



Our ability - developing innovative ways to support young people
with disabilities and those working with them

Analysis of current needs and challenges of young persons with disabilities

Erasmus+
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in the field of youth



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Executive summary

This report presents the results of a **transnational participatory qualitative research** conducted within the Erasmus+ project “Our Ability – Developing Innovative Ways to Support Young People with Disabilities and Those Working with Them”. The research was implemented by five partner organisations operating in different European contexts (Poland, Italy, Spain, Estonia, and Romania) and constitutes the analytical foundation for subsequent project activities.

The primary purpose of the research was to **identify the needs of persons with disabilities (16-30 years old) by exploring their quality of life**, including emotional well-being and happiness, autonomy and everyday decision-making, interests and preferences, access to resources and inclusion, as well as their everyday experiences and future aspirations. In addition, the research aimed to **qualitatively characterise participants** by highlighting their lived experiences, vulnerabilities, needs, and existing resources, while deliberately creating space to amplify their voices and ensure that their perspectives directly inform future project actions and improvements.

The research adopted a **participatory qualitative approach** and intentionally engaged **multiple perspectives**. Young people with disabilities participated through **interviews, focus groups, life stories, and photovoice activities**, which enabled them to express their experiences and priorities in accessible and meaningful ways. Parents, guardians, and professionals supporting persons with disabilities also took part in selected research activities. Their contributions form an important and substantive part of the qualitative material, offering insight into relational, organisational, and systemic factors that shape everyday experiences, opportunities, and constraints.

The analysis presented in this report brings these perspectives into dialogue. While particular attention is given to the expressed experiences and priorities of young people as the primary beneficiaries of future project actions, the perspectives of parents, guardians, and professionals are integrated to provide a richer and more nuanced understanding of needs, vulnerabilities, resources, and areas for change.

Across all partner countries, the findings indicate that **quality of life** for young people with disabilities is experienced primarily as **an emotional and relational process** rather than a purely material condition. Emotional security, predictable routines, meaningful daily activities, and supportive relationships emerged as central to well-being. At the same time, emotional well-being was often described as fragile and sensitive to stress, change, and experiences of exclusion.

Autonomy, sense of agency and self-determination emerged as key aspirations for participants. They emphasized the importance of being heard, having a voice in everyday

choices, and participating in decisions that affect their lives. Rather than full independence, autonomy was often experienced as supported decision-making within trusting relationships. Participants valued opportunities to influence their daily routines and future plans, while recurring tensions between protection and autonomy - particularly within family and institutional contexts - were evident across all partner countries.

Work and activity-related themes (including employment aspirations, usefulness, and meaningful daily roles) recurred across partner-country reports and were linked to adult identity, self-worth, and well-being. Many participants expressed a strong desire to feel useful, recognised, and engaged in purposeful roles, while also describing limited and fragmented opportunities to pursue such roles in practice.

Relationships and a sense of belonging were identified as fundamental dimensions of well-being and identity. Families, peers, and professionals constituted the core social networks for most participants. While support organisations often provide safe and accepting environments, experiences of genuine inclusion rarely extend into the wider community. Participants frequently described social participation as partial or conditional, highlighting a gap between formal inclusion and a lived sense of belonging.

The quality and consistency of support that young people with disabilities receive is closely tied to the **well-being of their parents, caregivers, and professionals**. Parents often carry heavy emotional and practical responsibilities, while professionals work under demanding workloads and structural constraints. Attending these needs helps ensure that families and staff can provide reliable, responsive, and empathetic support, which in turn directly strengthens young people's autonomy, participation, and overall well-being.

Local context and systemic conditions significantly influence daily experiences. While national policies establish rights, accessibility standards, and funding frameworks, the everyday experiences of young people are shaped by local realities such as transport options, geographic location, availability of services, and social attitudes. Effective support therefore requires strategies that are sensitive to these local conditions, combining attention to systemic frameworks with practical solutions adapted to the immediate environment.

The research revealed that despite differences in culture, organisation, and country, young people across all partner countries highlighted the same key needs: emotional security, meaningful activities, autonomy, and a sense of belonging. **Shared priorities show potential for transnational learning** - lessons can be shared across borders and organisations can create strategies that respond to young people's real experiences while working in different contexts.

Overall, the participatory research confirms the value of grounding project actions in the lived experiences and expressed priorities of persons with disabilities, while simultaneously

engaging the knowledge and perspectives of families and professionals. By working across **diverse national contexts and integrating multiple viewpoints**, the research contributes to more inclusive, responsive, and sustainable approaches to supporting young persons with disabilities in their transition to adulthood.

1. Introduction

Young people with disabilities across Europe **continue to face complex challenges in achieving autonomy, social inclusion, and meaningful participation in community life.**

Despite the existence of policy frameworks and support services, everyday opportunities to exercise choice, develop adult roles, build diverse social relationships, and participate on equal terms with peers remain limited for many individuals. These challenges are **consistently observed in the daily practice of organisations** providing services to people with disabilities across different national contexts and levels of support.

This report presents an analysis of the current needs of persons with disabilities.

It is a result of a transnational research conducted as a foundational component of the project. The research provides an evidence base to inform the design of subsequent workshops and activities, ensuring that project outputs are grounded in participants' lived experiences and expressed priorities, while also taking into account the perspectives of families and professionals involved in everyday support.

1.1 Persons with disability – European and partner countries context

Before presenting the research findings, this document provides a **contextual overview of the situation of persons with disabilities in the European Union and in the partner countries**, giving background for understanding the broader context of their lives and future opportunities.

1) European Union: disability as a structural issue and a cumulative inequality mechanism

In the European Union, persons with disabilities benefit from a common framework of rights and support measures, guided by the UN Convention on the Rights of Persons with Disabilities (CRPD) and the EU Disability Strategy 2021-2030. Across Member States, support systems share key elements: legal protection against discrimination, access to education and employment, healthcare, social services, and participation in community life.

EU policies encourage Member States to develop inclusive and person-centred services, ensure accessibility in public infrastructure and digital services, and allocate funding for social support programs. Although the scope and quality of services vary, there is a common commitment to improving social inclusion, autonomy, and equal opportunities for persons with disability throughout Europe.

Despite these common legal frameworks and support measures, the daily reality for persons with disabilities remains challenging, with many barriers still requiring targeted interventions and policy improvements.

Across the European Union, disability affects a substantial share of the population. In 2024, approximately 24% of the EU population aged 16 and over reported some form of disability, corresponding to around 90 million people. The prevalence of disability increases with age, affecting about 6% of those aged 16–19, 7% of those aged 20–24, 9% of those aged 25–34, and reaching 47% among individuals aged 65 and above (Council of the European Union & European Council, 2025).

Disability should be understood primarily as a structural and systemic issue rather than only an individual health condition. Disability increasingly reflects the interaction between a person's functional limitations and environmental barriers (e.g., inaccessible transport, limited services, inadequate educational and labour-market supports). Despite EU legal and strategic frameworks, evidence consistently shows persistent inequalities between persons with disabilities and the general population, which accumulate over time and can lead to long-term exclusion.

Socio-economic situation

A core inequality concerns poverty and social exclusion. People with disabilities face a substantially higher risk of poverty and social exclusion than people without disabilities - approx. 29% vs. 18% (Eurostat, 2024). This gap is observed across Member States, with regional variation in magnitude.

Labour-market inequalities are closely related to socio-economic outcomes. According to the European Parliament (2025), persons with disabilities:

- participate in employment less frequently,
- more often work part-time,
- more often work below their qualifications,
- are more exposed to unstable employment.

Lower labour-market activity translates into lower income and restricted access to goods and services, including healthcare, rehabilitation, and cultural and social participation. Education is an additional driver of cumulative disadvantage: persons with disabilities are more likely to leave education early, less likely to attain higher education, and more likely to encounter barriers to vocational training and lifelong learning—further reinforcing labour-market exclusion.

