below and adapt them to your own organisation or mobility project.

Table 5: Follow-Up Action Plan

Follow-Up Action[2]	**Person Responsible for Implementation**[3]	**Suggested Timeframe**[4]
Participant feedback meeting	Mobility Coordinator	Within 1 week after return
Family feedback collection	Project Coordinator	Within 2 weeks after return
Reflection session on learning outcomes	Youth Worker / Facilitator	Within 2–3 weeks after return
Additional support referral (if needed)	Support Professional / Coordinator	Upon request

Reflection Questions:

1. Which follow-up activities are already implemented in your organisation?
2. Which activities could be strengthened?
3. How can families be involved in the reflection process?
4. What indicators would help you evaluate the long-term impact of mobility?

[2]The activity or task that should take place after mobility to support learning, wellbeing, or evaluation.

[3]The person, role, or organisation responsible for organising or carrying out the activity.

[4]The recommended period in which the activity should be completed after the participant returns from mobility.

Appendix 7 - Family Preparation Template

Participant Information

- Name: _____
- Age: _____
- Relevant support needs: _____

  _____

  _____

  _____

Communication Preferences

- Preferred communication method: _____
- Important communication considerations: _____

  _____

  _____

Daily Routines and Support

- Daily routines: _____

  _____

  _____

  _____

- Areas requiring support: _____

  _____

  _____

  _____

- Helpful accommodations: _____

  _____

  _____

  _____

Emotional Wellbeing

- Common stress triggers: _____

  _____

  _____

- Signs of anxiety or distress: _____

  _____

  _____

- Effective coping strategies: _____

  _____

  _____

Support Strategies

- What works well: _____

  _____

  _____

  _____

- What should be avoided: _____

  _____

  _____

  _____

Emergency Contact Information

- Parent/Caregiver: _____
- Phone Number: _____
- Alternative Contact: _____

Appendix 8 - Practical Activity for Youth Workers – Family Communication Scenario

Objective: To develop youth workers' skills in communicating with families, addressing concerns, and building trust.

Instructions: Divide participants into groups of three:

- Mobility Coordinator
- Parent/Caregiver
- Observer

Provide each group with a scenario.

Example Scenario:

A parent says: *"I am afraid my child will not manage without me. What if something goes wrong?"*

The coordinator should:

- listen actively,
- acknowledge concerns,
- provide clear information,
- explain available support measures.

The observer should focus on:

- empathy,
- communication style,
- clarity of information,
- trust-building techniques.

Debriefing Questions:

1. What worked well?
2. Which responses increased trust?
3. What could be improved?
4. How did the parents feel during the conversation?

CHAPTER 6. - Inclusive communication

Anja Huncek, Merima Bradaric Srna, Association Menssana

Abstract

Inclusive communication is a fundamental approach to ensuring equal participation, understanding, and engagement of all individuals, including persons with disabilities, within society. This chapter explores inclusive communication as both a theoretical concept and a practical framework, emphasizing its role in reducing barriers, fostering trust, and promoting social inclusion. Drawing on contemporary research, inclusive communication is understood as a dynamic process that adapts to diverse needs by utilizing multiple communication methods, formats, and channels to ensure accessibility and mutual understanding.

The chapter situates inclusive communication within broader disability frameworks, including the social model of disability and the concept of lived experience. It highlights how communication barriers, such as stigma, lack of accessible formats, institutional bias, and limited awareness, can restrict participation and reinforce exclusion. Inclusive communication is therefore not only a technical skill but also a value-based practice grounded in empathy, respect, and recognition of diversity.

Special attention is given to the distinction between visible and invisible disabilities and the implications this has for communication practices. The chapter emphasizes that many disabilities are not immediately apparent, which challenges conventional assumptions and requires a shift in perception among professionals and the general public. Communication must therefore move beyond assumptions and be responsive to individual experiences and contexts.

