

WHY YOUTH WORK NEED TO BE ACCESSIBLE FOR  
YOUNG PEOPLE LIVING WITH DISABILITIES?

# METHODOLOGY HANDBOOK

ON THE METHODOLOGY APPLIED DURING THE  
'MOONWALK' PROJECT



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**„If we have learned one thing from the civil rights movement in the United States it's that when others speak for you, you lose.“ (Ed Roberts 1983 in Driedger, 1989, pp 28)**

# I. Foreword

## 1. Project introduction and objectives

### 1. 1. Background of the project

The main questions of the project and at the same time the main question of the research are:

How can young people with disabilities be more effectively involved in the process of developing their skills? How can young people be effectively empowered? Which areas should you focus on?

The international program was implemented in collaboration with three organizations.

**Association Co-efficient** has extensive experience in involving young people with disabilities both locally and internationally. The inclusion of young people with disabilities in their daily work is one of the most important horizontal goals:

Raise awareness of the philosophy of independent living and supporting young people to become increasingly self-sufficient and active citizens.

According to the experience of the association's co-workers and the volunteers, youth organizations place little emphasis on working with young people with disabilities at the local level, which, in our opinion, guarantees the most opportunities to achieve valuable and lasting results.

The **Associazione Uniamoci Onlus** works on the social integration of young people with disabilities and, in order to achieve this main goal, they organize local and international activities involving both young people with and without disabilities. They support young people to become active citizens, to be aware of their opportunities through their participation in non-formal learning processes. Their organization has extensive experience in motivating and supporting mixed youth groups, developing various youth initiatives under Youth in Action, and Erasmus +.

The **Associação de Paralisia Cerebral de Coimbra-t (APCC)** was established in 1975 as a private institution of social solidarity and a non-profit organization for people with disabilities to promote their social integration. In their case, people who have become disabled mainly due to cerebral palsy are the focus of their activities. Their aim is to maintain rehabilitation services and the integration of people with disabilities, and promote its development. Through their rehabilitation centre, they support people with severe disabilities with complex needs.



The joint work of the partnership is based on the collection of research and development, the literature, the knowledge of experts working in the field and the direct contact of young people, in order to create a professional base from which the developed methods are suitable for involving young people with disabilities in local youth and community programs. The intellectual outputs created improve the effectiveness of the partners and gather multidisciplinary knowledge for other organizations as well.

## II. Good practices

### 2. Introduction

A collection of good practices implemented by the partnership is presented here, where we aimed at creating integrated communities, thus improving civic participation of young people living with disabilities

#### 2.1. Együttható Egyesület

##### *Breaking stereotypes I-II.*

We implemented our youth exchange program *Breaking Stereotypes* for the first time in November 2016 in Gánt. The general goal of our project was to promote the social inclusion of young people with disabilities. In order to achieve this goal, we involved 30 young people between the ages of 16 and 25, including 13 young people living with disabilities, from a total of 6 countries (IT - Uniamoci Onlus, BG, PL, PT - APCC, PL, HU). The project aimed to use tools based on non-formal learning to explore the situation of people living with disabilities throughout history and nowadays society - and of the stereotypes related to them. The main program elements were the Oxford debate, the "disability wall" gathering key historical events and persons, and the sensitization workshops.



We organized a panel discussion as part of the programme, combined with an exhibition consisting of messages from the participants. To increase the visibility of the exhibition, the participants of the youth exchange, who organized a presentation for university students,

organized an event at the ELTE Bárczi Gusztáv Faculty of Special Needs Education and the results (photos, "disability wall" and messages from the participants) were displayed on site for a month. The project was awarded with the Eurodesk Award in the "Solidarity Action" category.

Building on the successes of the first edition, we organized Breaking Stereotypes youth exchange for the second time in 2019. The aim of the second project was still to promote the social integration of young people with disabilities, to encourage the participating young people to take part in social debates and decision-making, especially in the issues that affect them. Based on the evaluation activities carried out during the project, the objectives were successfully achieved. Instead of the planned 12 participants with disabilities, 13 young people living with disabilities were involved in the project, and the evaluation confirmed the success of the applied self-knowledge processes. During the project, we scheduled a public event at a community center to the Day of Independent Living, where the participants expressed their thoughts on the topic with the help of an exhibition, a short presentation and an interactive game. In the preparatory phase of the project, together with the partners, we conducted a one-month attitude-shaping online campaign and created a website for the project. In the dissemination phase, the participating groups drew attention to inclusion using online and offline means, the interactive, attitude-shaping game developed during the project was published online, and our Polish partner produced a series of videos.

*Here we are informal group*



'Here We Are' is an informal advocacy group of young people living with disabilities with the objective of organizing events, initiating discussion on inclusion and visibility of young people living with disabilities in the context of the society at large. The group is composed of Portuguese and Hungarian members, their activities are mentored by Együttható Egyesület on the Hungarian side and by APCC on the Portuguese side.

The project was started because of a group of young people wanted to take part in a long term activity, where they can work together for promoting inclusion and communicating about the needs of young people living with disability in an innovative way. The project started in February 2017, the group being active as of today.

Main aspect of the project was involving young people with fewer opportunities to access European mobilities and informal learning spaces. The participants were engaged and supported in an active learning process, where they faced, tested and developed themselves in new situations and co-operations. Taking responsibility for the steps of organisation of the activities and formulating messages about their lives and needs contributed to their empowerment and growing autonomy. Promoting inclusion and thinking about how to communicate to the public and the majority society made them active citizens and role models to their peers. Several participants got involved in other social activities, activist and advocacy groups during and after the project. The group's exceptional activity is an evidence for people with different abilities that they can actively participate in social actions, and the life and forming of our society.

The transnational aspect of the project also makes it highly relevant to the value of European values. The activities done in the project were born in co-operation between the Portuguese and the Hungarian group. This contributed to the diverse nature of ideas, to the growing interest in international affairs and actions and European identity and to the development of intercultural and social competences.

Attending the transnational meetings granted a learning opportunity that was otherwise not visible or available to our participants and broadened their horizons in terms of how it's possible to access these opportunities. The access to these learning processes and European mobility opportunities even today is not frequently granted for young people living with disabilities.



One of the innovative features is that advocacy action in Hungary connected to the topic of disabilities is usually bound to institutions or bigger organisations. They are the ones who fight for the rights of people living with disability. And there is still a lot of space for improvement in all aspects of inclusion. Working as an informal group represents a different approach. The activities were addressed to the peer group of young people living with disabilities and the majority society.



Inclusion can be measured in many variables – in the current society, it is sad, but living with disabilities means that you are treated differently on the streets or in institutions, the basic human connection is broken because of stereotypes, prejudices and the fear of the ‘otherness’ . This is very different from a physically barrier-free environment. The group’s emphasis was on showing the experience and lives of people living with disabilities and inviting the public to connect to these, being no longer distant or intimidated by disabilities. With the communication of the group the aim was to make the connection barrier-free between people living with disability and people living without.

If the attitude of the society is changing through these informal interactions there is a growing chance that these topics gain more visibility and support on the advocacy level too.

With the Portuguese group the circumstances in society are different – the accessible support and barrier-free spaces are much more common, making it more possible to take part in social, cultural life of the society. But the attitudes mentioned above are still present in their society. The Portuguese group could connect entirely to the message that no matter what disabilities one lives with, they have the need to take part in the life of the society just like everyone else. The

group process designed to empower, develop and support the group members was an innovation itself, because of the amount of responsibility the members got in forming the events, campaigns and media appearances.

All in the implemented activities the group strived to show and communicate things that are different, thought-provoking and new. Nevertheless, there were activities that had more innovative elements than others.

*“Láss minket!” alternative fashion show:* The concept of the fashion show was to show a different image of disability and to demonstrate ways of how disabilities and devices connected to disabilities can be formed into fashion concepts. The member of our group, Eszter, designed most of the outfits displayed in the event. Recycled aids and devices for disability were used as accessories (e.g. hearing aid jewellery) or surfaces of fashion. Choice of colours and materials reflected on needs connected to disabilities (silver and reflective materials were recurring elements of the outfits and accessories, bags labelled with symbol of deafness and the request to speak facing the individual, etc.) Last but not least traits of disabilities were highlighted not hidden and clothes were adapted to these – the show’s radical concept was that in the context of it disability became a different ability. This effect was also enhanced by little scenes where the featured models with various disabilities demonstrated a way of co-operation or helping each other (e.g. participants with a wheelchair helping someone to learn how to rollerskate, a participant with wheelchair dancing with another participant). The majority of the models taking part (approx. 15 ppl) were living with various disabilities, but it wasn’t an exclusive condition of participation.

*“Give us a break” video campaign:* The professionally produced video had the aim of speaking out to wide audiences. It featured the Portuguese group members as protagonists and while their disability was clearly visible, the narrative was not built on the topic of disabilities. The scenes were relatable and the message of the narration was universal and addressed to everyone to identify with. The campaign was highly successful.

*Photoshoot of the HU group:* We used these photos in the publication and part of the alternative fashion show. The pictures were taken by a professional photographer and in the pictures the main point was to represent something connected to the personality of the members. Again – disability was not the focus of the pictures, rather the character, the hobbies, the dreams of the participants.

*'You can do it' interactive games and riddles in Alma Shopping Centre, Coimbra:* the PT group co-operated with an escape room to create a little brain maze for the visitors of Alma Shopping Centre for 3 days. In each game the players needed to use an unusual skill, perception channel to solve the riddle or complete the game, often two people had to co-operate in order to do this. The reward of the completion were in every case pieces of interesting/shocking/thought-provoking information about disabilities. When visitors were taking part in the games, they faced situations where the skills and channels they usually use were not enough and they had to change perspective for the best solution.

## 2.2 Associazione Uniamoci Onlus

### *Radio Without Barriers*

The web radio was created with the aim of encouraging dialogue and mutual understanding, increasing communication and creative abilities, and strengthening the self-evaluation processes of the participants.



A radio, which allows young people an unconventional form of social participation. Interested youth can co-host live radio broadcasts on the Internet, share music and engage in youth-suggested topics, interacting directly with listeners and expressing their own opinions. The radio has been operating since 2011. On the photo, the association is celebrating its hundredth broadcast.



### *Volunteering equals active participation*

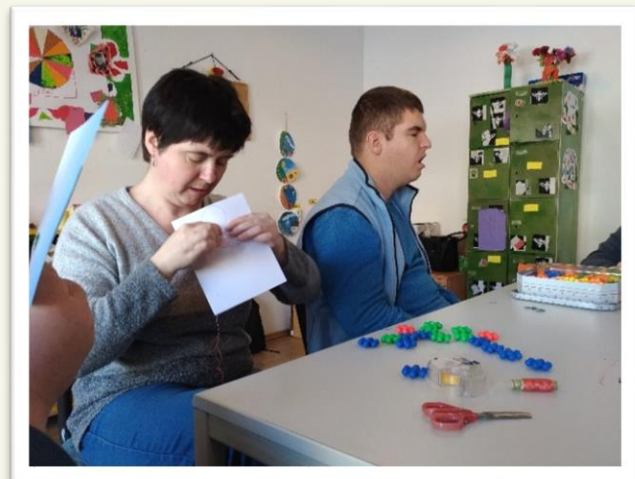
The “GO!” - a volunteer project supported by the Uniamoci Onlus Association and financed by the Region of Sicily - involved 10 young people from Sicily (including a young person living with a disability and some young people from disadvantaged areas) who spent a 14-day volunteer period at the Fundația Creștină Diakonia Sfântu Gheorghe organization in Romania. The



volunteers actively participated in supporting the activities of the host organization, which is to promote the social inclusion of local people living with disabilities. The volunteers between the ages of 18 and 35, after taking part in language, cultural and psychological preparatory and attitude-shaping training, traveled to the host organization in two consecutive mobility programs with the accompanying member of Uniamoci Onlus.

#### Preparations:

The participants took part in a 40-hour Hungarian language course with a native-speaking teacher, as well as a 30-hour psychological preparatory training with a psychologist and trainer. As for the language training, although the mobility was planned in Romania, the town of Sfântu Gheorghe (Sepsiszentgyörgy) is located in an area where the everyday language spoken by the inhabitants is Hungarian, and many



locals do not speak Romanian at all. The host organization belongs to the Reformed Church, clients are expected to participate in religious ceremonies while using the services. The organization maintains a donation shop, a community kitchen, and a multifunctional social center was built in 2017, which provides residential services for elderly and/or disabled people. The volunteers supported the work of the organization by working together with the staff in these units.

## Palermo Green Youth:



The *Palermo Green Giovani* project was co-financed from April 2021 to May 2022 within the framework of the 2018 action and cohesion plan "Young people for social issues" organized by the Presidency of the Council of Ministers - Youth Policy and Universal Public Service Department. The project ensured the involvement of young people in specific activities that can encourage more active social and civic participation, *especially* by creating a healthier and cleaner urban environment. 220 young people were involved in the project, including 40 young people and young people *living* with disabilities from Palermo, as well as 60 students from the 3 higher education and secondary education institutions participating in the project. The project's activities included continuous street sweeping and maintenance of public parks, the creation and maintenance of a so-called Kindness Wall, the "Youth and Institutions" workshop, as well as a photo competition and traveling exhibition on the theme of social participation. The interventions took place specifically in three districts of the city: Brancaccio-Ciaculli, Oreto-Stazione and Tribunali-Castellammare.



