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ConnectART

Inclusive Education and Disability

Toolkit for youth workers

Introduction

ConnectART is an Erasmus+ project that promotes the values of inclusion and diversity among young people through artistic languages and digital tools.
The project includes international exchange activities aimed at young people and youth workers. This toolkit summarizes the theoretical content covered during one of the project's activities, an online workshop for youth workers. The workshop was designed to introduce the topic of accessibility of educational setting for young people with disabilities and to encourage reflections on how to make non-formal education practices more inclusive.

ConnectART was implemented by the organizations **DiversaMente APS** (Italy), **Estrellas del Sur** (Spain), and **Tavo Europa** (Lithuania), and funded by the **Erasmus+ program of the European Union**.
To know more visit the project webpage.

Content of the toolkit

The purpose of the toolkit is to introduce the topic of inclusion of people with disabilities and the main reference documents at the European level. Each chapter provides an introduction, a summary of the key concepts, a translation of these concepts into practical guidelines for youth workers, and finally, some useful links for further exploration.

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1. The UN Convention on the Rights of Persons with Disabilities

2006

The Convention on the Rights of Persons with Disabilities ensures that individuals with disabilities have **full access to human rights** and **participation in public, economic, and social life**.
It does not create special rights, but rather adapts into practice universal human rights from the perspective of people with disabilities.
Its goal is to promote **equal opportunities** for people with disabilities and prevent discrimination against them in society.
The Convention marked a fundamental shift in the way disability is understood and addressed. Rather than focusing on the impairments of individuals, it reframes **disability as a human rights issue**. It emphasizes the full inclusion and active participation of people with disabilities in every aspect of life—social, economic, political, and cultural.

Key principles

- Disability is not a reason to deny civil or human rights.
- All persons with disabilities have the right to self-determination and autonomy.
- The focus is on equal participation, not charity or assistance.

This means that disability is not a problem to be fixed, but a condition that must be understood in relation to social structures, attitudes, and environmental barriers. The Convention is not about creating new rights, but about ensuring universal rights are truly accessible to all.
The diversity of experiences, including **intersectional identities** (e.g. gender, ethnicity, age), must be considered to identify the obstacles that people could face when it comes to participation.

Inclusive youth work in practice

Youth workers should promote inclusive environments that foster the full participation of people with disabilities, not as passive recipients, but as **active contributors** and **co-creators** of educational and social spaces.

EXPLORE MORE

2. The International Classification of Functioning, Disability and Health (ICF)

World Health Organization, 2001

The ICF represents a paradigm shift from earlier models of classification of disability (particularly the previous one ICIDH), which focused on deficits and impairments.
This new tool does not classificate diseases and syndromes, but **individual functions**, which are influenced by the environment.
Responding to the critiques of disability rights movements, the ICF moves away from categorizing people by what they cannot do, and instead looks at how functions, abilities, and participation are **shaped by context**.

Key principles

- Emphasizes functioning over impairment.
- Recognizes that disability results from the interaction between individual characteristics (physical and psychological) and environmental factors.
- Encourages a holistic, **biopsychosocial model** of understanding health and ability.

Instead of asking "*What is wrong with this person?*", the ICF invites us to ask: "*What supports or barriers exist in this person's environment? What can be done to improve participation and well-being?*"
The ICF classification is **applicable to all people**, not just those with a disability. For all of us, functioning is influenced by **physical, psychological, and contextual factors**.

Inclusive youth work in practice

A youth worker working with a child with mobility issues wouldn't focus solely on therapy or medication, but would also look at accessibility of spaces, group dynamics, and peer support to ensure full participation.

EXPLORE MORE

3. The Social Model of Disability

Developed in the UK, 1960s–1970s

The social model of disability states that disability is a **social condition** rather than a medical one.
It shifts responsibility from the person with disability to the social context.
Disability is seen as a social construct, resulting from society' s failure to provide adequate services to meet the needs of disabled individuals.
The social model emerged from disability activism as a counter-narrative to the dominant medical model. It argues that people are disabled not by their impairments, but by a **society that fails to remove barriers** and provide adequate supports and accommodations.
In this paradigm, disability is no longer considered an intrinsic characteristic of certain individuals. On the contrary, it is a situation, influenced by the environment, that can affect a person either permanently or temporarily, and to varying degrees.

Let’s look at an example:

Imagine a person with visual impairment. This person uses several assistance tools, such as technological devices and a guide dog, which allow them to move around the city independently. They live in a city with a high level of accessibility in streets and public buildings. Moreover, they are part of a supportive community, where they can rely on a network of relationships (e.g., friends, relatives, etc.).
Now imagine another person who does not have a “recognized” disability and has always been in perfect physical condition, but due to an accident, has broken a

a leg and won’t be able to walk for several months. This person lives in an isolated and hard-to-reach place, with no nearby shops or familiar people.
Which of these two people is more likely to experience participation and self-determination?
Most of us would probably agree in answering the first one, even though they are the one with a recognized and permanent disability.
This quite extreme example shows us how a person’s opportunities are not determined only by their physical or mental condition, but also — and above all — by the context in which they live.
This approach has been essential in advocating for several areas, such as:

- **inclusive education**,
- **accessibility of public spaces,**
- **universal design.**

It also contributed to re-think the **political participation** of people with disabilities, who has to be protagonists in the choices that influence their lives: “*Nothing about us, without us*” became motto created from people with disability for self-advocacy and inclusive policy-making.