The “Your Expertise” section builds on these theoretical insights by reflecting on real-world perceptions, biases, and everyday communication challenges. It underscores the importance of recognizing lived experience as a valid source of knowledge and highlights the role of professionals in creating safe, respectful, and empowering communication environments.

Finally, the chapter outlines future directions, including the need for more inclusive policies, better training for professionals, integration of digital tools, and stronger involvement of persons with

disabilities in decision-making processes. Inclusive communication is presented as a key driver of social change, enabling more equitable, participatory, and inclusive societies.

Keywords: *Inclusive communication, Disability, Accessibility, Lived experience*

Introduction

Inclusive communication has emerged as a critical concept in contemporary discussions on equality, participation, and human rights. In increasingly diverse societies, communication is no longer understood as a neutral exchange of information, but as a process shaped by power dynamics, social norms, and structural inequalities. For persons with disabilities, communication often represents a key barrier to full participation in social, educational, and professional life.

At its core, inclusive communication seeks to ensure that all individuals—regardless of their abilities, backgrounds, or circumstances can access, understand, and contribute to communication processes. It involves adapting communication methods, language, and environments to meet diverse needs, thereby reducing barriers and promoting meaningful engagement.

Despite growing recognition of its importance, communication systems are still largely designed around the needs of the "average" user, often excluding those with different abilities or communication preferences. This is particularly evident in relation to persons with disabilities, who frequently encounter inaccessible information, inappropriate language, and limited opportunities to express themselves. Such barriers not only hinder participation but also reinforce social exclusion and inequality.

Inclusive communication is closely linked to broader frameworks of disability. The shift from medical to social models of disability has redefined disability as a product of interaction between individuals and their environments, rather than solely a characteristic of the individual. Within this perspective, communication barriers such as inaccessible formats, stigma, and lack of awareness are recognized as key contributors to disability.

Moreover, inclusive communication plays a crucial role in fostering trust, participation, and social cohesion. Research shows that when communication is inclusive, individuals are more likely to feel valued, heard, and empowered to contribute to decision-making processes. This is particularly important in contexts such as healthcare, education, and community development, where effective communication directly impacts outcomes and well-being.

This chapter aims to provide a comprehensive overview of inclusive communication by combining theoretical insights with practical reflections. It explores the key principles, challenges, and implications of inclusive communication, with a particular focus on persons with disabilities. By integrating theory and practice, the chapter highlights the importance of developing communication approaches that are not only accessible but also respectful, responsive, and empowering.

Theoretical Background

According to Nurdin (2023) inclusive communication is defined as a process that actively reduces communication barriers and ensures that all individuals can both understand and be understood, regardless of their abilities or backgrounds. It involves the use of diverse communication methods, including verbal, non-verbal, visual, and digital tools, tailored to individual needs and contexts.

A key foundation for understanding inclusive communication lies in the social model of disability, which distinguishes between impairment and disability. While impairment refers to an individual's physical, sensory, or cognitive condition, disability is understood as the result of societal barriers that limit participation. Within this framework, communication barriers such as inaccessible language, formats, and attitudes play a central role in creating disability.

The World Health Organization further conceptualizes disability as a dynamic interaction between individuals and their environments, including personal, social, and contextual factors. This perspective highlights that communication is not merely a tool, but a critical environment that can either enable or restrict participation.

Research conducted by Latupeirissa et al (2024) also emphasizes the importance of trust, transparency, and cultural sensitivity in communication. Inclusive communication fosters trust by ensuring that individuals feel heard and respected, which in turn enhances engagement and participation. Conversely, stigma, bias, and lack of awareness can undermine communication processes and discourage individuals from expressing their needs or seeking support.

Yoliando (2023) finds that another important aspect is the role of communication in enabling participation. Studies show that persons with disabilities often face significant barriers in accessing information and participating in community activities, despite their willingness to engage. Inclusive communication strategies such as accessible formats, clear language, and participatory approaches are therefore essential for promoting inclusion and empowerment.