*Youth exchange: Artico - Art therapy as a way to inclusive community*

The aim of the international project, coordinated by Uniamoci Onlus and co-financed by the Erasmus + program of the European Union, was to bring together young people from different parts of the world, with different backgrounds and values, and to create a unique space of social inclusion lasting 7 days, giving the opportunity to share and deepen and



becoming an integral part of the group and society in general. Within the framework of the project, they dealt with the inclusion of minority groups against whom prejudices are generally experienced on the part of society. Ukrainian, Armenian and a Lithuanian organization participated in the project as partners.



## 2.3 Associação de Paralisia Cerebral de Coimbra

### Equality in pregnancy, obstetrics and pregnancy care

The aim of the project is to draw attention to the rights of women living with disabilities to information, knowledge and quality care. All of these are necessary for making appropriate decisions so that they can start their own families and make informed decisions on sexual, reproductive and maternity issues. The initiative, through training and raising awareness, contributes to the open discussion of the issue, which still faces many cultural barriers in some of the countries concerned (Portugal, Spain, Italy and Romania).

The goals of the project in detail:

- Improving the knowledge and self-awareness of women with disabilities and their families regarding reproductive choices, sexual health, voluntary termination of pregnancy and maternal health;
- Improving the quality of psychological and emotional support and information provided to women with disabilities, facilitating cooperation with family members and husbands/partners;
- Improving access to health services for women with disabilities and improving their quality through special training of health professionals dealing with maternal and prenatal care;
- Conducting a qualitative and quantitative survey on access to and quality of prenatal care and maternity services for women with disabilities in all partner countries.

### Line Break - Rugby Inclusivo

In the inclusive rugby project, disabled and non-disabled people can play the sport together. The importance of sport for people with disabilities is unquestionable: it ensures activity and health preservation, operates along various important values, and has a huge potential for promoting social inclusion. However, many people with disabilities do not have equal



opportunities to access and enjoy the benefits of sport and to participate fully in sporting

activities. Despite all the guiding principles and implemented measures, when we talk about the inclusion, effective and full participation of people with disabilities, the reality is different, they face many obstacles when it comes to their participation in sports.

Tag rugby is a game that originated from rugby. Easy to play, fun, safe and inclusive. Mixed-ability teams can play.

### III. Context – youth work and disabilities

#### 3.1. Youth Work

On European level, youth work is a practical part of youth affairs, where problems of young people encountered in research, in youth policy solutions and methods encountered into everyday life. According to this interpretation of youth work, it can also take place within the framework of the formal education system, if the participation in the given activity is voluntary, and based on non-formal methods that contribute to the personal, social development of the young people. From this point of view youth work can be done by those who are responsible for planning of funding of youth organizations, the system of youth offices whose controlling the administration or those experts whose are working on training requirements, and politicians whose are working on the regulations, and on the laws which provides frameworks for youth activities (Nagy, 2016 refers to European Commission 2015).

##### 3.1.1. Hungary

In Hungary, youth work stems from social work and social pedagogy. The activity of social pedagogy - which is result of a bottom-up development and basically from the beginning of its formation, it has embraced the disadvantaged strata of society - can be considered the basis of youth work, but the spirit of social work - instead of pedagogical hierarchy, partnership between client and professional - determines its character. Related to this is the out-of-school community life – cultural houses, scouting, Pioneer Organization of the Socialist Youth Union, club life - which also carried French animation techniques (Nagy, 2016).

A 90-es évektől a 2000-es évekig ifjúsági információs tanácsadó irodák működtek, majd 2010 után ismét újabb ifjúsági információs tanácsadó irodák jöttek létre, később pedig Integrált Közösségi Szolgáltató Terek alakultak, majd ezeket követte az Új Nemzedék Jövőjéért Program, ifjúsági kapcsolattartó pontokkal 2013-ban. Ez utóbbi program keretében jelennek meg Magyarországon az állami ifjúságpolitikai célkitűzések (Dombóvári, 2017; *Új Nemzedék Jövőjéért Program A Kormány ifjúságpolitikai keretprogramja* | 2012, 2012).

From the '90s to the '00s, youth information counselling offices operated, and after 2010 more youth information counselling offices were established, later Integrated Community Service Spaces were formed, then followed them the Program for the Future of the New Generation (Új Nemzedék Jövőjéért Program) with contact points for youth in 2013. Within the framework of the latter program, the state's youth policy objectives appear (Dombóvári, 2017; Új Nemzedék Jövőjéért Program, 2012).

In Hungary there is no law on youth, because policy makers think youth policy is strongly attached to other bigger policy areas, but there is National Youth Strategy like in every other member of EU (Új Nemzedék Jövőjéért Program, 2012; YouthWiki, 2021).

The overall aim of the National Youth Strategy „is to 'help exploit the resources young people possess and support the social integration of age groups', which is to be implemented through the system of horizontal and specific aims.” (YouthWiki, 2021)

### 3.1.2 Italy

In Italy, although the regulation of youth work started not long ago, a youth minister was already appointed in 2021. The Youth Policy and Universal Civil Service Department of the Presidency of the Council of Ministers (DPGSCU) is the institution responsible for supporting the political authority in the promotion and coordination of all government measures aimed at the implementation of youth policies. DPGSCU manages the Universal Civil Service and the national youth volunteer program (YouthWiki, 2021).

Italy also does not have an all-encompassing legal framework for youth work, however, as a result of growing international pressure, they are already planning to create such a legal framework. Youth work is implemented by civil organizations at the local and international level. It is already known about the planned legislation that the name of the youth worker in Italian is 'Animatore Socio-educativo per i Giovani', which will therefore be a socio-educational instructor in the future legislation (YouthWiki, 2021).

Youth work practices supported by central government primarily include centre-based youth work (i.e. open access youth centres, youth information offices), outreach youth work, summer camps and volunteer programmes, and civic service (YouthWiki, 2021).

Youth information advisory offices have been established in Italy since the 1970s. In 2007, there were already 1,200 operating across the country. The original goals have essentially remained unchanged during this time: providing young people with useful information, acting



as an information center for a network of services, promoting cooperation at local, regional, national and European levels and further training youth workers. Regional youth policy programs supported by the National Youth Policy Fund have been contributing to the spread and development of Youth Centers since 2007. The services of the centers can be used primarily by young people and young adults - aged 18-35. The centers are expected to carry out different activities, such as encouraging active citizenship, supporting volunteering, training, games, entertainment, art, cultural, multicultural activities and organizing sports programs (YouthWiki, 2021).

At the national level, the National Youth Council (NYC) is a forum for dialogue between its members (associations dealing with the youth sector) and Italian and European institutions, in which the Council plays an advisory role; it is also responsible for cooperating with the authorities, conducting youth research for the implementation of knowledge-based youth policy. The Council supports existing Regional Youth Councils and offers advice and training for the establishment of new Regional Councils (YouthWiki, 2021).

At the local and international level, numerous programs and collaborations help the implementation of youth work and the widest possible involvement of young people (YouthWiki, 2021).

### 3.1.3 Portugal

In Portugal, the highest authority responsible for youth policy is the State Secretariat for Youth and Sports (SEJD), which currently falls under the jurisdiction of the Ministry of Education. The executive and operative body of the Youth Policy is the Portuguese Sports and Youth Institute (IPDJ, IP) (YouthWiki, 2021).

Similar to Hungary and Italy, there is no legislation in Portugal that applies to youth or regulates or supports youth work. The Portuguese constitution specifically addresses the rights of young people. Furthermore, the National Youth Council exists locally, with which the state is obliged to consult on issues affecting young people. The National Youth Strategy was created to guarantee the special rights of young people (YouthWiki, 2021).

There is no high-level youth worker training, but there is a type of intermediate-level animator training of over a thousand hours that corresponds to youth work and the requirements for youth workers at the local level (YouthWiki, 2021). Similar to Italy, there are youth centers maintained by local governments, and NGOs play a major role in the implementation of local and international youth work (YouthWiki, 2021).



The "Choices Program" (Programa Escolhas) is a national and European good practice according to YouthWiki. Its aim is to promote the social inclusion of disadvantaged youth, descendants of immigrants, Roma youth and Portuguese emigrants by supporting local initiatives and youth work (YouthWiki, 2021). Based on the information on YouthWiki, the majority of youth support programs are activities that promote learning and employment, and the open-ended process presented below is less emphasized.

#### 3.1.4. Aims of youth work and non-formal education

Ádám Nagy (2016) thinks that youth work is “a pedagogical tool, which itself is a multifaceted and multi - valued exercise on diverse topics which seeks to reach a wide range of young people in an arc from unstructured activities to planned programs” (Nagy, 2016 refers to Coussée, 2009, p. 123).

According to Coussée (2008) “youth work is a polyvalent and multi-faceted practice. It takes place in a wide range of settings, it varies from unstructured activities to fairly structured programmes, it reaches a large diversity of young people, touches a lot of different themes and is on the interface with many other disciplines and practices. This versatility is one of the strengths of youth work. Young people grow up in very different situations. Youth work has the power to respond in a flexible way to this diversity”.

Youth work can exist in youth organizations, youth centres; we can see the street work as a type of social work with the youth, adventure parks, community programs, youth counselling, etc (Nagy, 2016 refers to Thole, 2000).

In the opinion of Ádám Nagy (2016) there are common features of these services which describe the characteristics of youth work:

- supports the self-organization of young people and helps them prepare them for self-organization; youth work creates the place, the time, the framework for them to be together
- explicitly encourage questioning, autonomy, autonomous approach of young people
- personalised services, available voluntarily, and there are no definitive, expected outcomes or indicators of it
- low-threshold services which available in anonymous way

- the professionals in this type of work does not have a direct influence on the processes like a teacher, or social worker because there is no necessary schedule to follow, there are no predetermined goals
- „guidance without dictation” (Nagy, 2016, p. 124).

In the context of our handbook, we agree with the Irish Youth Work Act (2001), the most:

„Planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young people through their voluntary involvement, and which is complementary to their formal, academic or vocational education and training and provided primarily by voluntary youth work organisations.” (National Youth Council of Ireland)

According to the Irish youth council, aims of youth work are:

- To build young people’s self-esteem and self-confidence;
- To develop their ability to manage personal and social relationships;
- To offer worthwhile and challenging new experiences;
- To provide learning opportunities to enable young people to gain knowledge and develop new skills;
- To build young people’s capacity to consider risks and consequences and make informed decisions and take responsibility;
- To help young people to develop social awareness and a sense of social solidarity;
- To give young people a voice in decision-making which affect their lives;
- To enhance young people’s role as active citizens;
- To listen to and hear what young people have to say. (National Youth Council of Ireland website, 2021)

### 3.1.5. Accessibility of youth work

According to the Beyond Disabilities European Mobility for All booklet in the past years there were few international youth project which involved young people with complex needs, if we compare the number of the implemented project – which can be found on the National Agencies’ pages- it’s less than acceptable (*Beyond Disabilities European Mobility for All!*, 2016).

In Erasmus+ projects there aren't compulsory quotas to involve young people with disability. One of the main area of these youth projects is social inclusion of people with fewer opportunities (*Erasmus+ Programme Guide, Version 3 (2021): 12-05-2021, 2021*).

We did not find data on the proportion of young people living with disabilities and participating in the currently running E+ programs among publicly available statistics.

According to data obtained from the Tempus Public Foundation (Hungarian National Agency of Erasmus+), in 2018, 338 young people with special needs with a Hungarian address participated in KA1 mobility programmes across Europe, and 12 in the KA3 programme. In 2018, the number of participants with special needs supported from all program countries in KA1 was 2,707, and 2,729 in KA 3.

In 2019, there were 295 Hungarian participants with special needs in KA1 (a total of 3,866 participants with special needs from all program countries), in KA3 there are no Hungarian data, only a total of 2,246 participants with special needs from the program countries. In the case of KA2 programs, no clear data is available for either 2018 or 2019. In 2018, the mobility of a total of 2,878 people took place in Hungary within the KA105 category (Hungarians and foreigners together), of which 55 people were designated as having special needs in the reports.

Based on the literature and the joint work of our partnership, it would be necessary for youth programs to be accessible to young people with disabilities, because:

*1) 44.1% of young people living with multiple disabilities live a passive life.* In those families where passive activities are more often preferred, the per capita income is well below the subsistence minimum; they are the ones who don't get any outside help. In 41.4% of the examined families, the situation is slightly better, so they are more active, which is due to the fact that they receive more help from their family, neighbors and the environment. In 14.5% of the examined families, there is some kind of activity only because the young people benefit from development, that is, the families spend more on development (Petri & Verdes, 2009).