Autonomy, independent living and participation

Autonomy and independent living are key dimensions of quality of life, yet EU data (FRA, 2025; Eurofound, 2024) indicate major barriers related to:

- access to affordable and adapted housing,
- personal assistance and daily support,
- accessible public transport,
- infrastructure enabling active participation in social life.

Many Member States continue to rely heavily on families as the primary support system. While family support can be essential, overreliance may limit autonomy and delay independence, especially among young adults. Reduced participation in culture, sport, volunteering and civic life, coupled with higher social isolation, directly impacts subjective well-being, belonging and mental health.

Young people aged 16–30: critical transitions

The 16–30 age range is a period of intensive transitions (education, work, housing, relationships). For young persons with disabilities, transitions often represent “points of vulnerability” where barriers become most visible. Two critical transition areas are repeatedly highlighted:

1. **Education-to-employment transition:** insufficient transition support, limited individualised career guidance, and barriers to accessible internships/traineeships contribute to delayed or absent entry into the labour market.
2. **Housing independence:** limited supported housing availability, high adaptation costs, and insufficient personal assistance hours contribute to prolonged reliance on the parental home, fewer opportunities to test independence, and slower development of independent living skills.

Mental well-being

Persons with disabilities report lower mental well-being, particularly among young adults, including loneliness, lower life satisfaction, and depressive/anxiety symptoms (Eurofound, 2024). These outcomes are strongly linked to reduced autonomy, limited participation, and experiences of stigma and discrimination. In early adulthood, constraints on peer relationships, agency, and decision-making may have long-term effects on identity formation and later life trajectories.

EU-level conclusion: Inequalities are systemic and cumulative. The 16–30 period is a critical intervention window. Autonomy, independent living and participation are as important

as material support. Effective actions require integrated measures spanning education, employment, housing, psychosocial support and accessibility.

2) Poland: fragmented system, strong family dependence, and uneven access to support

In 2024, there were approximately 3.9 million people in Poland holding a valid disability certificate or equivalent, accounting for about 10.5% of the total population (Statistics Poland, 2025).

Poland's context is shaped by dynamic but inconsistent systemic changes. The development of legal frameworks and programmes does not always translate into tangible improvements in quality of life. People with disabilities continue to report limited independence and barriers to full participation.

Key determinants include:

- household economic situation,
- availability of local support services,
- type and degree of disability,
- place of residence (urban–rural and regional differences).

Although initiatives supporting independence and activation have increased, the system remains fragmented and the burden of daily support falls largely on families.

Socio-economic situation and employment

People with disabilities more often experience financial constraints, labour-market access difficulties and low economic stability. Employment remains a major challenge: persons with disabilities enter employment less frequently, remain economically inactive more often, and may work in sheltered conditions that do not always support social inclusion.

Low labour-market activity reduces financial capacity and limits access to privately financed services (rehabilitation, therapy, development activities) and social participation.

Education and transition to adulthood

While inclusion in mainstream education is formally possible, quality gaps are reported in:

- availability of specialists (assistants, special educators),
- individualisation of support,
- preparation for independent living and employment.

A major risk point is the end of formal education: young people often lose prior support, lack a smooth transition to adult services, and face long-term inactivity. Incoherent transition mechanisms can lead to young persons “falling out of the system” without clear pathways for further educational, vocational or social development.

Autonomy and independent living

Despite progress in recent years, significant gaps and shortages are still reported in the following areas:

- personal assistance,
- training and supported housing options,
- systemic solutions enabling gradual independence.

As a result, people with disabilities often remain in the family home, have limited decision-making opportunities, and do not fully develop adult-life competencies. Family support provides security but can reinforce dependence and caregiver burden.

Participation and mental well-being

Limited social participation is associated with unmet needs for social contacts, reduced cultural and sports participation, and persistent architectural/transport barriers. For young people, this hinders peer relationships, affects self-esteem and increases isolation and mental health risks. Psychological support for adults with disabilities is insufficient and unevenly available.

Regional inequality and the role of NGOs

Regional inequalities are pronounced; access depends on local government activity, the presence of strong NGOs and local resources. NGOs play an important role in innovation and piloting independent-living solutions, but project-based funding can undermine continuity.

Conclusion

In Poland fragmentation, insufficient autonomy-oriented supports and uneven service access intensify family dependence. The 16–30 transition period is particularly vulnerable due to weak education-to-work and youth-to-adult-service pathways.

3) Romania: high inequality, low employment, limited accessibility, and heavy reliance on families/NGOs

In Romania, approximately 4.45 % of the population were registered as persons with disabilities as of March 2025, corresponding to over 900,000 individuals holding an official

disability certificate (Ministry of Labour, Family, Youth and Social Solidarity [MMFTSS], 2025). Despite formal legal frameworks and strategies, support mechanisms remain limited, and persons with disabilities are among those most exposed to poverty, social exclusion, and labour-market marginalisation.

Disability in Romania is strongly linked to household income, urban–rural differences, the availability of infrastructure and public services, and the practical implementation of regulations. Although international commitments exist, including the Convention on the Rights of Persons with Disabilities (CRPD), independent-living solutions are fragmented, and families continue to carry much of the support burden.

Socio-economic situation and labour market

Persons with disabilities are disproportionately at risk of poverty and social exclusion: in 2024, 38.4 % of persons with disabilities in Romania were at risk, compared with an EU average of about 28.7 % (Eurostat, 2024). Employment is also critically low, with an estimated 17 % employment rate, among the lowest in the EU. Barriers include limited accessible workplaces, insufficient vocational preparation support, low effectiveness of employer incentives/obligations, and persistent stigma, reinforcing dependence on families and the benefits system.

Education and transition pathways

While formal educational opportunities exist, practical barriers persist, including inaccessible schools, lack of specialist support, and inadequate curricular or infrastructural adaptations. The transition from education to adult life is often unsupported, resulting in limited vocational prospects, scarce access to internships or traineeships, and prolonged absence from the labour market.

Autonomy, accessibility, and public services

Inclusion is limited by physical, social, and systemic barriers. Public infrastructure remains largely inaccessible: inspections of 1,442 institutions found none fully accessible, only 4 providing accessible information, and just 101 offering accessible communication (Ministerul Muncii și Protecției Sociale – Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții, 2021). Personal assistance and local community services are very limited, forcing continued reliance on institutional care. These accessibility deficits restrict mobility, access to essential services, participation in social life, and opportunities for young people to develop independence.

Participation, mental well-being, and the role of NGOs

Social isolation and loneliness are common, as public spaces, cultural venues, transport, and community activities are often not adapted to persons with disabilities. Participation

in cultural, recreational, and political life remains low. Barriers are stronger outside major urban centres due to inaccessible transport and limited adapted infrastructure. Young people face difficulties forming peer relationships, increasing their risk of isolation. NGOs provide essential opportunities for participation and skill-building, but cannot replace systemic solutions.

Conclusion

People with disabilities in Romania continue to face multidimensional and interconnected barriers affecting quality of life, autonomy, access to resources, and social inclusion. High material deprivation, limited access to independent-living services and employment, and widespread inaccessibility restrict full participation in society. Although legal frameworks exist, weak implementation and significant regional disparities persist, leaving a substantial gap between formal rights and lived realities. Coordinated, well-funded, and inclusive policies are needed to ensure equal opportunities and dignity for all persons with disabilities.

4) Italy: large employment gap, transport barriers, limited participation, and stigma (including “hiding” disability)

Italy can be described as having relatively well-developed legal and institutional frameworks; however, significant barriers persist in daily life. According to official Italian statistics and demographic estimates, In Italy, approximately 12.5–13 million people (about 21–22 % of the population) have some form of disability, including roughly 2.9 million (≈5 %) who live with severe disabilities. (ISTAT, 2025).

Inequalities are pronounced in employment, transport accessibility, social participation and experiences of stigma/discrimination.