Inclusive youth work in practice

Your role is not to “fix” or compensate for a person’s disability. Your responsibility is to create inclusive social environments where all people can express themselves, participate, and be valued.

EXPLORE MORE

4. Rethinking the Norm: Neurodiversity and Neurodivergence

4.1 Neurodiversity: A Paradigm Shift

Judy Singer, 1998

The concept of neurodiversity emerged in the late 1990s as a transformative way to understand neurological differences. Just as biodiversity refers to the variety of species in an ecosystem, neurodiversity refers to the natural variation in how human brains works.

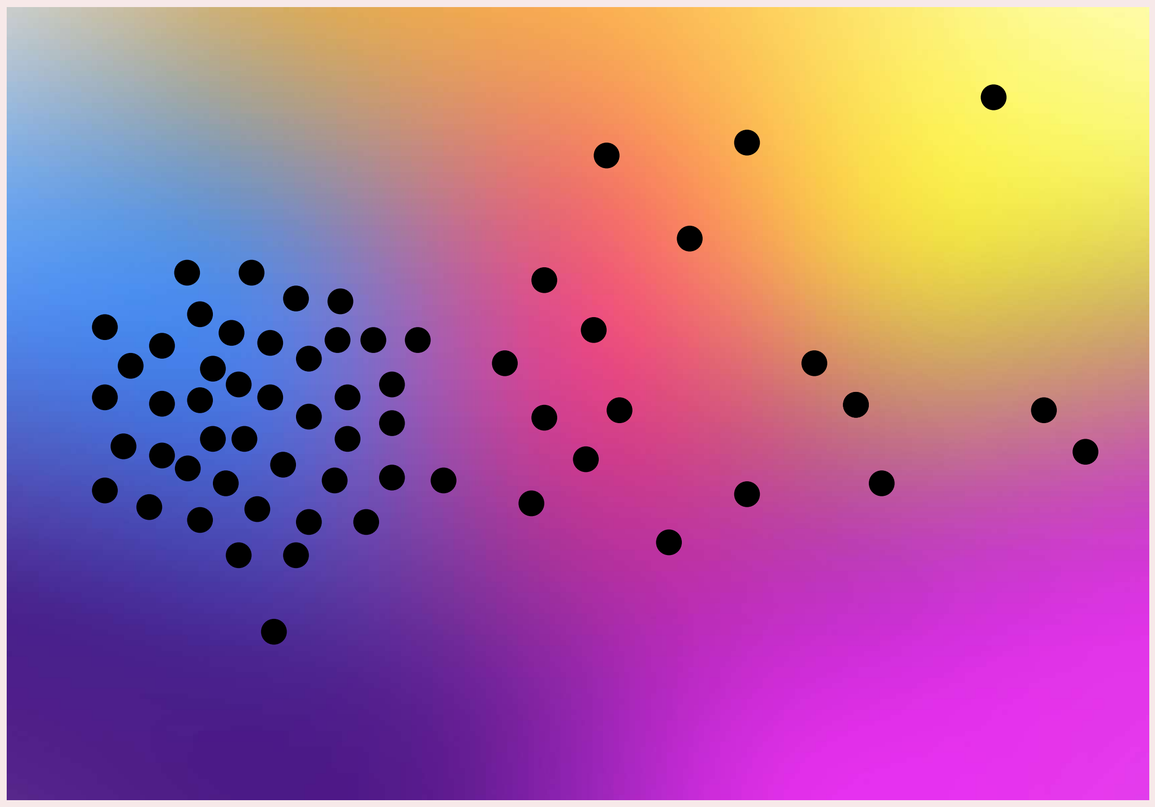
Everyone is neurodiverse, as we all have unique cognitive profiles.

What we typically label as "disorders" (e.g., autism, ADHD, dyslexia) are simply forms brain functioning.

Let’s imagine the diversity of the human mind as a spectrum of colors, as shown in the figure below.

Most people function in a similar way—this is called **neurotypical**—and if we were to place them on the spectrum, they would all cluster fairly close together.

However, it’s important to note that no one is located in exactly the same spot, because we are all neurodiverse!



Some people, on the other hand, are positioned further from the norm because their way of functioning—that is, how they organize thoughts, express emotions, and perceive reality—is different.
What makes it difficult for these individuals to participate actively in social life is the fact that **society is designed with neurotypical people in mind**.
But if we were to design environments in a way that considers individual characteristics, then neurodivergent people could function more effectively and experience a greater sense of well-being.
This perspective challenges the pathologizing of non-normative brain functions. Again, instead of asking how to “cure” or “normalize” someone, neurodiversity asks how we can adapt the environment and recognize the strengths of all individuals.