*2) Youth programs are not equally accessible to young people living with disabilities,* and the more serious the condition, the more they are excluded; which is unacceptable due to the relevant international declarations, agreements, laws and chartas declaring equal access for everyone. Can we really talk about equal opportunities if accessibility is not provided in practice? (Petri & Verdes, 2009)

*3) Advocacy organizations and/or service providers specialized in people living with disabilities are often inexperienced in the activities provided by youth organizations, so the inclusion criteria are often not fulfilled.*

For example, in 2008 in the Youth in Action Programme an association for people of intellectual disability (ÉFOÉSZ) implemented a programme entitled "Our voices matter", which aimed to bring young people with intellectual disabilities closer to decision-makers. These young people were already involved in their programme of group work to support the development their advocacy skills. The authors of the study say: "In terms of social impact, there are no features beyond the meeting." The author of the study also writes that the purpose and expectations of the YIA programme were greater than the openness to young people's views in politics, and that the visibility of the whole programme and the participation of the National Agency were insufficient (Elek, 2011).

We would add that this 5.1 programme was implemented as the advocacy training in segregated groups, while advocacy always works in a diverse society. Of course their activities are necessary in order to test themselves later on in an inclusive environment. However, youth work is built on diversity, inclusive groups with different professional toolkit. Organizations working with youth use different professional tools to build on the formation of diverse, inclusive groups.

*4) It is still not common for disabled and non-disabled youth to spend time together spontaneously in their free time. This is a loss for everyone, including the entire society (Berényi, Máder, Pillók, & Ságvári, 2005).*

The programs of youth organizations aim to involve young people from as many different backgrounds as possible. The Erasmus + programs also created the international character of this. With appropriate expertise, in our opinion, young people with disabilities can also be included in these programs.

*5) Youth work can possibly change the future of a young person living with disability for life, by contributing to the development of competencies needed in the labor market through non-formal education, or by providing opportunities for volunteering.*

According to the Joint Report on Social Inclusion (2004), preventing the social isolation of people living with disabilities and social integration affect several policy areas, only one of which is education and training. It would be important to ensure equal access to the labor

market, cultural and leisure programs (Joint report on social inclusion Social security & social integration, 2004)

The representation of people living with disabilities in the labor market is low, even under favorable legal conditions. In 2011, according to census data, 7.5% (15,218 persons) of economically active disabled persons between the ages of 20 and 59 were unemployed, while in this age group 58.8% (116,388 persons) are inactive earners, i.e. receiving some kind of state benefits. Although in this age group 5.4% (10,884) have dependents, 5,191 are aged 20-29, of which 3,302 study only full-time (KSH.hu, 2011).

In Italy, education has been integrated since the 1970s, which means that only in exceptional cases, in the case of severe, multiple disabilities, does someone receive segregated education (Saloviita & Consegna, 2019). Despite its high integration, the Italian education system is still able to include only fewer people with disabilities in higher education (Biggeri, Di Masi, & Bellacicco, 2020). However, recent statistics in English are limited. Unemployment is high across the country, with youth unemployment being a particularly big problem (Leonardi & Pica, 2015).

In Portugal, the school integration of pupils is relatively high, much higher than in Hungary, but studies show a high level of prejudice against people with disabilities, which is most pronounced in employment data. According to the European Economic and Social Committee, 0.5% of all employees in the profit oriented sector in Portugal are people with disabilities, compared with 2.3% in the public sector, which falls short of the targets set by the Portuguese State (European Social Network, 2018).

### 3.1.6. Disability and society

Based on the above, it is worth taking time and explore the concept of disability, primarily its philosophical background, which highlights the importance of programs aimed at social inclusion and empowerment of people living with disabilities, particularly its overarching effects on society at large.

There is no internationally accepted definition of disability, or who is designated by it, or what groups are meant by it. For this reason, the number of disabled people cannot be precisely determined, approximately 15-20% of the world's population is affected (WHO, 2011).

According to the International Classification of Functioning, Disability and Health (ICF), the new concept of disability was developed as the result of a process involving several



professionals. The ICF emphasizes environmental factors in the definition of disability, which is the main difference between the new classification and the previous one. Three interrelated areas are defined in the ICF:

- Impairment regarding a body structure: problems with the functioning of the body or changes in the structure of the body - such as paralysis or blindness;
- Limitation of activity, as a result of which difficulties in carrying out activities appear - for example, movement or eating;
- Participation restrictions in any area of life - for example, if they face discrimination in employment or transport.

The definition refers to difficulties experienced in any or all three areas of functioning (WHO, 2011).

In Hungary, according to the 1998 legislation, "*disabled person: a person who permanently or long-term lives with a sensory, communication, physical, intellectual, psychosocial impairment - or any combination of these - which interacts with environmental, social and other significant obstacles it limits or prevents effective and equal social participation*" (Act XXVI of 1998 on the rights of disabled persons and ensuring their equal opportunities, 2020).

Based on these, we could think that there is no big difference in the use of definitions in the scientific world; however, in reality diversity or confusion is typical (Zászkalicky, 2002; Szekeres, 2011); historical, economic and social changes influence the evolution of the concepts used to denote people living with disability even today. The way the term is used - just like the social inclusion of people living with disabilities - is culturally determined, different from culture to culture, and the approach of the disciplines dealing with the affected persons is also decisive (Könczei, 2009, Zászkaliczky 2002, Flamich & Hoffmann, 2015). The different approaches and scientific approaches are presented in the models described below.

The first systemic approach the concept of disability is presented through the optics of special pedagogy. The second approach is using the perspective of disability studies<sup>2</sup>, while the third

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<sup>2</sup> "Disability studies examines the policies and practices of societies in order to better understand the social rather than the physical experience of disability. Disability studies as a discipline was developed with the aim of disentangling the phenomenon of impairment from the web of myths, ideologies and stigma that hangs over social interactions and social policy." (Definition of the Disability Science Society 1998, in Könczei & Hernádi, 2015)

model deals with equity in the education system and considers disability an inherent disadvantage due to the condition.

Ulrich Bleidick (1977) considers four basic models:

**1. Medical model:** Disability is the problem of the individual, the cause of the deviation is to be found in the person, and the disabled state can be easily identified and defined with diagnostic tools. The approach places the focus on deficits, comparing the disabled individual to what is defined as normal.

**2. Interaction theory model:** Disability prevents the person from meeting expectations of the society. The community stigmatizes the disabled person.

**3. Systemic theory model:** The disabled person, the student with special educational needs, is placed in segregated conditions through selection. Selection is part of the institutional system, many of its mechanisms are known. In case of disability, the diagnostic and qualification committees are designated for this purpose.

**4. Materialist model:** It interprets disability in the relationship between social classes. In this view, the class of disabled people is a group formed by other social classes; the purpose of its existence is to fill jobs requiring low qualifications.

The models are not independent of each other, but complement each other, that is, the concept of disability can be interpreted in the combination of these dimensions (Zászkaliczky, 2010). Könczei et al. (2015) also first distinguished four models, which they expanded to five:

**1. Moral model:** Disability arose because of an individual problem, a mistake, a serious sin. In this view, disability is a label that distinguishes the person from others. In the social hierarchy, they are among the poorest and excluded because of the stigma.

Today, all of this can be seen in action in everyday and professional vocabulary, for example, the word disability itself indicates a lack, but also other expressions, such as development, (because it is not developed enough); needy (because he needs help, so he is not able to do it on his own)

**2. Medical model:** Deviation from the healthy is emphasized, that is, there is a condition that differs from normal, and this condition can be changed or prevented with treatment. This idea implies that the existence of people who develop differently must be "prevented or eliminated", even if it is part of the person's self-identity (Könczei & Hernádi, 2015).

Concepts referring to the medical model, e.g. the WHO definitions were still in use at the end of the 90s, such as impairment, disability, handicap, which can be interpreted as meaning that due to the reduced abilities resulting from impairment or disability, the individual suffers disadvantages in in society, e.g. in positions available on the labor market, etc.

**3. Social model:** Society is not inclusive, it takes into account the needs of the majority, and thus puts obstacles in front of people with different development. E.g. lack of barrier-free buildings, lack of personal assistance, lack of equal access. In this view, it appears that disability is a social construct, because social participation is not guaranteed.

**4. Human rights model:** Like other minority groups, disabled people are also victims of exclusion and oppression, and they fight for equal rights and equal treatment. The results of this struggle are the laws that prohibit discrimination against people with disabilities.

These models, especially the social model, have received a lot of criticism since the 90s, saying that the different condition/state affects the individual, his personality, self-esteem, self-knowledge, self-interpretation and finally his aspirations for self-realization ; regardless of how a smaller community or society reacts.

As a result of the criticisms, the concept of disability is nowadays to be interpreted as a complicated, multi-factorial discussion, which gave birth to the post-model in the disability science approach.

**5. In the post-model,** the earlier views live together and side by side, there is no such sharp boundary between them, on the contrary, it complements them with the fact that the disabled person is not an object, but an experiencer of his condition, his personal and social situation. The complexity comes from the interpretation from different points of view, in which an important, previously neglected point of view is the person himself (Könczei & Hernádi, 2015).

Models related to school inequality:

**Deficit model** (biological) or person-oriented approach: Within a person, quantitative and qualitative changes in different areas of his development compared to the average (Nahalka, 2016).

In the context of a disadvantaged situation: Some of the students (e.g. children with special educational needs) are already at a disadvantage at the beginning of their school career due to various reasons. They lack the prior knowledge that makes them suitable for understanding the language of the school, which would be a fundamental condition for effective communication

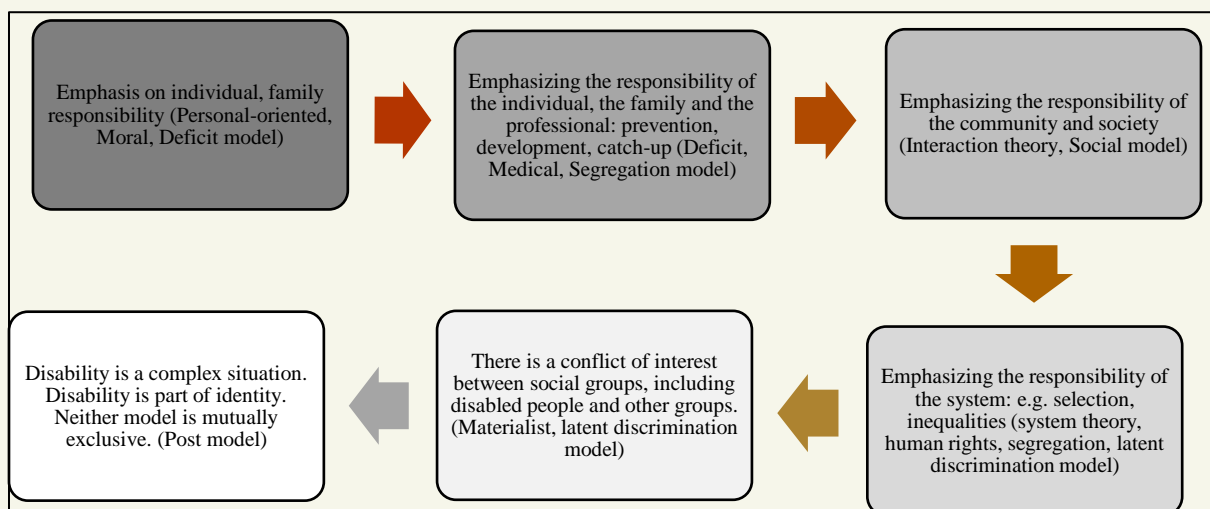
and, consequently, for successful completion. Nahalka calls this the ideology of catching up, in which disadvantaged children need help, and the school should - as much as possible - make up for everything they lack. At the same time, the school vehemently protests against taking on the burdens it considers the family's responsibility. According to Nahalka, this is the most typical way of thinking among teachers (Nahalka, 2016).

**Segregation model:** Similar to the previous model, the situation of the children is predetermined in economic, social and cultural terms, on the basis of which the school selects the students, and then maintains and strengthens their social position through its operation. The school strives for homogenization, and in homogeneous groups it socializes children to preserve the socio-cultural characteristics in which they grew up. In this way, the school is an active participant, for example, in the reproduction of disadvantages and poverty. Pedagogical work in homogenous disadvantaged student groups is difficult, and teachers quickly burn out in the spiral of expectations and failures. In such a student environment, there is no motivating force for learning in the group, there are no or not strong patterns that would facilitate adaptation to the majority. Therefore, the cause of unequal opportunities is selection: segregation, separate education (Nahalka, 2016).

**Latent discrimination model:** Inequality is present because the school is unable to differentiate. It deliberately discriminates with its curriculum, its activities, its values, its language, so a hidden curriculum prevails. In this way, it favors the children of those families where education is based on the same values and culture as the school, and in a latent way pushes disadvantaged children, most of whom live in a different milieu, into the background.

We combined the similarities of the models in a figure, focusing on the similarities characteristic of the models on Fig. 1.

Moving forward in understanding the meaning of disability, we partially go back to the social model, because through it we have the opportunity to understand how postmodernism affected the interpretation of the concept of disability in a complex way, and this complexity created the post-model itself.



1. figure – similarities of models

One of the first models to explain the phenomenon of disability and associated stigma was the social model, which questioned individual responsibility and the patient-role (or: medical approach) in the phenomenon of disability. Instead of the need for help, he scrutinized the processes that created the marginal situation, the need for help, the disadvantage. According to the model, disability is a construct because the state and ability structure of a given person appears in social functioning as a disadvantage or an advantage (Corker & Shakespeare, 2002; Kálmán & Könczei, 2002).