Employment and socio-economic situation

A substantial employment gap is highlighted: employment rates are around 33% for persons with severe disabilities compared with about 62% for persons without disabilities (European Parliament, 2025). Integration is even more difficult if one is a woman and lives in southern Italy. The gap indicates structural barriers to entering and maintaining employment, not only health-related limitations. Formal instruments do not always translate into effective workplace accommodations, individualised transition support, or supported employment and coaching. Young people may experience delayed entry, short-term employment cycles and barriers to open labour-market participation, limiting financial autonomy and planning for independent living.

Transport and accessibility

Public transport accessibility is a major barrier. This limits commuting to education and work and participation in social/cultural/sporting life. For young people, transport strongly shapes access to education, training and early employment experiences, as well as peer relationships. Transport barriers reinforce reliance on family support and reduce spontaneity of social life in early adulthood.

Participation, leisure and well-being

ISTAT-based figures show that satisfaction with leisure and social interactions tends to be lower among people with significant limitations compared to those without (ISTAT, 2019). Limited access to sport, culture and leisure restricts integrative and identity-forming opportunities and can increase isolation risk, especially when combined with education or employment barriers.

Stigma and hiding disability

A notable finding is that 61% of persons with disabilities have hidden their disability at least once, indicating ongoing stigma and fear of negative reactions (Ipsos per Intesa Sanpaolo, 2024). In early adulthood, this can be especially burdensome because peer and professional relationships are central, and social evaluation carries high psychological weight. Hiding disability may reduce immediate rejection risk but can hinder access to accommodations and lead to reduced participation and well-being.

Conclusion

In Italy transport accessibility and labour-market inclusion are key structural constraints. Stigma remains strong and affects participation. Young people require targeted support at education-to-work and independence transition points.

5) Spain: strong reform dynamics alongside poverty risk, income gaps, service waiting lists, and youth mental health crisis

Spain's context is shaped by the tension between growing recognition of rights and persistent socio-economic inequalities and service-access limitations. The country is implementing legal and social reforms focused on autonomy, legal capacity, personal support, independent living, accessible information (including Easy-to-Read), and reasonable accommodations in employment and education. However, a significant “implementation gap” remains.

Poverty and labour-market inequalities

Persons with disabilities face a higher risk of poverty and social exclusion—approximately 33 % in 2024, compared with 22 % among those without limitations (Eurostat, 2025).

Labour market data indicate a notable wage gap of around 18.7 % (roughly €5,067 less per year), highlighting persistent economic inequalities (ODISMET, 2023). These disparities restrict opportunities for independent living, access to services, and full participation in social and economic life. About 15.7 % of households with disabled members experience very low work intensity, further illustrating structural barriers to stable employment (ODISMET, 2023).

Education and transition quality

Formal inclusion is high—approximately 83 % of students with disabilities attend mainstream schools—yet challenges persist, including shortages of specialised staff, uneven accommodations, and the risk of formal inclusion without meaningful participation. For ages 16–30, the main issue is whether inclusion translates into independent-living skills, labour-market readiness, and social networks, without which young adults may enter adulthood with limited “starting conditions.”

Youth mental health crisis

Young people (18–24) face a pronounced mental health crisis, including high rates of loneliness, depression, anxiety, suicidal thoughts or attempts, and self-harm. Although these challenges affect youth broadly, they are particularly acute for young persons with disabilities, who face overlapping risks such as mobility barriers, discrimination, and limited peer support. Consequently, the 16–30 age range represents a period of heightened vulnerability with potential long-term impacts.

Independent living support: law vs. practice

Despite reforms, including planned improvements in personal assistance and Easy-to-Read legislation, long waiting lists remain a major barrier, with over 200,000 people reportedly awaiting support in the dependency system. Delays and regional disparities mean that, for young people, rights are often declarative rather than practical.

Conclusion

Reform momentum in Spain is strong, but persistent poverty risk, wage gaps, service limitations, and youth mental health challenges require implementation-focused, integrated actions, particularly to support transitions to work and independent living.

6) Estonia: advanced digital services with high poverty risk, service waiting lists, and regional disparities

Estonia is often noted for its advanced digital public services and e-government, which can support autonomy. However, significant challenges remain in social security, service

accessibility, and regional equity. Approximately 101,000 persons with disabilities live in Estonia, about 7.4 % of the population (EPIKoda/Estonian Social Insurance Board & Statistics Estonia, 2025). The 16–30 age group spans the critical transition from education and family support to adult services and the labour market.

Poverty risk and autonomy constraints

Official data highlight a high risk of poverty among persons with disabilities—approximately 39 % compared with 18 % of those without disabilities (Eurostat, 2025). Persons with disabilities have limited access to independent living, transportation, social participation, and additional health or rehabilitation services. For young adults developing autonomy, these financial constraints further weaken independence and increase reliance on family support or social benefits.

Service access: waiting lists and workforce shortages

Access constraints include waiting lists for special care services, workforce shortages (particularly outside major urban centres), regional inequalities in service access and differences in granted support hours. For young people, limited or delayed services restrict independence training, life skills development and gradual transitions to supported or independent housing.

Digital potential vs. real-life autonomy

There is a tension between “digital autonomy” and “real-life autonomy.” Digital services can ease administrative tasks, but they do not replace the need for local services, housing, mobility, or income stability.

Labour market and the “benefit trap” risk

Persistent wage inequalities and specialist shortages contribute to a potential “benefit trap,” where benefit rules may discourage income growth by reducing access to services. This can limit motivation and career development for young people.

Conclusion

Estonia has strong digital capacity, but poverty risk, service delays, and regional disparities constrain real autonomy. Young people need coherent transition mechanisms and consistent minimum service standards across regions.

1.2 Project background and rationale

The project “Our Ability – Developing Innovative Ways to Support Young People with Disabilities and Those Working with Them” was developed in response to persistent gaps between formal support systems and the everyday realities of young people with disabilities. While many services focus on basic forms of inclusion, **less attention is often paid to autonomy, self-determination, and meaningful participation in social and working life.**

Partner organisations involved in the project operate in diverse national and social contexts, yet share common observations from practice. Young people with disabilities frequently **remain dependent on family or institutional structures, experience limited access to employment or meaningful activities, and encounter social exclusion beyond protected environments.** At the same time, families and professionals often work within systemic constraints, limited resources, and fragmented support pathways.

Against this background, the project adopts **a participatory and strengths-based perspective.** Rather than focusing on deficits or limitations, Our Ability emphasises abilities, aspirations, and existing resources.

The project is also grounded in the belief that young people with disabilities should be **actively involved in shaping the support they receive**, and that their voices, alongside those of families and professionals, are essential for developing relevant, respectful, and effective interventions.

This approach is supported by international frameworks and treaties¹, which emphasise the importance of **independence, social inclusion, and person-centred approaches** in the provision of care and services. These agreements highlight the necessity of listening to the voices of those directly involved, both at the individual level and in broader policy-making, ensuring that people with disabilities can participate in decisions affecting their lives.

The participatory research presented in this report serves as a critical **starting point for the project.** By systematically collecting and analysing qualitative data across five partner

¹ **United Nations.** (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. New York: United Nations. https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf
United Nations. (1948). *Universal Declaration of Human Rights (UDHR)*. United Nations General Assembly, Paris. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
Council of Europe. (1950). *European Convention on Human Rights (ECHR)*. Rome: Council of Europe. https://www.echr.coe.int/documents/convention_eng.pdf
European Commission. (2021). *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030*. Brussels: European Commission. <https://ec.europa.eu/social/main.jsp?catId=1484>
United Nations. (1989). *Convention on the Rights of the Child (CRC)*. New York: United Nations. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

countries, the research aims to identify shared patterns, tensions, and priority areas, while also acknowledging contextual differences. This evidence base directly informs the development of joint workshops and support activities implemented within the project.

1.3 Objectives of the participatory research

The research was designed to place young people at the centre of the inquiry, recognising them as active contributors rather than passive recipients of support.