4.2 Neurodivergence: Beyond the Norm

To describe individuals whose functioning differs from the neurotypical pattern, the term **neurodivergent** is used. This term refers to individuals whose neurological development differs from the majority. This includes (but is not limited to):

- **Autism Spectrum Disorder (ASD)**
- **Attention Deficit Hyperactivity Disorder (ADHD)**
- **Tourette Syndrome**
- **Dyslexia**
- **Dyspraxia**
- **Obsessive Compulsive Disorder (OCD)**

These conditions are not only medical or clinical—they have a social and political dimension.

Being neurodivergent often means facing:

- **Social stigma**
- **Lack of understanding**
- **Inaccessible communication styles**
- **Exclusion from group dynamics**

Inclusive youth work in practice

Differences in attention, communication, or social interaction are not deficiencies—they are variations that require flexible, responsive learning environments. Consider to adapt your communication style and the educational setting in a way that is accessible for all people in the room. As a youth worker, you are encouraged to recognize neurodivergence not as a limitation, but as an opportunity to expand your educational practices.

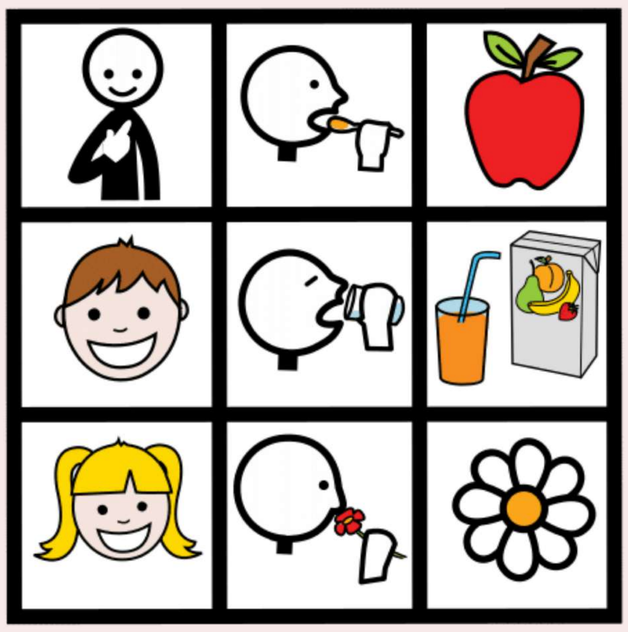
EXPLORE MORE

5. Alternative and Augmentative Communication (AAC)

AAC includes all **forms of communication**—other than oral speech—that are used to express thoughts, needs, and ideas. It is especially crucial for individuals who are non-speaking or have limited verbal communication.

Examples include:

- **Pictograms** (e.g., visual representations of words like “thank you”)
- **Symbol boards**
- **Speech-generating devices**
- **Gestures and body language**
- **Sign languages**



IThe use of alternative communication methods beyond spoken language is an educational resource that often enhances the experience not only for individuals with disabilities, but for everyone.
Take, for example, a student who has just arrived in a classroom from another country and does not speak the local language.
Using images to support verbal communication can be an incredibly valuable tool!

Inclusive youth work in practice

Use visual supports, simplified texts, and multilingual materials to promote true access to communication and understanding can be effective. The more language we use the more people we can reach!

EXPLORE MORE

6. Building Inclusive Learning Spaces

The previous chapters allowed us to explore some key themes when talking about accessibility and inclusion, particularly for people with disabilities.

How can we translate these concepts into our practical work with young people?

Adopting an inclusive approach certainly means making **personalized choices** based on the needs and specific characteristics of each individual or group we work with. Therefore, it is very complex to give a single, definitive answer.

However, we propose some **guiding questions** that, as youth workers, is important to ask ourselves when planning an activity:

1. What are the characteristics of the group I will be working with?

2. Does the activity I'm designing allow everyone to participate in an active role?

3. Does the space where I'm proposing the activity have architectural barriers?

4. What communication style is most suitable for my group?

5. What different communication tools can I use to ensure the message reaches everyone? For example: speech, images, practical demonstrations, etc.

6. Within the proposal, how much space am I allowing for people to choose and exercise self-determination?

Conclusions

In these pages, we have introduced key points to consider in order to make our educational practices more inclusive. There is still so much more to discuss, but we hope this tool can serve as a guide for the first steps and inspire for further exploration.

What becomes clear is that, since disability is a socially constructed concept, it evolves over time. For this reason, it is important to stay up to date—not only on tools and practices, but also on the battles led by those engaged in activism and advocacy.

Most importantly, we must cultivate an attitude of never taking anything for granted and being willing to constantly question our own beliefs and approaches.

Only by getting used to staying in this ongoing process can we take responsibility for creating more welcoming environments for young people, where everyone feels welcome and able to participate fully.

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