Post-modernism rejects metanarratives as a critique of modernism and socialism, including the fact that social functioning can be discovered in scientific ways. Therefore every situation is just an experience about the society, and even this experience is generated by technology and the media; so accessibility of reality has been questioned (Corker & Shakespeare, 2002).

Social exclusion and stigma can also be derived from the issue of normality, viewed from a deconstructionist point of view, normality needs disability, a person defines his own normality based on the disability of the other. In this sense, normality and disability are an integral part of each other, one without the other does not exist (Corker & Shakespeare, 2002). Disability is a construct that society creates based on binary logic, which then plays a role in how the family perceives the birth and upbringing of a disabled child, especially in unusual situations such as the COVID-19 epidemic.

Based on Foucault's interpretation, disability as a category was formed when the use of medical language entered the public discourse. Therefore, individual conditions did exist, but discriminating behavior was shaped by medical categorization. Social identities and categories are results of the organization of human knowledge into structures. The procedures of institutionalized power create the categories that define the framework of normality (Corker & Shakespeare, 2002).

According to the view of critical sciences (gender studies, critical race studies, queer studies, disability studies), the interpretation of individual physical condition enables the examination of the personal experience, which is influenced by the environment, therefore the social/public discourse can be revealed from the individual's situation. The boundaries of the body and normality are blurred in this discourse (Corker & Shakespeare, 2002).



## IV. Independent Living Movement

### 4. Youth work and independent living

Independent living does not mean the ability of self-care. In order to precisely define and understand what independent living is, you must learn its history (Zalabai, 1997). We are attempting to do this in our essay below.

Accessible youth work could be a companion and supporter of the movements fighting for independent living, but it is certainly a field ensuring that the need for independent decision-making arises among young people living with disabilities.

According to the European Network on Independent Living (ENIL), "independent living is a process of self-awareness, emancipation and empowerment, which enables all disabled people to achieve equal opportunities, rights and full participation in all areas of society." (ENIL, 2021).

Independent living is an approach that covers the right of disabled people to self-determination, the right to make independent decisions and the right to an equal life (Zalabai, 1997).

The motto of the European Disability Forum: Nothing About Us Without Us! expresses the same idea (D'Arino, 2018).

The origin of the slogan is uncertain, probably it was first said at an Eastern European disability conference and it was used later, in 1993, by South African activists living with disability.

"Nothing about us without us!" is an expression of the ready-to-fight, politically active attitude that tells the world that disabled people know what they need and what is good for them and for their communities (Charlton, 2000).

#### 4.1. The ILM - introduction

Institutionalisation was the determining factor until the appearance of the Independent Living Movement in Europe until the middle of the 90s, and it was accompanied – besides the permanent vulnerable patient role – by the compulsion to accept care determined by others (Zalabai, 1997).

So, the movement started in the United States, where the process creating at least the opportunity of independent living at a legislative level took place earlier.

Laws were enacted in the United States already in the 1970s in order to promote accessibility through barrier-free architecture and transportation, to prohibit discrimination against people with disabilities in all publicly funded programmes, to prescribe that they receive the highest priority in public service programmes and to promote higher employment among them (Penney & Bassman, 2003).

These laws were not due to the independent recognition of the situation by the legislative state; Section 504 of the Rehabilitation Act of 1973 was enforced through demonstrations and the occupation of public buildings by people with disabilities, which received extensive media coverage (Penney & Bassman, 2003).

The Americans with Disabilities Act of 1990, one of the most important pieces of legislation, is the result of the activities of advocacy organisations. This legislation essentially covers all disability groups and ensures equal access and equal rights (Penney, Basmann 2007).

#### 4.2. The history of the movement of persons with reduced mobility

In 1962, in the United States, Ed Roberts and his three companions – the rolling four or the rolling squad – were admitted to Berkeley University; however, the school could not arrange accommodation among the other students, so they were placed in the university hospital. The students objected to this procedure and found helpers on campus in their endeavour. They created new services for students with disabilities and worked on making the university accessible. 10 years later, the initiative – Centres for Independent Living – covered the entire USA. We consider them the founders of the Independent Living Movement (Charlton, 2000; Driedger, 1989; Zsófia Kálmán, 2002; Köncezi, Hernádi, Kunt, & Sándor, 2015; Zalabai, 1997).

The prominent representative of the Independent Living Movement in Italy is Raffaello Belli, who first encountered the ILM philosophy in the 80s. Thanks to his efforts, the Italian government made some proposals regarding personal assistance for disabled people into law, so the state pays a monthly allowance with which the person concerned can "buy" personal assistance from the market (Belli, 1998; Zalabai, 1997).

In fact, Belli later wrote that this system had both advantages and disadvantages; he definitely considered it an advantage that this kind of independence created young people who no longer accepted living their lives in closed institutions, but at the same time, the disadvantage of the system is that state bodies set strict, often unfair limits on whom they pay this remuneration. It is not in the interest of large residential institutions that disabled people can receive adequate

support in their homes and families, in addition, the authorities regard this payment as actually saving money as they are unwilling to allocate additional resources to other elements of the system that are necessary for disabled people (Belli, 2003).

In Hungary, also in the 80s, Gábor Zalabai was one of the prominent personalities of the movement. He was Budapest's first equal opportunity officer. He is credited with the first demonstration for a barrier-free environment in 1989. Through his work, the first support service was created and later it was included in the social law and became a normative form of care in Hungary (Zalabai, 2009).

In Portugal, ILM only began to develop in the 2010s. Today, one of its front-runners is Eduardo Jorge, who started a hunger strike. Jorge lives in a boarding home and aims to achieve the right to choose who he lives with and to receive personal support services for all this. Although the service has been legally recognised since 2017, it has not been developed and accessibility is not ensured, so Jorge travelled 180 km from his home to Lisbon in his wheelchair to express his protest against the incomplete legal environment and the promised but unfulfilled living conditions (ENIL, 2018).

### 4.3. ILM and other disability groups

#### 4.3.1. The beginnings of the independent living movement for the deaf and hard of hearing

The independent living movement of the hearing impaired dates back to the middle of the 16th century, when the deaf children of some wealthy families were taught in a Benedictine order in Spain. Later, the first public schools were opened. Here, sign language was still considered an additional, primitive tool, and the education of the deaf was aimed at acquiring speech and self-expression. This thinking persisted even in the 19th century, and the use of sign language was banned from schools for the deaf. From the 1880s, the National Association of the Deaf took up the fight against the oralists for the use of sign language. The British Deaf Association – known as the British Deaf and Dumb Association before 1971 – was established in 1890, and Francis Maginn was one of its founders. From the beginning, the aim of the organisation was to promote the education of deaf children and to unite and represent the interests of deaf people in order to improve their social status in the United Kingdom at the national level. The establishment of the organisation was also a response to the fact that an international conference was held in Milan in 1880, as a result of which sign language was banned from the education of the deaf worldwide. It was during this period that the sign language preservation movements of the deaf started in the United States, from which the deaf culture movement grew. The

greatest strength of deaf culture lay in the press, so they no longer used only sign language but also spread their views throughout the states in newspapers produced by deaf people. Their activities and operation can actually be considered the first real political action that was started for the independent living of a group of disabled people (G. Albrecht, Seelman, & Bury, 2010).

In Hungary, the Cházár András National Deaf-Mute Home was founded in 1907, which, despite its misleading name, was the first nationwide association founded by deaf people. The institute embraced deaf people, but WWII put an end to its operation. Interest protecting organisations kept fighting for the right to use sign language for decades in Hungary, just as everywhere in the world. (Hegedűs et al., 2009).

In 1991, at the World Congress of the Deaf in Tokyo, the participants stated that sign language is considered a real language (Hegedűs et al., 2009).

Since Western culture is often a reference point in the southern or eastern half of Europe, it is worth mentioning England in connection with sign language, where sign language became an officially recognised language in 2003, but providing a sign language interpreter was still a problem in key situations, e.g. during health care, even ten years later, thus certain decisions were made by the institutions, authorities and providers without asking for the consent of the person concerned. In an article published on the hearing-impaired blog *Limping Chicken*, Sarah Batterbury – former professor at the Department of Deaf Studies at the University of Bristol – said that sign language is not only a means of communication but something through which deaf people have the opportunity for the process of self-realisation (“We want more than an Act of Parliament” says Sarah Batterbury, BDA expert”, 2014).

In 2009, Hungary recognised in the constitution sign language and sign language for the deafblind as independent official languages. (Zalabai, 2009). In Portugal, Portuguese Sign Language was recognised as an official language in 1997, which was also included in the constitution. In Italy it is not recognised in the constitution but in a law on sign language (Darretta, 2020; De Meulder, 2015).

#### 4.3.2. Independent living of the blind and visually impaired

The independent living of visually impaired people is closely connected with the civil rights activities of other disability groups. In history, mainly the development process of schooling can be clearly identified.



In the field of education, it is important to mention the name of Louis Braille, who was born sighted and then lost his sight in childhood. He went to a majority school, then with a scholarship he was admitted to the aforementioned school for the blind in Paris, where he could learn from books written in raised letters. This helped him learn, but it was difficult to handle the books, so he developed 6-point braille based on Charles Barbier's cryptography. Later, as a teacher, he taught his students his system, which was officially accepted only after his death in 1854. It began to be used everywhere in the world years later, in Hungary, for example, it became the official writing form in 1893, to which Lajos Mihalik added the system of accented letters. It started to spread in English-speaking countries only in 1932. The Braille system is still used today to teach the blind and visually impaired, and it even helped, and still continues to help them to lead an independent life not only in learning but also in the field of basic orientation. (Hegedűs et al., 2009).

The WBU (World Blind Union) was founded in 1984, but even before that there were organisations representing the interests of the visually impaired (G. Albrecht et al., 2010; "History: World Blind Union", 2021). The purpose of the organisation is to represent the interests of the blind, partially sighted and visually impaired, which has been joined by civil interest organisations worldwide ("History: World Blind Union", 2021). In the case of the visually impaired, it is clearly evident that it is not difficult for disabled persons to live with their different condition itself but it is difficult to live in the social and built environment. "It is not the blindness but the attitude of the sighted towards the blind that is the heaviest burden" – wrote Helen Keller (cited by Gowman 1957 in G. Albrecht et al., 2010)

#### 4.3.3. Independent living of persons with intellectual disabilities, persons with psychosocial disabilities and people with autism

For a long time in history, people with intellectual disabilities and persons with psychosocial disabilities were treated together, often under the same conditions, living in closed institutions, where no distinction was made between the applied treatments (G. Albrecht et al., 2010). Autism was treated as a psychiatric disorder even in the middle of the 20th century (Rutter, 1998)

From the mid-1800s, closed institutions treating thousands of people proliferated worldwide. The purpose of these institutions was to protect society from those suffering from mental illness. In America, state leaders were concerned about the number of disabled people, so in order to obtain accurate data, a census was introduced from the mid-1800s, through which the number of "lunatics" and "idiots" was recorded, separated from the blind and deaf. As their numbers

increased significantly according to census data and studies, these data were used as a political campaign to drum up public support for sterilisation and marriage laws to prevent further growth. In the early 1900s, several American states prohibited marriage – or only allowed it over the age of 45 – for people with psychiatric illness, epilepsy and/or intellectual disabilities. (G. Albrecht et al., 2010).

Between 1907 and 1949, there were 47,000 registered sterilisations, which mainly affected mentally disabled persons, but therapeutic sterilisation of psychiatrically ill and epileptic women was also common in the United States. In 1933, Nazi policymakers in Germany actually used California's sterilisation law as a basis for their own law, which victimised nearly 400,000 people with intellectual disabilities. However, the practice of sterilisation continued in Sweden until 1948 and in Denmark even until 1954. (G. Albrecht et al., 2010).

At the beginning of the 1900s, however, the idea that mental illnesses and mental injuries were related to crime began to be eradicated as a result of studies. In 1908, the mental health movement started as a result of the book published by Clifford Beers, a former psychiatric patient. In order to change the lives and institutional conditions of psychiatric patients, the National Committee for Mental Hygiene was set up in 1909 as a result of Beers' efforts (G. Albrecht et al., 2010).

It is clear that these are controversial times in history. This is when new types of electroshock therapies appeared in psychiatry, and the Portuguese Egas Moniz developed his new type of psychiatric surgical procedure, lobotomy, to which nearly 20,000 people fell victim. The records and figures go to show that the generalisation of residential institutional care led to inhumane, uncontrolled experiments (G. Albrecht et al., 2010).

In 1967, Morton Birnbaum's work entitled "The Right to Treatment" led to the fact that in a lawsuit following its publication the court recognised that psychiatric treatment should not be punishment but help for the patient. Finally, following the efforts of advocacy groups representing various disabilities, human rights entered into the lives of people living with psychosocial disabilities and intellectual disabilities and institutions meant to treat them, and as a result they began to downsize residential institutions and increase community services instead. (G. Albrecht et al., 2010).