The primary objective of the participatory research was to **identify the needs of young people with disabilities by exploring their quality of life**, including levels of happiness and emotional well-being, autonomy and everyday decision-making, interests and preferences, access to resources and inclusion, as well as everyday experiences and future aspirations.

In addition, the research aimed to **qualitatively characterise participants by highlighting their lived experiences, vulnerabilities, needs, and existing resources**. Particular attention was paid to creating space for participants' voices and enabling them to articulate what matters to them in accessible and meaningful ways.

The research also sought to **explore how these experiences and needs are perceived and supported within family, organisational, and professional contexts**. By engaging parents, guardians, and professionals, the study aimed to identify relational and systemic factors that influence opportunities for autonomy, participation, and well-being. The integration of these perspectives supports a more comprehensive understanding of the conditions shaping the lives of young people with disabilities.

By adopting participatory qualitative methods, the research sought **not only to collect data but also to empower participants by valuing their voices and experiences**. The findings provide the analytical foundation for the next stages of the project: identifying priority areas for support and intervention and developing practical, participant-informed project activities.

2. Methodology

This chapter outlines the methodological framework of the transnational participatory research conducted within the *Our Ability* project. It describes the research approach, data collection methods, participant groups, and ethical considerations, providing transparency and context for the interpretation of findings presented in subsequent chapters.

2.1 Participatory research approach

The research was designed and implemented using a **participatory qualitative research approach**, grounded in the principle that young people with disabilities are experts in their own lived experiences. Rather than treating participants solely as sources of data, the research aimed to actively involve them in reflective processes that allowed them to express their perspectives, priorities, and aspirations in accessible and meaningful ways.

Participatory methods were selected to:

- reduce power imbalances between researchers and participants,
- support self-expression beyond verbal communication alone,
- recognise diverse forms of knowledge and experience,
- create safe and respectful spaces for sharing personal narratives.

This approach aligns with the overall philosophy of the *Our Ability* project, which emphasises empowerment, self-determination, and person-centred support. The research process was adapted to participants' communication styles, cognitive abilities, and emotional needs, ensuring inclusivity and accessibility across different national contexts.

2.2 Data collection methods

Data were collected using a combination of qualitative methods, implemented with flexibility by partner organisations to reflect local contexts while maintaining a shared methodological framework.

The primary data collection methods included:

- **Individual interviews**, allowing participants to share personal experiences, feelings, and aspirations in a one-to-one setting;

- **Focus group discussions**, facilitating peer interaction and collective reflection among young people, parents, guardians, and professionals;
- **Photovoice activities**, enabling persons with disabilities to express their perspectives visually and narratively by taking photographs representing aspects of their daily lives;
- **Life stories**, providing in-depth narrative accounts of participants' backgrounds, experiences, and future hopes;
- **Individual interviews and focus group interviews with parents, guardians, and professionals**, offering complementary perspectives on support systems, challenges, and opportunities.

Standardised reporting templates were provided to all partner organisations to ensure consistency in data documentation. At the same time, partners were encouraged to adapt facilitation techniques to participants' needs, including the use of simplified language, visual aids, additional time, and support persons when necessary. The same set of questions was used in both group and individual interviews. While group interviews were preferred, individual interviews were conducted when group participation was not possible or when participants' availability required it.

All partners produced rich qualitative material, including transcripts, summaries, and participatory outputs, which formed the basis for the transnational analysis.

2.3 Participants and research organisations

The participatory research was conducted by the five partner organisations of the OUR ABILITY project, operating in different European contexts:

- **Fundacja Oczami Brata** (Poland)
- **UNIAMOCI APS** (Italy)
- **FAMDIF / COCEMFE Murcia** (Spain)
- **Tartu Vaimse Tervise Hooldekeskus – TVTH** (Estonia)
- **Asociația Down Valea Jiului – ADVJ** (Romania)

The participatory research involved **60 people with disabilities** from **five partner countries**, with **12 participants in each country**. Participants were recruited through partner organisations working directly with young people with disabilities in community-based, educational and support settings.

Persons with disabilities participated in individual or group interviews, photovoice sessions (3–9 participants per country), and two life stories were collected from each country.

The participants were primarily **persons aged between 16 and 30 years**, with three participants aged 16–17, 27 participants aged 18–24, 28 participants aged 25–30, and two participants over 30.

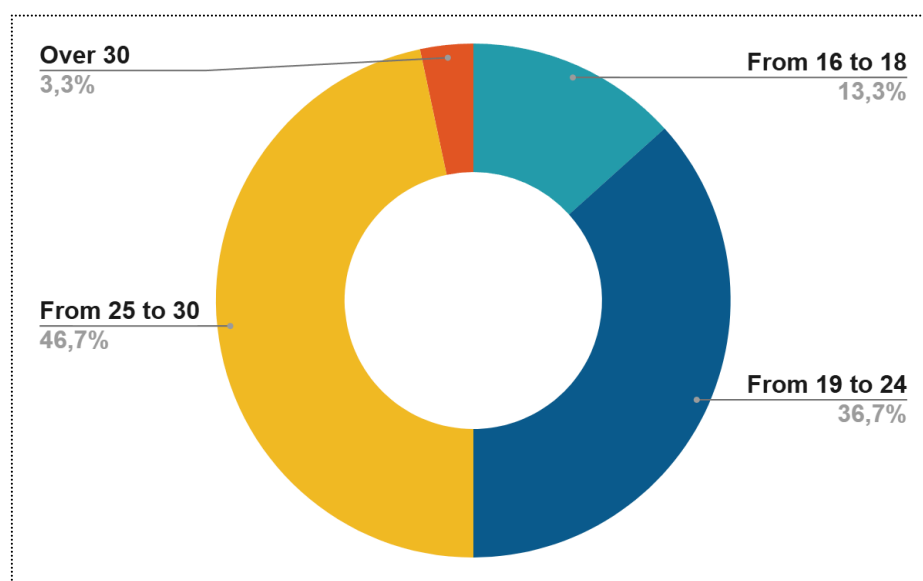


Figure. Number of participants by age

The sample reflected a **wide range of disability types and functional limitations**, capturing the diversity of profiles supported by the partner organisations and the heterogeneity of experiences among young people with disabilities.

The largest group consisted of participants with **intellectual and developmental disabilities** (16 participants), including mild or moderate intellectual disability, learning difficulties, and conditions such as Down syndrome. This type of disability was particularly prevalent among participants from Poland and Romania, although it was represented in all countries. Participants in this group required varying levels of support in learning, daily activities, and social participation.

In many cases, participants were persons with **multiple disabilities** (15 participants), with intellectual disability co-occurring with physical impairments (12 participants) or with Autism Spectrum Disorder (2 participants), and in some cases, ASD co-occurring with physical

disability. Some participants also experienced associated communication difficulties or chronic health conditions.

Another large group consisted of persons with **physical and neurological disabilities**, mostly from Spain but also from other countries (16 participants). The severity of physical limitations varied considerably, ranging from mild unilateral motor impairments to severe conditions affecting all four limbs. The main causes of physical and neurological disabilities in this group were cerebral palsy, congenital neurological conditions (e.g., Erb's palsy, myelomeningocele), neurodegenerative disorders (e.g., cerebellar atrophy, spinocerebellar ataxia), epilepsy, and spastic tetraparesis, often overlapping with other disabilities.

Another significant group consisted of participants with **psychiatric disabilities and neurodevelopmental disorders** (e.g., Autism Spectrum Disorder), comprising 13 participants. They were mostly from Estonia, but were also present among participants from all countries. Individuals in this group commonly experienced challenges related to communication, social interaction, and sensory processing, while cognitive functioning varied across participants.

In addition to primary disability categories, a number of participants experienced **mental health or psychosocial challenges**, such as anxiety, depression, trauma-related difficulties, emotional distress, low self-esteem, lack of motivation and limited expectations for the future. These challenges were particularly visible in Italy and Spain, although they were present to varying degrees across all countries. In most cases, mental health challenges co-occurred with intellectual, developmental or physical disabilities.