Guidelines for inclusive communication presented by Yoliando (2023) also emphasize the importance of appropriate language, non-judgmental tone, and person-first approaches. Communication should be clear, concise, respectful, and adapted to the needs of different audiences. Additionally, the use of visual aids, simplified language, and alternative formats can enhance accessibility, particularly for individuals with cognitive or sensory impairments.

Finally, inclusive communication must consider the diversity of individuals with disabilities. People differ in their abilities, preferences, personalities, and cultural backgrounds, which means that no single approach can meet all needs. Effective communication therefore requires flexibility, adaptability, and ongoing reflection.

Your Expertise

When discussing persons with disabilities, it is important to recognize that disability is not always visible. In fact, in a significant number of cases—particularly when it comes to mental health conditions or chronic illnesses disability may not be immediately apparent. This challenges common assumptions about what disability "looks like" and highlights the limitations of relying on visual cues to identify who may need support.

As members of society, we often develop implicit expectations about how persons with disabilities should appear and behave. These expectations are shaped by cultural norms, personal experiences, and societal narratives. When these expectations are not met, individuals may experience discomfort or uncertainty, as their existing belief systems are challenged. This discomfort can influence communication, leading to misunderstandings, avoidance, or even exclusion.

Our perception of disability is deeply influenced by our experiences and socialization. For example, we may be taught to assist individuals with visible physical impairments, such as someone using a wheelchair, but may not apply the same understanding to individuals with less visible conditions, such as schizophrenia or depression. This discrepancy highlights the need for greater awareness and education about the diversity of disabilities.

Inclusive communication requires us to move beyond assumptions and engage with individuals based on their unique experiences and needs. It involves recognizing that difficulties may not always be visible and that behaviours should be understood within the context of an individual's condition. For instance, a person with depression may struggle with daily functioning, while a person with paranoid

schizophrenia may exhibit behaviours rooted in their condition. Understanding these experiences is essential for effective and empathetic communication.

The concept of disability as a social construct further emphasizes the role of society in shaping experiences of disability. Disability is not only about an individual's impairment but also about how society responds to it. Communication plays a central role in this process, as it can either reinforce stigma and exclusion or promote understanding and inclusion.

Another important aspect is the recognition of lived experience as a form of expertise. Individuals with disabilities and their families often possess valuable knowledge about their needs, preferences, and challenges. However, this expertise is not always acknowledged by professionals, which can lead to ineffective or inappropriate interventions. Inclusive communication requires a shift towards more collaborative and respectful interactions, where individuals are seen as partners rather than passive recipients of support.

Language also plays a critical role in shaping perceptions of disability. Terms that carry negative connotations can contribute to stigma and discourage individuals from seeking support. Conversely, respectful and person-centered language can promote dignity and inclusion.

Ultimately, inclusive communication is about creating an environment where all individuals feel heard, respected, and valued. It requires not only technical skills but also empathy, openness, and a willingness to challenge one's own assumptions. By adopting inclusive communication practices, professionals and society as a whole can contribute to more equitable and inclusive interactions.

Future Indications

Future developments in inclusive communication should focus on strengthening both policy frameworks and practical implementation. While significant progress has been made in recognizing the importance of inclusion, there is still a gap between theoretical understanding and everyday practice.

One key area for improvement is the training of professionals across sectors, including healthcare, education, and public services. Training programs should emphasize not only technical communication skills but also awareness of biases, cultural sensitivity, and the importance of lived experience.

Another important direction is the integration of digital tools and technologies. Digital communication platforms offer significant opportunities for accessibility, but they must be designed with inclusivity in mind. This includes providing multiple formats, ensuring usability, and aligning communication channels with user preferences.

There is also a need for greater involvement of persons with disabilities in the development of communication strategies and policies. Participatory approaches can ensure that communication practices are relevant, effective, and responsive to real needs.

Finally, future research should continue to explore the intersectionality of disability with other identities, as well as the impact of communication on participation and well-being. Inclusive communication should be understood not as a static set of guidelines, but as an evolving practice that adapts to changing social contexts and diverse human experiences.

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