#### *4.3.3.1 Efforts related to different treatment*

The first ideas about treating people with psychosocial disabilities and intellectual disabilities in a separate or different way appeared in the 19th century. When examining and observing

cretinism – a condition caused by insufficient production of maternal thyroid hormone – several doctors argued that children born with cretinism can be trained. Guggenbühl opened his institute in 1841, where mentally disabled children diagnosed with cretinism were cared for and educated because the doctor was convinced that their condition could be improved. In his case descriptions he highlighted family factors, such as the goiter of the parents, who as a result also had mental retardation themselves to a certain extent, as well as the social and housing conditions of the families. Guggenbühl's activity was one of the first attempts at healing education (Magyar, 2017).

In Hungary, there were suggestions that the remedial education of cretin children would be necessary but Eötvös's Public Education Act of 1868 excluded those living with intellectual disabilities and mental illness from public schools. At the end of the century, it was Jakab Frim who announced the need for a school for "idiots" in his newspaper articles based on his experiences gained on study trips abroad. The First Hungarian Insanity Education and Nursing Institute in Rákospalota, in 1877. In this period, the word "idiot" was still a medical term and did not have a pejorative meaning, as it does today (Magyar, 2017).

Autism began to be actually distinguished from other groups in the 1960s. This is when the first control group studies began with the purpose to properly separate from other psychiatric groups the condition that had been considered childhood schizophrenia and psychosis until then. The studies contributed to the discovery that it is often associated with epilepsy, especially in adolescence, which changed the way we think about autism. It was no longer considered a condition that developed after birth but a neuro-developmental disorder already present at birth. The test results showed that psychotherapy is less useful in treating autism, but education and training methods provide effective opportunities for development. From the 1970s the heterogeneity of the condition came to the fore more and more, or one might say, attention was directed to several developmental disorders pervading the entire personality which were previously not considered autism (e.g. severe intellectual disability with autistic symptoms, fragile x syndrome, Asperger's syndrome). In addition, they found out during twin studies and sibling studies that autism is largely genetically determined, so they began to study people whose intelligence fell within the normal range yet they were struggling with disorders that showed similar but milder symptoms to the outside world. It is likely that the condition affects a wider, undiagnosed circle. Autism is often associated with a lower level of intelligence; however, studies also established that low intelligence is not necessarily associated with autism, hence autism is a separate, independent condition (Rutter, 1998).

#### *4.3.3.2 The independent living movement of autistic people*

The advocacy movement for autistic people began around 1990 and it is associated with the names of Jim Sinclair, Kathy Grant and Donna Williams, Australian singer-songwriter, who founded Autism Network International (ANI). All the three of them are people living with autism. From the beginning, their idea was to represent the interests and needs of autistic people and to increase understanding towards them, especially towards those who are unable to express their will and needs; this can be read on ANI's website (Sinclair, 2005).

A well-known speech by Jim Sinclair at a conference in Toronto in 1993 shows a lot about what they think about autism: "Do not mourn us!" a message to families who experience autism as a tragedy and are grieving their children. On the one hand, he said, parents should understand that the child has an independent personality, and from the moment of birth, their task can be to fulfil themselves, to be who they want to be, so when a parent is grieving, they are actually not grieving for their child but for their own ideas and desires. On the other hand, he says that autism is a part of the personality, not something that they own and not a shell that surrounds them, so those who live with autism are simply different because they experience the world differently, it is actually a different way of existence. Therefore, this existence has another language, and the parent who wants to connect with their child must work on learning this language because then they will be able to reach their child. It will not be a relationship that a parent would expect or what is common, but different in quality, which no one else can ever experience. (Sinclair, 1993).

The conference whose theme was the culture of autism for the first time can be attributed to ANI (Armstrong, 2015).

The concept of neurodiversity was born at the end of the 90s. In 1997 an article was published for the first time in the New York Times that interpreted autism as neurological pluralism. Autism activist Judy Singer was one of the first to use the concept of neurodiversity in her book published in 1999 (Armstrong, 2015).

And in 2010, psychologist Thomas Armstrong's work was published under the title *Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences*. (Armstrong, 2010).



The essence of the concept of neurodiversity is that humanity and psychiatry should look differently at people who are different from the majority, these differences and deviations should be considered natural instead of constantly trying to find new psychiatric diagnoses and cures (Armstrong, 2015).

In 2005, the Aspies for Freedom group designated 18 June as the Autistic Pride Day. (“Autistic Pride Day”, 2022).

The Autistic Self Advocacy Network was formed in 2006 and gained fame in 2007 when they protested for removing a billboard campaign in New York. The billboards presented autism as a child predator who kidnaps children from society. ASAN was founded by young people living with autism, whose aim is to change the social communication related to autism: instead of treating autism along the lines of illness and cure, they want to achieve and strengthen a culture of acceptance and empowerment (“Autistic Self Advocacy Netw.”, 2022)

Therefore, the above-mentioned organisations and movements representing the interests of people with autism view autism as an independent culture, and support the concept that treats autism and all other neurobiological deviations as a condition that should be accepted.

#### *4.3.3.3 The Mental Patients' Liberation Movement*

Many groups of psychiatric patients were formed in the America of the 70s, and almost all of them have the word liberation in their names. It was very difficult for these small self-organisations to become a movement because the members typically had low income and could not finance the communication costs necessary for growth. The Madness Network News was founded in 1972, and it was the first newspaper run by former patients. It was discontinued in 1986 and for a long time it was the only forum where former patients could report their experiences. (Chamberlain 1990)

Most of the small groups were created in a supportive manner, and their activities also extended to representing the interests of hospitalised patients. (Chamberlain 1990)

The first Association of Psychiatric Patients was established in Canada in 1971. They created the first place that was a low-threshold service, and anyone could go in at any time. Nowadays, this is mostly typical of day care in community psychiatry. Their advocacy work was characterised by the rejection of traditional medical psychiatric treatments and they were no longer satisfied with a passive role; they wanted a voice in their own treatment. The

organisations that were formed later had the common goal to put an end to forced medical treatments, and they fought for the right to refuse treatment (Chamberlain 1990).

Psychiatrist Thomas Szasz, also known as Tamás István Szász, formulated several criticisms of the system that provides care for psychiatric patients. His ideas claiming that everyone has the right to decide over their own body and mind have been adopted by the rights movements (Chamberlain 1990).

The National Association of Psychiatric Survivors was founded in 1985, but there are many other organisations operating as cells that exist independently of each other, without funding, and profess different principles; many prefer the medical model, and some groups also bear the name of a psychiatric disease. According to the author of the study, who is also an involved activist, the lack of communication is the biggest problem because in most cases not even the people involved are aware of the existence of these organisations (Chamberlain, 1990).

#### *4.3.3.4 The movement of people with intellectual disabilities*

It is much more difficult to articulate the opinion of groups of people with intellectual disabilities, so their advocacy was, and is being done mainly by parental and professional communities around the world. These movements – parent initiatives – have joined the movements of other disability groups, and they also carry out serious advocacy work themselves. Their activities contributed to reducing the number of residential homes and replacing them with community support services (G. Albrecht et al., 2010).

In Hungary, ÉFOÉSZ (Hungarian Association for Persons with Intellectual Disability) is one of the well-known interest protection organisations, which was officially founded in 1981, although it started operating 10 years earlier; first only with the cooperation of small groups of parents, then within the ranks of the Red Cross (Hegedűs et al., 2009).

One of the first advocacy organisations in Italy was founded in Rome in 1958 by Maria Luisa Ubershag Menogotto, the mother of a child living with an intellectual disability. ANFFAS became an organisation covering the whole of Italy, doing advocacy work to assert the rights of people with intellectual disabilities and their families (Mura, 2014).

APPACDM was founded in Lisbon, Portugal, in 1962. The Portuguese Association of Parents and Friends of Citizens with Intellectual Disabilities was jointly founded by an involved parent and a doctor. Sheila Stillwell, whose child had Down syndrome, and child psychiatrist Dr. Alice Mello Tavares jointly opened a centre in Lisbon. The organisation is now a national network

with more than 30 autonomous members. Their basic goal is the protection of interests as well as the maintenance and provision of community institutions for people with intellectual disabilities. The organisation is also credited with the opening of Portugal's first inclusive kindergarten in 1972 (“História - Associação Portuguesa de Pais e Amigos do Cidadão Deficiente Mental nasce”, 2022).

## V. Empowerment

### 5.1 The concept of empowerment

The concept of empowerment can be derived from the concept of power. Empowerment is only possible if the positions of power can change. Power exists in the context of relationships between people or things (Weber 1946 cited by Page & Czuba, 1999), so as relationships change, power relations can also change. Empowerment as authorisation is a process of change. Contemporary power research has led to a new interpretation of power, in which we already talk about shared power and relational power. In other words, an increase in the power of an individual does not necessarily mean a decrease in the power of others. When individuals form a group through cooperation, it can lead to the strengthening of their power (Page & Czuba, 1999).

The concept of empowerment is difficult to define, on the one hand, it is an interdisciplinary concept, and on the other hand, because it is easier to recognise its absence than to define the actions that are part of the process. We could put it more simply by claiming that in the process of empowerment the individuals gain control over their own life so that they are able to act for the matters that are important to them. Empowerment is basically an individual path, but it presupposes a fundamental relationship between the individuals and the community in a manner that the individuals contribute to the change of the community through their own change by connecting to the community in a different way than before (Page & Czuba, 1999).

Empowerment is also a value orientation along which we work with a community. This value orientation determines the strategies and goals that we choose during a community-building activity. At the community level, empowerment means a joint action or initiative that improves the quality of life of individuals and the community's relations with other communities and institutions. At the same time, the empowerment of the community is not simply the sum of the individual empowerment of individuals (Rappaprot & Seidman, 2000).

In the process of helping, empowerment looks at the client differently from other concepts. The client is not a person who needs help and depends on the help of the specialist, but rather a participant who is also active in the process of change; not only the implementer but also the determiner of goals. The individual and the community also participate in the evaluation process, from planning to implementation. And the evaluation does not focus on the results but on the process itself, how the results were achieved together (Rappaprot & Seidman, 2000).



The specialist does not impose their will on the community, but at the same time the community can use the specialist's resources. For this reason, the process of empowerment always depends on what kind of community the helper is in, which means that there is no strategy that can be applied in every situation. At the same time, strategies built on the needs of the community aim to build the capacity of individuals and groups in many ways, but, for example, also with the development of skills and self-evaluation. (Rappaprot & Seidman, 2000).

The persons working with communities – or in our own context, youth workers – are consistent in their approach; they are characterised by the transfer of responsibility, tolerance for diversity, the ability to use a variety of resources and the ability to identify with the community. They are able to learn the context in which the community exists and they recognise the values of that community (Kelly, 1970 cited by Rappaprot & Seidman, 2000).

The process of empowerment can be involvement in a community at the level of individuals, the development of the ability to share leadership roles at the level of institutions, and in a community it can even mean services accessible to everyone (Rappaprot & Seidman, 2000).

## 5.2 The concept of empowerment in practice

Solomon, who worked with black communities in the 1970s, defined the concept as a process in which a person who belongs to a stigmatised community receives support for development and for improving their abilities by taking on valuable social roles and practicing interpersonal relationships; this means that in the course of some activity the given persons come into contact with others, as a result their abilities develop, thereby they will be able to control their lives according to their will. Bringing this concept to politics, empowerment can also be interpreted as a process in which oppressed groups realise that the ideological justification of their low social status has been internalised, which contributes to maintaining the rule of the oppressors (Fanon, 1963; Friere 1970 cited by McLaughlin, 2016).

The challenges of the communities of hearing-impaired people clearly highlight the meaning of the concept. Although they can be related to other disability groups based on their independent living movement, their position is mostly close to the movements of autistic people (see 4.3.3), which defines the condition as a separate culture. In contrast to people with reduced mobility, the lack of barrier-free access and the lack of aids mean the lack of accessibility to the environment, while in the case of hearing-impaired people the question is not necessarily interpreted in this manner. Being deaf also covers a linguistic minority that is connected to our

common world through another culture, so curing deafness – e.g. implant – can be evaluated as genocide for them. Deaf culture actually developed from the isolation of the deaf, for example school segregation, and the ban on using sign language contributed to this. At the same time, where the deaf were not segregated and deafness did not present itself as a disadvantage, the resistance and the movement did not develop either. The deaf community, therefore, is fighting to change the distribution of power between deaf and hearing people (McLaughlin, 2016).

According to Jankowski (1997), "a social movement that transforms ideology into rhetoric has the potential to gain power. The process of gaining power transforms a feeling of powerlessness into a feeling of empowerment" (McLaughlin, 2016, p. 42).

### 5.3 The criticism of empowerment

The first critics mainly stated in connection with the concept of empowerment that it had become a buzzword, a fashion concept, which was applied to all processes, especially to helping activities, by the 1990s. It gained such popularity – mainly in social work – that some scientists saw partly as a consequence of the political changes of the 1980s and the sharpening inequalities. Namely that this concept meant something different to each oppressed group, or at least it emphasised different things. While for feminists it meant, for example, the right of control over their own body (e.g. abortion), it meant the right to visibility for LGBTIQI groups. And for workers it meant gaining power by taking grassroots initiatives (Humphries, 1996 cited by McLaughlin, 2016).