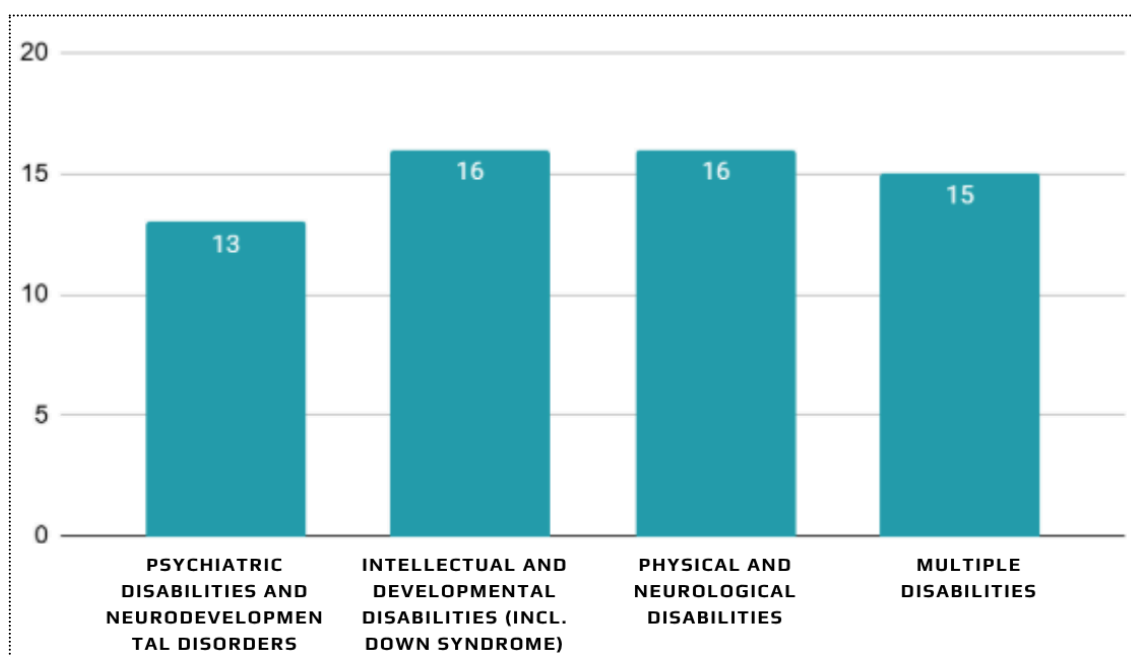


Figure. Number of participants by disability type

Overall, many participants experienced **multiple and overlapping conditions**, resulting in complex support needs that cannot be adequately captured by single-category classifications.

A large proportion of participants were **not attending formal education** at the time of the research, with only **nine participants currently in school**. Many had completed compulsory education and were in a **transitional phase between education and adulthood**, including periods of inactivity, job seeking or participation in non-formal support activities. For some participants, leaving the formal education system was also linked to limited accessibility of further educational pathways, a lack of inclusive opportunities or previous negative educational experiences. In Italy and Romania, part of the group remained engaged in education, mainly at secondary or vocational level. Among participants not in education, the highest completed level of schooling was typically lower secondary or upper secondary education.

Only four participants were **engaged in income-generating activities**, with paid work reported mainly in Estonia. As a result, a substantial share of the sample (33 participants) can be described as **NEET** (not in education, employment or training), highlighting the **structural barriers** faced by young people with disabilities in accessing education and the labour market.

The participants' social profiles revealed **multiple and overlapping vulnerabilities**. Many participants came from **socioeconomically disadvantaged backgrounds**, while others had **a migrant background or were children of migrants**, particularly in Spain and Italy. Most participants were **living with their families**. A smaller number lived in **residential facilities**, usually due to high support needs or limited family resources. Most participants were also involved in **day centres, educational programmes or community-based support services**.

In addition to young people with disabilities, **58 parents or guardians** and **64 professionals** participated in selected interviews and focus groups, providing valuable contextual insights into family dynamics, support systems and organisational practices.

2.4 Ethical considerations and limitations

The participatory research was conducted in accordance with recognised ethical principles for qualitative and participatory research, including **voluntary participation, informed consent, confidentiality, and respect for participants' dignity, autonomy, and well-being**. Particular attention was paid to ethical sensitivity due to the involvement of young people

with disabilities and other participants who may be considered vulnerable in research contexts.

Participation in all research activities was voluntary. Participants received clear and accessible information about the purpose of the research, the types of activities involved, and the ways in which the collected material would be used within the project. Informed consent was obtained prior to participation, and participants were reminded of their right to withdraw at any stage without any negative consequences. Where needed, information was provided using simplified language, visual support, or with the assistance of trusted staff members to ensure understanding.

Anonymity and confidentiality were ensured throughout the research process. All participants were assigned fictional names, and any potentially identifying details were removed or altered in the reporting of findings. Data were handled and stored by partner organisations in line with applicable data protection regulations and organisational procedures.

Given the participatory nature of the research, ethical considerations extended beyond formal consent procedures to include relational and process-based ethics. Researchers and facilitators were attentive to power dynamics, emotional responses, and the potential impact of research activities on participants. Methods and facilitation styles were adapted flexibly to participants' communication styles, cognitive abilities, and emotional needs, and participants were supported throughout the process by familiar professionals when appropriate.

The study was designed as a qualitative and participatory research and does not aim for statistical representativeness. Its strength lies in the depth, richness, and contextualised understanding of lived experiences rather than in numerical generalisation. Differences in national contexts, organisational practices, participant characteristics, and levels of support necessarily influenced the data generated and the ways in which experiences were expressed.

These limitations are acknowledged as inherent to qualitative and participatory research and are taken into account in the interpretation of findings. Rather than limiting the value of the study, they underline the importance of reflexivity, transparency, and cautious interpretation when translating research insights into project actions and recommendations.

3. Key findings

This chapter presents the key findings of the participatory qualitative research conducted with young people with disabilities across five European countries: Poland, Italy, Spain, Estonia, and Romania.

The findings are organised into thematic areas that emerged inductively from the data. These themes reflect recurring patterns, shared experiences, and meaningful tensions identified across different national and organisational contexts. While individual experiences vary depending on personal circumstances and support needs, the themes presented below capture common dimensions shaping the everyday lives, aspirations, and challenges of young persons with disabilities.

Key findings from the participatory needs assessment

- **Quality of life as an emotional and relational experience** – Well-being is primarily shaped by emotional security, stable routines, meaningful daily activities, and supportive relationships, while remaining sensitive to stress and exclusion.
- **Autonomy, agency and self-determination** – Young people with disabilities value autonomy and agency, seeing them as central to dignity, self-worth, and adulthood.
- **Meaningful roles and activities** – Engagement in work, education, or other purposeful activities is strongly linked to identity, self-worth, and well-being, although opportunities to access such roles are often limited.
- **Relationships and belonging** – Families, peers, and professionals form the main support networks, while experiences of full inclusion in the wider community remain limited.

3.1 Quality of life. Happiness and well-being, interests and preferences.

Participants across all partner countries described quality of life primarily through **emotional well-being, daily stability, and meaningful relationships**, rather than through material conditions alone. Feeling calm, safe, understood, and accepted consistently emerged as central elements of happiness and well-being.

Feeling good was closely linked to everyday experiences that provided **predictability and emotional security**. Young people highlighted the importance of having stable routines, engaging in familiar and enjoyable activities aligned with their interests, spending time with trusted people, and being in environments where they feel respected and valued. Predictable daily structures help participants manage stress and anxiety and give them a sense of control over everyday life. In contrast, disruptions to routines, unexpected changes, or emotionally demanding situations were often associated with discomfort, emotional overload, or withdrawal.

Structured settings such as occupational therapy workshops, training centres, and day programmes were frequently described as spaces of safety, stability, and belonging. These environments offer more than organised activities: they provide emotional security, clear expectations, and relationships based on trust and familiarity.

“The workshop is a place where I feel safe. I know the people and the rules.” (Poppy, 30 years old, Poland)

At the same time, emotional well-being was described as **fragile and highly situation-dependent**. Participants reported experiences of stress, uncertainty, frustration, or anxiety, particularly in contexts where they felt misunderstood, excluded, or unable to communicate their needs effectively. Emotional distress was often linked to social misunderstandings, interpersonal conflicts, or feeling overwhelmed by external expectations.

“In the association, the quality of life improves; outside, it often becomes very limited again.” (Marta, professional working with persons with disabilities, Italy)

Despite these challenges, many young people demonstrated a high level of **self-awareness and adaptive coping strategies**. Participants were often able to identify what helped them regain emotional balance and described using specific activities to regulate emotions and manage difficult feelings. Engagement in activities such as **music, art, movement, sports, or practical tasks** was frequently mentioned as a source of emotional regulation and relief. These activities provide structure, a sense of achievement, and opportunities to process emotions in non-verbal or embodied ways, particularly during moments of emotional overload.

Across countries, such **coping strategies were most often developed informally** through personal experience rather than through formal training. This highlights the importance

of recognising and strengthening existing emotional resources and self-regulation strategies among young people with disabilities.

Interests emerged as a consistent and significant source of enjoyment, calm, and happiness. Participants most often associated feeling happy with doing activities they enjoy, following familiar routines, having time for preferred activities, and combining these activities with supportive relationships. Young people were generally able to clearly identify and describe their interests, which were concrete, recurring, and meaningful parts of their everyday lives.

Most frequently reported interests included **music, creative activities, digital activities including playing games or using social media, practical and manual tasks** such as cleaning or gardening, going out and visiting places, and helping others or engaging in caregiving-related activities. Despite differences in cultural and organisational contexts, the overall range of interests described by participants was similar across countries.

“I would like to have more activities that involve spending time outside, like going to the gym, going to concerts, learning how to play instruments.” (Victor, 30 years old, Poland)

“Caring for others makes me happy... if I can clean their room or fold clothes into the cupboard, I like that activity.” (Tri, 18 years old, Estonia)

Physical activity also emerged as an important strategy used by young people with disabilities to regulate emotions and maintain psychological well-being. For many participants, physical exercise was not perceived merely as sport or leisure, but as a form of emotional regulation and mental health support.

“I like physical activities better; they tire me out and make me happy.” (Mar, 28 years old, Estonia)

“The days I train... I’m happy.” (Janito, 23 years old, Spain)

Several participants described sport as a form of therapy that provided structure, motivation, and emotional stability, with regular training closely linked to their overall well-being. At the same time, individual preferences varied, and not all young people experienced sport or physical activity as enjoyable or suitable for them.

In addition to organised sport, walking and everyday movement were frequently mentioned as accessible ways of coping with difficult emotions.

Overall, participants tended to describe their quality of life in ambivalent and context-dependent terms. Many young people reported experiencing moments of satisfaction, calm, and happiness in familiar, supportive environments where they felt safe, understood, and engaged in meaningful activities. In these contexts, quality of life was often perceived as good or improving.

At the same time, participants frequently described their quality of life as fragile and uneven. Feelings of well-being were easily disrupted by changes in routine, lack of understanding, limited opportunities for autonomy, or barriers to participation outside supportive settings.

Rather than presenting a uniformly positive or negative assessment, participants portrayed **quality of life as fluctuating and closely linked to daily experiences, relationships, and the availability of appropriate support.**

3.2 Autonomy, agency, and self-determination

Across all partner countries, the desire for **autonomy and agency** - the ability to make personal choices and influence one's own life - emerged as a central theme in participants' narratives. Young people consistently emphasised the importance of being able to decide for themselves in everyday matters, including routines, activities, appearance, relationships, and future plans. Being recognised as an individual with preferences and opinions was closely linked to dignity, self-worth, and a sense of adulthood.

While participants did not always name these concepts explicitly, their narratives repeatedly reflected a need to be listened to, taken seriously, and allowed to make decisions about their own lives. This perspective was echoed by parents, who highlighted the importance of choice and decision-making as crucial for fostering adulthood and independence.

"Being able to make his own choices is very important. It makes him feel like an adult, valued, and respected, and contributes to his independence." (Hunter, parent of a person with disability, Poland)

At the same time, **experiences of autonomy and agency varied significantly depending on age, type of disability, and individual support needs.** Younger participants relied more on parents or caregivers for everyday tasks, while older participants described greater

freedom to make decisions and act independently. **Differences were also strongly related to functional and communication abilities.** Some young people could perform most tasks independently, experiencing a relatively high degree of autonomy, whereas others required extensive daily support. For example, one participant could not bathe independently due to the nature of her disability, while another relied on step-by-step guidance to travel by public transport or shop alone. These examples illustrate the wide spectrum of autonomy and agency among participants, highlighting that these concepts cannot be understood as uniform conditions.

Family context played a crucial role in shaping opportunities for self-determination. Families, acting out of care and concern for safety, sometimes inadvertently limited opportunities for young people to practice decision-making. Participants described situations in which everyday choices were negotiated with family members or caregivers, while major life decisions - such as housing, work, mobility, or relationships - remained largely outside their control.

*"I choose it. They don't impose on me... [but] I usually never go shopping alone."
(Bloom, 20 years old, Spain)*

Parents themselves often described the tension between respecting autonomy and managing responsibility for outcomes.

*"Our daughter, we let her make many of her own decisions. But when she expressed the wish to live alone, we understood that she doesn't have the capacity to do that. And I also feel that I am the one who has to deal with the consequences of her decisions."
(Anna, parent of a person with disability, Estonia)*

Across countries, autonomy and agency were also context-dependent. Participants reported **higher levels of self-determination in familiar and structured environments, such as workshops, day centres, or known neighbourhoods**, while autonomy was more limited in unfamiliar or public settings, including social activities outside organised spaces or independent travel.

Many participants explicitly **linked autonomy and agency to adulthood**, viewing aspirations for independent living, paid work, or financial self-determination as markers of being recognised and treated as an adult.

"I would love to live on my own one day. I feel confident that I can handle things by myself."
(Leo, 30 years old, Poland)

The data suggest that autonomy should be understood less as full independence and more as **supported decision-making within trusting relationships**, where agency allows young people to act meaningfully and develop competence through everyday experiences.

Overall, the findings reveal a persistent tension between protection and self-determination. Families and professionals prioritised safety and well-being, yet young people expressed a strong need to exercise autonomy and agency.

Creating environments that enable gradual practice of autonomy, alongside guidance and support, is essential for fostering confidence, self-worth, and a sense of adulthood among young people with disabilities.

3.3 Work, meaningful activity, and future aspirations

Work and activity-related themes (including employment aspirations, usefulness, and meaningful daily roles) recurred across partner-country reports and were linked to adult identity, self-worth, and well-being.

Across partner countries, many young people expressed a desire to engage in activities they experienced as meaningful and useful, often linking such activities to a sense of purpose and adult identity.

Many participants take part in structured activities, most commonly organised forms of daily activity within support organisations (including occupational therapy workshops). These experiences were often described as **providing structure to the day, a sense of achievement**, and opportunities to develop skills, even when they did not lead directly to open labour market employment. In some contexts, participants also engage in preparatory or supported activities aimed at developing work-related or everyday competencies.

Work was discussed in economic terms as well as it was associated with having a role and being needed. Having responsibilities and being trusted with tasks was described as a source of motivation and confidence. In several cases, participants referred explicitly to paid or semi-paid work experiences, highlighting the emotional significance of earning money and being recognised for their effort.