According to some other thinkers, empowerment is not a tool for progressive social policies, but on the contrary, social inequalities are maintained through it. The concept, which was still new in the 1970s, lacked the political theoretical elaboration of its relationship with the nature of power, and instead of the empowerment of communities, there was a much stronger focus on the empowerment of individuals, thus suggesting that the change of the individual is the key to improving individual fate (Rees, 1996, cited by McLaughlin, 2016).

According to Ward and Mullender (1993), empowerment must definitely be connected to the concept of oppression since the definition of empowerment actually simplifies the process that means opposition to social and political constructions, i.e., the recognition that life chances are predetermined and are maintained by external factors (by power). (McLaughlin, 2016).

The concept of empowerment is often used in contexts where empowerment does not actually take place because it does not provide actual rights, but greater cooperation is expected through it, e.g. when parents are invited to the case conference upon placement into protection. Their presence and opinion do not influence the outcome of the child protection process or when the psychiatric patient is involved in determining the treatment plan, but they often cannot decide on starting medication. These are all situations over which individuals seem to have influence but in the end they still submit to the power (McLaughlin, 2016).

Consequently, if empowerment, i.e., emancipation is the goal of a programme, the given activity can achieve its goal if it breaks down hierarchy between the professionals and the participants. The condition on this is to be able to say no without any consequences.

Emancipation is mostly not possible because those who exercise power – indirectly, for example, through financing or even through explicit expectations – constantly influence the context, which forces the actors into a hierarchical relationship again and again.

## VI. Pilot programmes in the Moonwalk project

### 6. Introduction – results of the small sample research

The pilot programmes developed in accordance with the experiences of the organisations and the results of the Moonwalk research. The partners had a lot of freedom in how they implemented the pilot programme. The research results primarily showed that the directions previously represented by the partners are valid, *but at the same time they pointed out that it is necessary to increase the responsibility of the participants in the programmes and the freedom of decision offered to them.*

Friendship and the development of friendly relationships were of particular importance in the research because our basic assumption is that the role of the family background, the advocacy capacity and, in fact, social participation can be measured through the development of friendly relationships.

**- How do family relationships influence young people's advocacy capacity? Within this, how does the parents' autonomy-supporting or even restricting behaviour influence the advocacy capacities?**

Neither the young respondents in the Hungarian nor in the Italian sample perceived that their parents' behaviour would limit their autonomy. At the same time, the parents' behaviour has a perceptible effect in both samples based on the correlation calculations. However, these are mainly tendencies due to the small element number and the diversity of the answers. In both the Hungarian and the Italian samples, the mother's behaviour has a more visible role in the young persons' aspirations for autonomy manifested in their friendships. There is a difference in the two samples as to how this is done. While in the Hungarian NEET sample the extent to which the children – i.e., the respondents in their childhood – perceived that they were given a choice is significant regardless of disability, this is not the case in the Italian NEET sample of persons with disabilities, it is only true of non-disabled respondents.

In the cases where the respondents believed that they had received more choices from their mother, their autonomy index is also higher in their friendships, so they tend to make more independent decisions in the relationship. In the case of young Italian NEET people with disabilities, there is no connection between choice and autonomy in friendship. However, a

connection can be discovered between the explanation received from their mother (appropriate behaviour in social situations) and the autonomy index.

A negative relationship can be discovered between the threat of punishment and the friendship autonomy index, i.e., the more typical a young person found threatening behaviour of his mother, the lower the RAI index was. There is no correlation between the RAI index of non-disabled NEET youth in the Hungarian sample and the threatening behaviour of the mother.

The weak correlation calculations in the samples suggest that there may be a connection between the mother's behaviour and the advocacy capacity. The motivations measured by the Motivational Profile Test seem to confirm this. In the Hungarian sample, for example, there is a connection between the provision of help and the mother's guilt-inducing behaviour, and in the Italian sample there is a connection between the encouragement for better performance and the desire for power. The latter was especially measured among young people with disabilities; the stronger is the incentive to perform, the stronger is the desire to assume a leading role. At the same time, it cannot be said that there is a correlation between the same variables in the two samples.

Power as motivation in the profile includes the following statements:

- I like to act for the group at the head of a group.
- I often try to be the leader of a group.
- I can work hard to be noticed by the others.
- I want to feel important in the eyes of the others.

This area received low values in both samples compared to other motivators, so it can be stated that *the leadership role does not work as a motivating factor*. In the Hungarian sample, the "desire for power" is stronger among the NEET youth who have a lower educational level, and in the Italian NEET sample leadership would motivate the sub-sample of disabled people more than the non-disabled NEET youth.

With regard to the autonomy index, it is worth sharing some more information that is typical of the sample:

- in both samples there is a difference between disabled and non-disabled young people; lower values are more common in the case of young Hungarian non-disabled NEET people, while the reverse can be observed in the Italian sample,



- in the Hungarian sample, there is a strong positive correlation between the educational level of the respondent and the RAI index; in the non-disabled NEET sub-sample the education of the mother is related to the autonomy index, so the higher is the education of the respondent's mother, the higher is the autonomy index of the respondent, in the Italian sample the effect of the education of young respondents cannot be measured in this manner since the respondents are typically highly educated,
- there is a strong correlation between the autonomy index and its individual elements, but in a different way in both samples; in the case of young Italians there is a positive relationship between the external regulators and the RAI index, so the autonomy index is lower for those young people who conform their friendship behaviour to external expectations (rewards, rules). Among young Hungarians there is a correlation in the case of the identified regulators; those young people have a higher level of autonomy who have internalised the external rules, so they make their decisions based on their own set of values.

**- Which areas need support if young disabled people have weaker advocacy capacity?**

Based on the profile – in the Hungarian and Italian samples – there are four areas that affect advocacy:

- care, i.e., helping others as a motivation;
- leadership and the desire for it, which, in this case, is indicated by the word “power”;
- competition,
- cooperation, which the motivational profile indicates as social dependence, e.g. with statements like: "Working together with my friends increases my performance".

*Based on the profile, in the case of the young respondents, leadership and competition are the two areas in which they would require support, so support for assertive behaviours can be formulated as a goal.*

This is indicated by the conflict avoiding behaviours that appear more often among respondents with disabilities, the more frequent requests for help during conflict management and the more frequent victimisation in school bullying, which is a more noticeable phenomenon in the Hungarian sample.

The focus group surveys show that the respondents are, on the one hand, dissatisfied with the advocacy capacity of disabled people, that is, with the group forms of asserting interests, and they believe that it is therefore necessary for everyone to act individually in order to protect their interests. Many experts find it problematic that disabled people do not express their needs or do not express them properly, and therefore they are at a disadvantage when it comes to employment. In fact, it is a much more complex issue *that appears in all focus groups*, regardless of the country in which they were conducted:

The opinions of young people with disabilities about their own advocacy capacity vary, and the survey goes to show that if we approach the question from the perspective of personality, then the biggest problem comes from cognitive obstacles and unclear social situations. However, there are significantly more comments by young disabled people and by experts claiming that the difficulties with advocacy are due to the functioning of the society.

This can include:

- lack of information, ignorance: People often want to help disabled people without considering their needs; they do not even think that they should be asked, as a result, treatment as equal parties, **equality** is missing from the beginning.
- apathy: People are often able to perceive the needs of a disabled person or receive a concrete indication of them, but they do not think that they have anything to do with it, they do not keep these needs in mind. As one participant says – “**we are not in the public eye**”. This again shows the lack of **equality**.
- feeling sorry: People often misjudge the disabled status, so they offer help in unnecessary situations and in an unnecessary way, which again presumes the lack of **equal treatment**.
- lack of accessibility: It often happens these days that the question is not only whether a building or a device is barrier-free, but also whether it is accessible. Institutions “tick off” the legal terms and conditions but do not bother whether actual use is made possible or available; this also draws attention to the lack of **equality**.
- stronger enforcement of economic and material aspects compared to solidarity: The employer will not hire the disabled person if its additional costs are higher for that disabled person. Disabled people will be excluded from education and the labour market if the state does not provide financial support for aids and accessibility, which also includes attitude formation. Since it is not self-evident for the state to properly support the needs of disabled people, we

once again talk about the lack of **equality**. A barrier-free environment, the provision of parking spaces, support for aids and the elimination of prejudiced thinking are not luxuries but conditions for equal participation.

*According to the respondents, the best thing to do against prejudices is to be present and to participate in an equal, natural way.*

The Italian focus group surveys go to show that, even despite the wide-ranging and long-standing educational integration, the provision of legal conditions is not sufficient for equal access as long as the society's attitude does not change. Young Italians also agree that their difficulties in getting a job are also due to the lack of greater state responsibility because the economic system is not favourable for solidarity.

The Portuguese focus group also shows strongly that society segregates people with disabilities; both disabled respondents and experts believed that disabled people in Portugal feel that they are not part of society, what is more, they do not even feel worthy of exercising their rights. Therefore, people with disabilities should play an active role in informing people and making them more aware. The participants of the focus groups clearly state that they are not treated as equals, what's more, even when they start asserting their interests, other people tend to act for them. They believe that they are not socialised and trained to stand up for themselves.

In the Hungarian and Portuguese focus group surveys it is revealed that *disabled persons must first assert their interests against their family* because independence and independent living are not possible without it.

**- How does the development of motivations influencing the advocacy capacity affect the development of friendships and thus, indirectly, participation in the community?**

In both the Hungarian and Italian samples, there is a negative correlation between competition and the RAI index (autonomy index in friendship) among young people with disabilities; therefore, the stronger the motivation to compete, the lower the autonomy index. For young Italians, competition correlates negatively with the internal motivations, so the more motivation is represented by competition, the less the respondent maintains the given friendship due to internal urges; however, this is not a mass phenomenon, on the contrary, a larger proportion of young people with disabilities feel a strong internal urge to maintain the given friendship.

In the non-disabled NEET subsample, this is not important, or it has less importance.

There is no correlation in the samples between competition, leadership, care, social dependence and the number of friends.

Thus, in the case of participation, we can rely on what the participants of the focus group say, accordingly, *encounters taking place naturally in a barrier-free environment providing equal access would influence participation*, so primarily the lack of these can have a negative effect.

It is important to note that a barrier-free environment does not only mean an accessible environment for people in wheelchairs and with limited mobility; it is important for all disabled people that the environment is designed according to their needs. Visual assistance adapted to individual needs and a properly structured, transparent environment can be important in the case of autistic people; in the case of people with intellectual disabilities the use of easy-to-understand communication etc.

**- Does a higher degree of educational integration contribute to increasing the autonomy of young people with disabilities?**

In the case of the Italian sample, it can be concluded that the friendship autonomy index is not affected by the fact that all respondents (N=65) took part in integrated education and it is not influenced by their or their parents' education either. The young NEET people in the Italian sample mainly have a degree.

In the Hungarian NEET sample, 6 persons thought that all their classmates were disabled, so they went to a special education school; in their case it can be established that the autonomy index varies, it can be high or low.

In the Hungarian sample there is mainly a correlation between education and the autonomy index, as we indicated earlier. In the case of non-disabled NEET youth, there is a correlation between the mother's education and the trend in the autonomy index.

*In both samples, the autonomy index of young people affected by psychosocial disabilities and young people with intellectual disabilities is lower*, despite their small number in the sample this statement seems to be valid based on the figures of the related literature.

We cannot precisely conclude the cause of the phenomenon from our survey, so it cannot be stated that the condition determines autonomy. However, in the case of the independent living movements the literary exploration introduces the readers to the different forms of oppression throughout history.

Disability is a complex phenomenon, more than the condition itself; as seen above in the relationships, the lack of equality experienced in society harms autonomous decision-making, and its imprint can appear in direct friendships.

Based on this, it can be stated for our sample that the form of education probably does not influence autonomous decision-making significantly, but the various obstacles associated with disability and low education do.

We can conclude based on the study that although the young people did not perceive that their parents would limit their autonomy aspirations, there is a strong relationship between the autonomy index and the external regulators in the Italian sample. The desire to conform, the tangible rewards and the rules strongly influence them, the higher is the influence of external regulators on actions, the lower is the autonomy index. The young people participating in the survey presumably maintain some of their friendships because they do not want to cause disappointment, which indicates a lack of assertive self-advocacy.

The conflict management habits, the higher proportion of requesting help from others during conflicts, the low motivation to assume a leadership role and the more frequent victimisation are typical in both samples and they point in the direction that *strengthening assertiveness* can be the goal of development work.

Self-evaluation is probably also negatively affected by the experience of inequality perceived during social participation, which is a basic experience regardless of the degree of educational integration in the given country. The ignorant and disrespectful attitude experienced on a daily basis by non-disabled people makes social participation difficult, which culminates in employment difficulties. It seems that higher education cannot necessarily compensate for the unemployment of young people with disabilities. According to the participants of the focus groups, the unemployment of disabled people is a consequence of the society's discriminatory and rejecting behaviour.

## 6.1 Pilot activities

### Portuguese pilot program

"When I see you, I feel strong, like I can do anything. That even I'm worth something." The sentence from the Japanese animation series was read by André Vitorino - one of the young people living with disabilities who participated in the "Moonwalk" pilot - read when presenting the results of the project.



The quote summarizes the growth and personal connections that the young people experienced during the project, which was instrumental in making everyone feel positively about their participation of the project.