"I shovel snow because this job suits me and I get a salary for it. If I do the work well, then I get paid. It gives a good feeling and that feeling lasts a long time." (Ard, 30 years old, Estonia)

Future aspirations related to work and meaningful activity were often realistic and closely connected to participants' interests, abilities, and previous experiences. Young people expressed a desire to work in areas such as **cleaning, catering, manual tasks, creative activities, or helping others**. These aspirations were frequently framed not as abstract dreams, but as concrete and achievable goals linked to supportive and known environments.

At the same time, participants across all countries reported **limited access to clear and supportive pathways** from education, training, or day centres to employment or meaningful adult roles. Transitions between life stages were often described as uncertain, fragmented, or poorly coordinated. As a result, many young people experienced prolonged periods of inactivity or participation in repetitive activities that did not correspond to their aspirations or sense of potential.

"My dream in life is to continue studying..." (Vegetto, 20 years old, Spain, outside the education system since the age of 16)

"The moment you pass the age of 16 ... they take away all support... My son can no longer be in a classroom." (a parent of Vegetto - young person with disability, Spain).

"He is one of those who would gladly work more than there are currently opportunities for". (Mart's parent, Estonia)

The findings indicate that meaningful activity and work should be understood broadly as experiences that provide **purpose, responsibility, structure, and social recognition**, rather than being narrowly defined as participation in the open labour market.

The findings also point to the importance of developing **diverse and flexible forms of engagement**, while also strengthening pathways towards paid employment where appropriate.

3.4 Relationships, emotional support, and belonging

Relationships were identified as a fundamental source of emotional well-being, motivation, and identity for young people with disabilities. Family members, peers, and professionals

formed the core social networks for most participants, shaping their daily experiences, emotional states, and sense of belonging.

Family relationships were most often described as a primary source of care, emotional security, and advocacy. At the same time, some participants experienced tensions within family relationships, particularly around issues of autonomy, independence, and decision-making. These tensions were typically rooted in protective attitudes and concerns for safety rather than in a lack of trust or care.

Peer relationships and friendships were described as especially valuable, as they offered spaces of equality, shared experiences, and mutual understanding. Many participants reported that friendships developed primarily within structured settings such as schools, workshops, centres, or associations, where regular contact and shared activities created opportunities for connection.

"Here in the centre I can already see that I have made very good friends... I used to be very lonely." (Mastantuono, 21 years old, Spain)

Some participants highlighted the importance of acceptance and the ability to express themselves freely within relational contexts. **The research shows that centres supporting persons with disabilities play a crucial role in fostering meaningful relationships**, reducing social isolation, and creating inclusive spaces that benefit individuals with disabilities.

"Here I can be myself. People accept me." (Holy, 30 years old, Poland)

However, social networks were **frequently limited to these protected environments** such as day centres or disability-specific settings. Outside these contexts, participants reported difficulties in initiating and maintaining relationships, as well as a lack of meaningful social connections. These experiences often led to feelings of loneliness, exclusion, or stagnation in their social lives.

"I don't show it, but I'm unhappy that I don't have friends from the outside." (Mar, 30 years old, Estonia)

"I don't like my friends, because I perceive them as fake and gossipy, but it's hard to find alternatives." (NB, 19 years old, Romania)

"I don't usually leave the house much to meet people." (Ichigo, 20 years old, Spain)

"No classmate has ever asked to visit him at home." (Martina, mother of the person with disability, Italy)

The findings suggest that belonging is closely linked not only to the presence of relationships, but also to the **quality of those relationships**, including mutuality, recognition, and shared participation. Belonging was associated with being accepted “as oneself” and with taking part in shared activities.

At the same time, some data highlighted challenges related to understanding social norms and relational boundaries, which may further complicate the development of close relationships.

"He doesn't quite understand what a close relationship is. He thinks if someone is very friendly, they are immediately a friend... he takes everyone literally." (Mag's parent, Estonia)

Overall, the findings underline the importance of supporting not only **individual social skills**, but also **relational environments that enable friendships, peer support, and genuine social participation**. Group activities, teamwork, and shared routines were often described as effective ways of building trust, strengthening social bonds, and fostering a sense of connection across all countries involved in the study.

3.5 Social inclusion and community barriers

Across all countries, social inclusion was experienced as **partial, fragile, and often conditional**. While participants frequently reported feeling accepted and supported within organisations and familiar local environments, this sense of inclusion did not consistently extend to the wider community.

Within support organisations, workshops, and structured programmes, young people often experienced **a sense of belonging, safety, and recognition**. These environments functioned as spaces where participants felt known, understood, and treated as individuals.

However, once **outside these settings, many encountered barriers** that significantly limited their sense of being genuinely included in society. Reported barriers included:

- social stigma and negative judgements, often linked to a lack of understanding of disability among the general public, which reinforced feelings of being perceived as “different” or “less capable”

“...not to judge us and to help us more.” (Electroduende, 21 years old, Spain)

“What are the main barriers that prevent my child from participating in community life? A society that is not informed – people have prejudices and don’t know how to interact with a person with a disability.” (parent of a person with disability, Romania)

- limited accessibility of public and social spaces,

“I love going out to the movies... with my boyfriend, although it is not adapted and we have to put ourselves in the front row.”, “... and some establishments are also not adapted and I have to stay at the door.” (Yellow, 27 years old, Spain)

- communication difficulties,

“Alexander encounters major difficulties in his daily life due to his challenges in communicating with strangers or people who are not familiar with his way of expression. Moreover, his inability to write or read makes independent functioning complicated.” (Alexander’s parent, Poland)

- limited community-based opportunities

“There is a lack of community programs or activities in which our children could participate.” (parent of a person with disability, Romania)

- limited opportunities for spontaneous and self-initiated participation.

“They are happy from Monday to Friday, more than at weekends at home, because they don’t do anything.” (a professional working with persons with disabilities, Spain)

"Inclusion is a network, not a single activity." (Francesco, a professional working with persons with disability, Italy)

As a result, participants often described feeling visible as **"users of services"**, but not fully recognised as **equal and legitimate members of the community**. Participation in community life - such as attending cultural events, social gatherings, or public spaces - was frequently dependent on family support, assistants, or organisational mediation. This dependence reduced spontaneity and reinforced a sense of conditional inclusion rather than full social participation.

Importantly, some participants distinguished between being physically present in social spaces and **feeling truly included**. While they might attend events or activities, they did not always feel welcomed, understood, or treated as peers. This was particularly evident in relation to peer groups and informal social relationships, where inclusion was often limited or absent. This was echoed by a number of parents and professionals.

Despite these challenges, participants consistently expressed a desire to be part of society, and to engage in ordinary community activities alongside others. They sought not only access, but **recognition and belonging** - to be seen as full members of groups, families, and communities rather than as passive recipients of support.

Even small or occasional experiences of inclusion were described as having a **powerful positive impact** on confidence, self-esteem, and sense of agency. Activities such as going to the cinema, travelling with support, or participating in community events allowed participants to experience social life beyond protected environments.

"Going out with my assistant allows me to experience new things and meet new people." (Pat, 30 years old, Poland)

"How do I like spending my time with other people? Outside, around town." (O.T., 29 years old, Romania)

These findings suggest that social **inclusion, as experienced by participants, goes beyond access to services or activities, although such access remains an important foundation**. Social inclusion requires creating environments and relationships in which young people with disabilities feel genuinely welcomed, valued, and recognised as equal participants. The results underline the importance of initiatives that actively bridge protected environments and wider community spaces, fostering meaningful participation

and preventing the development of parallel social worlds that reinforce exclusion rather than inclusion.

3.6 The role and challenges of families and professionals

Families and professionals were identified as **key actors shaping the daily experiences, opportunities, and life trajectories** of young people with disabilities. Their roles extended far beyond practical support and were deeply embedded in emotional, relational, and systemic dimensions of everyday life.