All of the selected Portuguese participants were previously involved in working with APCC in the framework of various projects. The group consisted of 10 young people living with disabilities between the ages of 18 and 35, yet the group was very heterogeneous in terms of the participant's education and their disability.

10 people with reduced mobility who require personal assistance to varying degrees to perform certain activities of daily life. One of the participants is a person with a learning disability, while five have a higher education, one of them is pursuing doctoral studies. Five have already finished their studies, but seven are still living with their families. Only four of the young people live apart from their families, two of them with the support of the CAVI - Independent Life Support Center.

The Moonwalk pilot trainings built on the key themes of the first focus groups, which covered topics such as the historical development of the concept of disability, social issues, education, accessibility, technical aids, training, employability, independent living, communication, arts and culture as these topics have proven themselves relevant in terms of defining the empowerment methodology developed in the framework of the project. Learning was predominantly a personal and internal process based on the different contexts and environments of each person and tried to structure the sessions, which were partly online and partly face-to-



face, in a way that a person living with a disability is conducive to active citizenship and is someone, who is pioneer in the enforcement of human rights.

Working in this context allowed them to identify and understand the issues, practices and individual strategies young people use to promote their autonomy and participation in different life circumstances.

Working in this context allowed them to identify and understand the issues, practices and individual strategies young people use to promote their autonomy and participation in different life circumstances. Finally, the economic empowerment of the youth living with disability is crucial in raising their status, which requires the involvement and participation of all stakeholders - the government, community members, the labor market and the youth living with disability themselves. Institutional programs must deal with public opinion formation, issues related to disability and the enforcement of the rights of people living with disability.

### **Italian pilot programme**

The pilot project consisted of twelve sessions, in which 8 participants between the ages of 23 and 30 living with intellectual disabilities, psychosocial disabilities and/or physical disabilities participated, who were selected by Associazione Uniamoci Onlus from among the users of the community space the organization operates.



The pilot program was a personality development program that combines the methodology of social skills coaching with the typical methodology of youth work consisting of experiential, cooperative and active learning. The young participants managed the learning process with their active participation (brainstorming, role plays, evaluation discussions. The pilot project was designed, implemented and evaluated together with the young people and is entirely based on non-formal learning. Social skills cannot be taught, but rather displayed correctly and can be experienced in the learning-by-doing process and understanding the information.

The first session introduced the participants to the concept of social skills training and with the so-called system of badges that motivated them to apply the learned competencies.

The following sessions focused on experiencing the following basic social skills: introducing yourself to others, participating in a conversation, asking questions, asking for help, thanking, listening, offering help, completing a task, ignoring distractions, giving and accepting compliments, rewarding yourself, understanding one's own and others' emotions, being empathetic, coping with emotions, conflict management, accepting rejection or rejecting someone, formulating/resolving grievances, accepting consequences, apologizing, resisting the desire to take other people's things, decision-making, setting goals.

Each session (where 2-4 skills were explored) was structured as follows:

- Energizer
- Opening round: Sharing, during which they deal with the out-of-group task given to the participants at the end of the previous session and ask for feedback from the participants in this regard, and finally give badges for the skills used.
- One or two group exercises (competitive and cooperative games) to allow participants to experience a specific basic social skill in a fun way - for each skill.
- Discussion: To discuss the process of the activity and to discuss the specific abilities discovered.
- Skill development, so that we all list together - we think together - the steps for the correct application of the given social skill.
- Role plays to guide the participants in the correct use of social skills.
- "Home work" Participants applied the learning outcomes of the session in their everyday lives.
- Group exercise for evaluation

The participants loved the energizing games, they calmed down the participants and encouraged even the most reluctant to participate actively.



Some examples of group exercises designed to allow participants to experience specific skills include:

- About thanks: during the next day's activities (not the experimental, but the regular activities of the day center), the participants had to achieve some goal: each "yes, please" and "no, thank you" (said for a valid reason) "yes" and "no, thank you" gave 1 point; the winner received a badge for the ability to say thank you and a small prize. This was the most popular exercise!
- About rewarding yourself: Making a poster with a list of activities that you can do when you are happy with yourself.
- About the discovery, regulation and understanding of emotions: a game in which you had to describe facial expressions without naming the emotion, or make a totem such as the anger box.
- About setting goals: We asked the participants to imagine what would be the best scenario of their lives in one year - all of them had high expectations for the future, but when we asked them to set specific goals, smaller goals arose for the future, e.g. learn to make coffee, cook or improve your computer skills.

Some difficulties were encountered during the skill development phase of the sessions. The cognitive profile of the participants required them to engage in certain processes in a different way than usual, for example, it was difficult for them to think about the steps needed of a given skill to apply correctly, so to facilitate this process, we distributed



some printed pictures of the steps among the participants and asked them to arrange them in order according to their ideas.

The role-plays were essential in the learning process: they made the atmosphere more playful, but at the same time they helped to understand and make the situations more concrete for the participants. The program was rated very well both by the participants in terms of liking and

effectiveness by the facilitators: the participants really improved their skills and planned to use the structure of the program to focus more deeply on certain emotions or different skills.

### **Hungarian pilot programme**

Due to the COVID-19 epidemic, our organization implemented the pilot in a different way than planned. The young people associated with our organization participated in individual mentoring, and were also involved individually or in small groups in various youth programs, where they took their place in integrated international groups. In the process of individual mentoring, we got to know the young people's living conditions, their family background, the abilities and factors that helped their participation in different groups and thus their social participation.

#### A mentorálás folyamata

At the beginning of the process, there is an exploratory conversation, followed by an acquaintance-trust-building phase, then the joint formulation of the goals, and finally the step-by-step achievement of them, while occasional evaluative and reflective conversations are also carried out. It may seem that these steps are sharply separated from each other, but in fact there is no sharp line of demarcation between them. Five young people participated in the pilot for one year, which resulted in their involvement in an international youth programme that matched their interests and their English language skills. In these programs, we adapted the group process as much as possible to the needs of young people with special educational needs. In the next chapter - the case of individual mentoring - we present the process of empowerment with case studies. As we will see from the case descriptions, in many cases we are talking about such complex needs that it is impossible to respond to every part of it with the tools of youth work.

Trust is established by the mentor by defining the framework and clarifying the needs (from both sides), which is included in a written contract. Prepares and hands over written information material to both the young person and the parent. The mentor cooperates with the parent, but keeps the information received from the young person confidential; this confidential relationship is recorded by the mentor and the young person during establishing the definition of the framework. The mentor acts according to the code of ethics of social work during the mentoring relationship, so in the process he only has the interest of the young person in mind, during the process the mentor created a safe space.

During the mentoring relationship, the mentor appeared prepared at the promised meetings and was available during the international programs. During the supportive conversations, he used the technique of active listening, which worked in favour of deepening trust. During the process, he was flexible, while at the same time keeping the framework laid down in advance.

## 6.2. Case studies

### **Boy (13 years old) - Asperger syndrome**

#### **Background information**

The boy (let's call him Mael) lives with his parents and brother in a small family house on the countryside. Because of his age, we also had conversations with the boy's mother several times.

Autism was diagnosed six years ago, in which case it is also accompanied by PDA. The teachers first noticed "problems" in kindergarten, they reported this to the parents, but basically they did not evaluate him to be different from other children. In the first grade, it was the school that made more serious complaints, which were reported to the mother. According to the mother, they could not handle Mael. In their opinion, he did not cooperate, had difficulty fitting into the community, and his attention was scattered. The development teacher at the school dealt with him, but after a learning investigation committee and other investigations, they did everything possible to remove him from the primary school. First he became a private student, and then the mother, feeling insecure in her role as a teacher, started looking for a school for him, which turned out to be a difficult task. He continued his studies at a local school specialized in autism, where due to his outstanding abilities he could study as a private student again. Since the fall of 2017, he has been studying integrated in an elementary school in a small town, since the parents do not want Mael to be in segregated education, with the status of a private student. However, according to the parents, this school is not prepared to accept him, he is at odds with the teacher, and he often gets into arguments and fights in the community. He only performs the task within strict limits, stands up several times, and does not ask for permission to do so, or simply states that he does not perform the task. It is difficult to integrate him into group work, as his attention is easily diverted by all kinds of noises, he finds it difficult to delve into tasks, and he finds it difficult to relate to other people's ideas.

He can be motivated with appropriate negotiation and the exact establishment of time frames, and also he can be encouraged to some extent with rewards. Despite clear frameworks, as a negotiation process, he evaluates everything as a task and often tests what the mentor has to say about it. Negotiating and then following through on the agreement often does not work, because



shortly after the agreements are concluded, he tries to find loopholes and these results in continuous bargaining. Mael - based on the conversations - understands what others expect of him, but if in his own opinion this does not align with his interests, he escapes from doing the task.

### **Mentoring process and its steps, agreement**

Mael was included in a youth exchange, which we organized in a camp located in the forest near the small town. The Hungarian group was the youngest participants on the youth exchange, the other members of the group were known to Mael. In the first step of the integration, the important aspect was that the other members of the Hungarian group accept his presence, in order to achieve appropriate group cohesion and that the group members are burdened as little as possible by tension within the group in the otherwise stressful, international environment. Mael's inclusion in the international exchange program was part of a long-term development plan, in which he participated in weekly sessions in the community space of our association, built a relationship with our ESC volunteers, so the intercultural and foreign language environment helped his preparation for the youth exchange.

Prior to the exchange program, we established the framework, the topic, the rhythm of the exchange program, and the expectations of Mael in a personal conversation: cooperation with the group, participation in organized sessions and reflection groups, he tried to comply and abide the rules. Mael was very motivated; it was the first opportunity for him to spend a week with young people away from home, in a foreign language environment, away from his parents. Part of the preparation was the group preparatory session, where together with the other members of the Hungarian group, Mael got to know the details of the international program, the location, and the rhythm of the daily program, the expected situations and exercises. During the 2-hour session, the group leader moderated a discussion about cultural differences and expected challenges. During this session, the members of the group could ask their questions, and there was also time to discuss the tasks undertaken by the group. Since the members of the group were under 18 years of age, the parents were also involved, and the group leader provided appropriate information to them.

During the program, the parents brought Mael to the site of the exchange program, before the arrival of the intercultural groups, so he had the opportunity to walk around the site in calm conditions. Considering the participant's needs, unlike the other young people, he was placed in a smaller, quieter room, sharing the room with a Hungarian groupmate. The room was next



to the group leaders, so help was close by if needed. Mael fit in well in the Hungarian group, he and his roommate found a common ground primarily along common interests (in the field of digital games and digital content) - so he could spend his rest time stress-free and without external pressure. His roommate accepted Mael's nature, although their cooperation was not without conflicts, the group leader was able to manage these successfully by setting up boundaries. During the exchange program, the participants were living in wooden houses, where communities of 5-10 people had to jointly solve the problems of keeping the houses in order and living together. In Mael's wooden house, this was facilitated by a "house meeting" and the creation of rules, which, in addition to keeping the house clean, also covered the use of the bathroom and personal hygiene.

Mael successfully joined the sessions, developed and utilized his language skills during the program. The participants and group leaders of the exchange program were aware of Mael's diagnosis and needs, and the group members showed appropriate sensitivity and tolerance for Mael's often out-of their comfort-zone approach. It happened that he scared the participants going to the bathroom by standing behind the door, as well playfully hit the participants head as a way of making friends - here, on the one hand, the participants were sensitized and gained knowledge about autism, but Mael also received feedback on what is acceptable and what is not; thus, his own social competences also improved during the program.

Mael's participation required the constant attention and support of the group leader, as he tried to expand his boundaries. His motivation was primarily getting to know the other participants, making friends, and sharing experiences, these structured sessions did not motivate him much and did not engage his attention, so it was necessary to constantly motivate him to keep him on his place. The group leader achieved these needs by repeating the framework and offering rewards, but on one occasion it was also necessary to involve the parents, as he was completely unwilling to participate on that day, so the family had to decide whether Mael would continue the program; in the end, He managed to overcome this problem and successfully participated until the end of the program.

### **Results and reflection**

As a result of the exchange program, Mael gained confidence in a foreign language environment, developed his social competences, and built relationships with the participants from abroad. After the exchange program, Mael took on the role of translator more and more often in the community space managed by the association between international volunteers and

local youth who do not speak English, which increased the value of Mael's role within the community. The mentoring process is believed to have helped him integrate into his peer community.

We also consider the learning process of the other members of the group as a result; during the time spent together, the participating young people gained knowledge about autism, developed strategies for conflict management, and developed an accepting and inclusive attitude.

### **Girl (16 years old) – ADHD, dysgraphia, dyslexia, dyscalculia**

#### **Background information**

The girl (let's call her Brigi) lived with her mother and her autistic brother in a flat in a small town. His mother has epilepsy. They have a close relationship. The boy abused the girl in a family dispute, after she moved in with her father. During the first conversation, it turned out that the boy often abused his younger sister, which was mostly tolerated helplessly. The family has lived in a sublet since Brigi was two years old; the mother was only able to work while the younger brother was in a special school in Budapest, after finishing this school his epilepsy worsened. They receive financial and emotional support from the mother's parents, but Brigi thinks that the grandfather does not accept her. According to the girl, he often insults her and makes comments about her.

Brigi's parents are divorced. According to Brigi's mother, the man could not handle the fact that her son was „handicapped ", and they also took out large loans that they could not pay back with one salary, so the mother had to go back to work when the youngest child was one year old. Since she worked a lot and spent her free time with his children, she did not have enough time for a romantic relationship. In this situation, the man maintained several relationships with other women. After the divorce, a significant part of the debts remained with Brigi's mother, so what they owned was put up for auction by the bank. The father has court-ordered visitation rights, which he tries to maintain regularly, yet he does not have a good relationship with his children. On the one hand, because of his often changing life partners, and on the other hand, he doesn't actually spend quality time with his children. According to the mother, when he is with them, he is not really with them either. According to Brigi, the man "tickles" her, even when it is no longer funny to her, in fact, Brigi perceives that this physical approach is basically abusive, which is why she does not want to spend much time in the same place with her father. Brigi's mother tried to intervene, she indicated that this was unpleasant for her daughter, but in her opinion, the father did not take this problem seriously enough. Therefore, they tried to settle

the situation on the neutral ground provided by the state and to conclude their agreements within an official environment. However, they did not succeed; Brigi believes that the authorities do not take her seriously. During the mentoring period, her mother started a new relationship, the man moved in with them in the subplot, because of that Brigi feels that her relationship with her mother has weakened. Her foster father intervenes in Brigi's life, which she does not find fair. Brigi plays her mother's opinion down. Brigi feels that her freedom is being restricted. The man often shouts at her, checks when and where she goes.

Due to family circumstances and ADHD, we have to imagine a reserved, low self-esteem girl with average school performance. She was often teased by her peers in elementary school. She started high school in another city, which is why she ended up living in a dormitory. She was really looking forward to this because it would allow her to be away from her foster father.

Because of the new school, the move and the mentoring process, she is much more self-aware than before, on the other hand, she has begun to desire popularity in the school within her peer group, as a result of which she is also concerned with her appearance a lot. Because of this, she made new friends and her relationship with old friends deteriorated due to the move and the change in her personality. Brigi wants to enjoy her freedom, meet many different people, shop, and beautify herself. Since she was mostly a victim of abuse at school before, and during sessions where this was discussed, she always came to the conclusion that she had to change in order for her circumstances to change. Brigi thought that the best way to demonstrate a more confident performance was through minor changes to her appearance. As a result, perhaps fewer atrocities will befall the girl, who otherwise looks like a model. From time to time, eating disorders tending to anorexia can be observed, which are certainly the consequences of her father's behavior, and Brigi is also easily affected by harmful phenomena flowing from the social media.

During the time of mentoring, her mother developed a new relationship, the man moved in with them in the subplot, which makes Brigi feel that her relationship with her mother has weakened. Her foster father intervenes in Brigi's life, which she does not find legitimate. Brigi pushes her mother's opinion into the background. Brigi feels that his freedom is being restricted. The man often shouts at her, checks when she goes where.

### **Mentoring process and its steps, agreement**

Brigi participated in a youth exchange, which was implemented far from her home. The program of the youth exchange included sessions about social problems with the utilization of

the tools of arts. She entered the program with strong motivation, her main goals being the development of language competences and to build new relationships. As part of the preparation, she showed up at the preparatory and individual mentoring meetings as agreed. The preparatory meetings took place along the lines described above.

The exchange program specifically aimed at involving disadvantaged young people, the members of the Hungarian group live in poverty, and the local and national social network left them alone with their housing and income problems. Her integration into the Hungarian group is successful, she is sensitive to the social problems that are the subject of the exchange program, she sees and understands the cause-and-effect relationships at a higher level than her peers, she is more receptive to the topics, and she is apparently discouraged by the approach of her group members. In addition to the group leader's encouragement and reinforcement, the group's basically high cohesion is also helped by the common, moderated preparatory discussions, and during the program moderated reflection groups based on the common group rules are formed and maintained.

### **Results and reflection**

The speciality of the exchange program is, on the one hand is the use of art tools, which makes it easier for Brigi to connect with foreign young people, and on the other hand, is the many outside locations and community events with local young people, which further expanded Brigi's opportunities to connect, and she took advantage of these opportunities. She was the only one among the Hungarian participants to actively seek out the company of non-Hungarian-speaking young people, even without the support of the group leader. In the group sessions, she tried to use the space provided by the facilitators, for example in the context of an exercise where the group had to form an opinion on the legalization of prostitution.

As the only one in the group (!), she strongly advocated the prohibition of prostitution, she supported her opinion with the story of a girl from her hometown, who was sexually exploited abroad, and she stuck to her position despite serious group pressure. The mentor provided confirmation and positive feedback in the process, countered the pressure from the group with the help of using paraphrases, contributing to the strengthening of her self-confidence and the development of critical thinking.

### **Girl (13 years old) - Attention deficit disorder, severe dysgraphia**

#### **Background information**

The girl (let's call her Szindi) lives with her mother, father, grown up half-sister and their young child. The little girl is currently in the 6th grade. Based on pedagogical expert opinions, Szindi receives developmental pedagogical care at school, and shows symptoms of dyslexia and dysgraphia. We are primarily talking about B-D's delusion, in addition, she has difficulty directing her attention, which is why she has learning difficulties.

The family is in a severely disadvantaged situation: The father has disability, practically unable to support himself, he cannot get around alone, he cannot come down from the first floor, where they used to live in an apartment of the municipality. The father was a painter, but he has not worked for years. He needs regular hospital care.

The mother also has a low level of education, goes to work with minor or major interruptions, and mostly works as a cleaner. She often suffers from various diseases.

Illness is a main topic in the family, and their lives are actually wrapped around it. Health problems define their lives to such an extent that they always talk about their illnesses. For example, Sindi has high blood pressure, which has not been diagnosed for years.

Sindi's half-sister has mild intellectual disability, and she also has a two-year-old daughter, whose guardian is Sindi's mother. The girl's father is unknown. From the conversation with the mother, we understood little about the exact circumstances under which the older girl became pregnant.

Sindi also has an older brother who sometimes lives with them. The boy is a young adult, according to the mother, and a serious drug user.

The family lived in a municipal tenement on the main square of a small town. The apartment did not meet any of their needs, for example there was no gas or central heating, they used wood heating when they had the money. They often collected cardboard boxes and tried to make heat with them. Later, they moved to a small settlement and gave back their apartment to the municipality. Now they live in a big house, which consists of several rooms, everyone has the opportunity to live in a separate room. The apartment has the option of burning wood, but the gas convector is also available. Sindi's mother thinks that it is worth more than the municipal rental property. In this smaller settlement, as there are factories and fields nearby, it is easier to find a job.

Sindi is hard working, often studies late at the night, but her school results do not show this. When grading, teachers do not take into account her efforts, they measure her performance not

comparing to herself but comparing to others. Because of this, she also underestimates her abilities. Her spelling should not be taken into account in the grading; she should be questioned orally instead

### **Mentoring process and its steps, agreement**

Szindi was included in the same program and the mentoring process as Brigi, and also participated in the youth exchange program described above. She appears in the community space on a weekly basis and participates in sessions organized by ESC volunteers and staff of the organization.

Her problem is that she can't connect more deeply with anyone, she doesn't have a hard time forming friendships. She connects with people here and there, but she can't find a common ground with her peers. Sindi often perceives this as being ostracized, but it is actually a mutual process. Since her life is more difficult, she is much more serious than her peers, so she would like to develop a deeper emotional relationship, which is difficult to find at her age. She is also bulky, which is why she is teased by most of her peers. She tries to hide her body in oversized clothes. She doesn't like herself. She often fasts, which does not affect his body shape at all. Because they live in poverty, they mostly eat cheap, high-carbohydrate foods.

She doesn't trust her language skills, in such cases she prefers to find the nearest Hungarian-speaking colleague and ask for help. The common goal is to develop self-confidence and the confidence and courage needed to use the language. Her inquisitive nature makes it easier for her to connect with those older than her, but she is often hurt and rejected when communicating with her peers.

Her mother participates in a training program in the same community space, which aims to improve digital skills, which means that the flow of information with the family is adequate.

During the exchange program, compared to Brigi, she relies more on the Hungarian group, it is more difficult for her to open up to the foreign participants, but she expresses her thoughts with the help of translation, participates in the exercises and in the group work. During the reflection time of the groups, she enjoys the space offered and builds trust in the other members of the group. Since the other members of the group often do not notice that Sindi is - unintentionally - pushed on the side, the mentor's task is to consciously provide space for her.

### **Results and reflection**



According to the agreement made at the beginning of the mentoring process, Szindi participated in the entire program, appeared at both individual and group meetings, and developed her social and foreign-language competencies during the mentoring process and in the youth exchange program. During the evaluation process, Szindi emphasized that the most important result of the process for her was the experience of belonging to the community, and that her school results also improved during this process.

### **Woman (29 years old) with reduced mobility**

#### **Background information**

The young person (let's call her Erika) is living with disability and uses an electric wheelchair. She lives independently in a barrier-free apartment. During everyday life, voluntary personal assistants support her in the activities of daily life that she cannot do due to her limited mobility. Searching for volunteers, assigning them and communicating requires significant management, since the person and capacity of the assistants often changes and is unpredictable. Erika is motivated by the international environment; she wants to improve her language skills, creative and organizational skills.

#### **Mentoring process and its steps, agreement**

During the mentoring process with Erika, we set the goal that, in addition to participating in the international program, she plans and implements an attitude-shaping event, which presents with a sense of humor about what problems a person using a wheelchair has to solve, and also regularly participates in group sessions organized in the community space (if justified: in the online space). During the process, Erika eventually participated in several international programs and meetings, in addition to an exchange program organized in Hungary; she also participated in several programs abroad. The feeling of belonging to the community, as well as the opportunity to participate in self-awareness groups, was also key during her inclusion in the program. During the process, the mentor tried to strengthen Erika's self-confidence, provided support in conflict management, as well as help and advice in operational and organizational tasks.

#### **Results and reflection**

Erika successfully achieved the set goals; during the process, in addition to her key competencies, her self-confidence developed, and due to the opportunities offered - and support if necessary - she was able to try herself in areas where she had not previously. The creation of

a safe environment contributed to the results - during the evaluation of the goals and results, Erika, following the process of self-directed learning, set herself increasingly high challenges.

### **Man (24 years old) – with reduced mobility**

#### **Background information**

The young man (let's call him Pálk) lives with his parents in a family house. The family's financial situation is stable, the parents are highly educated, the father's position on the labor market is stable, and the mother works part-time to provide Pál's personal assistance. Pál uses a rolling walker and a three-pronged cane on a daily basis, and a wheelchair if necessary. His gross and fine motor skills are severely affected, and he has difficulty using his limbs. He participated in numerous surgeries and rehabilitation programs both at home and abroad, the purpose of which was to improve his physical abilities, according to Pál and his parents, these achieved significant results.

He obtained his high school diploma in an integrated institution, he was not admitted to a higher education institution. He has not gained labor market experience. Participated in youth exchanges and member of peer groups, which are typically attended by young people with reduced mobility and their personal assistants. The community is important to him, he is interested in politics and cinematography, he is happy to initiate conversations about these

#### **Mentoring process and its steps, agreement**

Before joining the mentoring process, Pál was a member of an integrated theater group organized by the association, so we knew his needs. The mentoring process included digital (ZOOM) and face-to-face meetings. During the face-to-face meetings, a personal assistant supported him, but it was not a problem for the mentor to help him with moving, using the bathroom and/or eating if necessary. During the mentoring process, Pál participated as an expert in all training for youth workers, and he prepared a youth exchange on his own initiative with the aim of submitting and implementing the application. At the time of publication, we do not know whether the application will be submitted and implemented, but the preparations have been completed successfully, so we have every reason to be positive about it.

Pál's motivation, and goals to be achieved during joint work were clarified during an individual interview and we established the framework. For Pál, the main motivation was to be in an accepting community, spending free time and making friends. In the previously mentioned theater group, as well as in an exchange program - also organized by the association - He found

all of this, while he and his social skills developed, so he also wanted to learn how to create a safe environment during such programs, where people with disability can spend time together with people without disability. Pál uses English language confidently, so we set a joint goal of planning a youth exchange together. Pál came to the office of the organisation or participated in online meetings every two weeks, the timing of these varied, as he had to adjust to his mother's agendas, who transported him by car from their home. As part of the mentoring process, he participated in increasingly complex planning of the organization processes; for example, the organization and facilitation of an evening program for the public. During the process, he built a closer relationship with volunteers, and colleagues of the organization, so he kept in touch not only with his mentor.

### **Results and reflection**

During the mentoring process, evaluation and reflection were a recurring element of the partnership; Pál evaluated the learning process during individual conversations and also in written format. As a result of the process, Pál successfully participated as an experience expert in a 10-day training program, where he was not only a participant, but also head an important role. A personal assistant was available throughout the training, and the location of the training was barrier-free. The methods used during the training also took into account the characteristics of the mixed-ability group, so Pál was able to successfully join the training program. After the training, he started planning a youth exchange with a historical theme, here he used the tools of experiential learning and methods acquired during the previous programs.

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