Families were most often described as a primary source of **emotional security, care, and advocacy**. Parents and close family members provide daily support, structured routines, and long-term stability. They also act as intermediaries between young people and wider systems of education, healthcare, and social services. Through this role, families significantly shape opportunities for participation, autonomy, and well-being.

At the same time, family members frequently described **emotional exhaustion, uncertainty about the future, and a lack of adequate systemic support**. Concerns related to long-term care, employment opportunities, and independent living were a recurring source of anxiety. In several cases, parents expressed the feeling that responsibility for support rested almost entirely on their shoulders.

Alongside this, they express a strong need for **emotional support and respite**, seeking opportunities to rest from caregiving responsibilities and connect with other parents to share experiences and guidance.

“I’m very tired. I don’t mind taking care of my son, but we need real help.” (Martina, parent of a person with disability, Italy)

Parents also value **professional guidance and clear information** that helps them navigate complex systems, reducing the pressure of having to act as experts on every aspect of their child’s care. Equally important is the need for **recognition and trust-based relationships** with professionals, where empathetic interactions help them feel supported and understood rather than isolated in their challenges.

Young people are often aware of their families’ protective attitudes and emotional burden. Many often present a much more self-confident attitude than their parents expect.

“Sometimes my mom cries because she worries about me, but I feel confident that I can handle things by myself.” (Leo, 30 years old, Poland)

Professionals across all partner countries expressed **strong commitment and emotional involvement** in their work with young people with disabilities. They described their organisations as spaces where autonomy, agency, and participation were actively promoted, often compensating for gaps or rigidity in public systems or even in the families. Trust-based relationships, consistency, and person-centred approaches were repeatedly identified as essential elements of effective support.

Professionals also emphasised the importance of long-term relationships, noting that trust and progress often develop gradually over time. Many described their role not only as providing services, but as supporting young people in building confidence, social skills, and a sense of agency.

“No one is incapable of choosing; all that’s needed is the opportunity.” (Aurora, professional working with persons with disability, Italy)

At the same time, professionals highlighted **structural constraints**, including limited funding, staff shortages, and administrative burdens. These constraints affect their capacity to offer individualised and flexible support and contribute to emotional strain and burnout.

“We see their potential, but the system does not always give them a chance.” (professional working with persons with disability, Romania)

Both families and professionals play a crucial role in shaping the quality of life of their children or users. Their perspectives revealed how everyday decisions, institutional rules, and systemic conditions interact to shape the lived experiences of persons with disabilities.

At the same time, the research also revealed the needs of the staff that revolve around maintaining their professional capacity and mental health. Preventing **burnout** is a key priority, and staff emphasise the importance of psychological support, supervision, and spaces for emotional release to manage the high demands of their work. They also highlight the significance of **well-being in the workplace**, including structured time for planning, rest, and clear daily objectives to reduce stress. Continuous **skills development**

- for instance in modern communication tools, supported decision-making, and managing challenging behaviors - enhances both their confidence and effectiveness. Staff also need **recognition and fair compensation**, which strengthens motivation and the sense of purpose in their work. Finally, **strong team support**, including collaborative problem-solving and interdisciplinary cooperation, is essential to feel secure and capable in demanding professional situations.

The findings of the interviews with parents, guardians and professionals underline the importance of supporting not only young people with disabilities but also the relational and systemic environments around them. **Strengthening cooperation between families, professionals, and support systems** emerged as a key factor in promoting autonomy, well-being, and meaningful participation in adult life.

Additionally, **addressing the well-being of parents and staff is essential** - not only for their own health and resilience but also for creating sustainable and effective environments that enable young people with disabilities to thrive.

Interim conclusion

The findings presented in this chapter provide a comprehensive and nuanced picture of the everyday experiences, aspirations, and challenges of young people with disabilities across the participating countries. While individual life situations and national contexts differed, a set of strongly interconnected themes emerged consistently across the data, revealing shared patterns in how young people understand quality of life, autonomy, meaningful activity, relationships, and social inclusion.

Quality of life is experienced primarily as an emotional and relational process rather than a material condition. Emotional security, predictable routines, meaningful daily activities, and supportive relationships forms the foundation of well-being. At the same time, emotional well-being remains fragile and sensitive to stress, changes, and social misunderstandings, highlighting the importance of stable and supportive environments.

The desire for autonomy, agency and self-determination emerged as a deeply meaningful theme. Young people expressed a strong need to be involved in decisions affecting their lives and to be recognised as individuals capable of making choices. Autonomy is understood not as complete independence, but as supported decision-making within safe and trusting relationships. Persistent tensions between protection and autonomy, particularly within family and institutional contexts, revealed the need for approaches that balance safety with opportunities for learning, responsibility, and personal growth.

Themes related to work, usefulness, and meaningful activity emerged organically as key components of adult identity and self-worth. Meaningful activities provide structure, purpose, and a sense of social recognition, while limited access to clear pathways toward employment or adult roles contributes to frustration and uncertainty about the future.

Relationships and a sense of belonging plays a fundamental role in shaping emotional well-being and identity. Families, peers, and professionals constitute the core social environments for most participants, offering care, support, and opportunities for connection. At the same time, social networks are often limited to protected settings, and experiences of loneliness and exclusion outside these environments remain common. Belonging is closely linked to acceptance, mutuality, and participation in shared activities rather than formal inclusion alone.

Social inclusion in the wider community remains uneven and fragile. Structural, attitudinal, and environmental barriers continue to restrict participation beyond specialised services, reinforcing parallel social worlds. However, even small experiences of inclusion have a significant positive impact on confidence, motivation, and self-perception.

Finally, the perspectives of families and professionals underscore the relational and systemic contexts that shape the lives of young people. Families often bear significant emotional and practical responsibilities while receiving limited external support. At the same time, professionals demonstrate strong commitment despite structural constraints and considerable emotional strain. Both groups play a crucial role in supporting the quality of life of young people with disabilities. Therefore, safeguarding the well-being of parents and staff is essential for creating sustainable and supportive environments for persons with disabilities.

Taken together, these findings underscore the need for holistic and coordinated approaches that support not only at the individual level, but also within their relational, organisational, and community environments.

4. Cross-country and cross-contextual analysis

Disability functions as a systemic and cumulative inequality mechanism: persons with disabilities face higher risks of poverty and social exclusion, limited access to employment, education, and independent living, and barriers to participation in civic and cultural life. The 16–30 age range is particularly critical, as transitions from education to work and from family support to independent living expose young people to heightened vulnerability.

In the study these structural realities intersect with local contexts, highlighting the need for **micro-level, context-sensitive strategies that foster autonomy, agency, and meaningful participation** of persons with disability. The research also provides insights that can inform the development of such strategies.

While national policies and legal frameworks establish the structural context - defining accessibility standards, funding, and formal rights - the daily experiences of young people with disabilities are strongly shaped by **local support ecosystems, social relationships, and immediate structural barriers**. Comparing countries is useful to identify differences in infrastructure, service availability, or implementation gaps, but understanding participants' quality of life requires attention to contextual factors such as the local environment, type of disability, and organisational support models.

Across all countries, a consistent pattern emerged: **quality of life is understood not in terms of material resources but through emotional and relational well-being, autonomy, agency, meaningful activities, and participation in adult roles**. Young people consistently associated happiness with calmness, being heard, and feeling accepted. Organisations involved in the study functioned as “safe havens,” **providing predictable routines, peer support, and structured opportunities to practise decision-making and gradually build competence**. In contrast, experiences in the wider public sphere were frequently described as socially exclusionary or difficult to navigate.

Geographic and urban–rural context interacts closely with national frameworks to shape young people's experiences. While national policies set the structural parameters, **local realities - such as transport availability, architectural barriers, proximity to services, and community attitudes - directly influence autonomy, participation, and daily life**. Young people in rural areas of Estonia or Romania reported similar challenges, including isolation, limited transport, and restricted access to activities, which increased reliance on family support. In urban centres such as Murcia or Palermo, barriers differed but were no less significant, including architectural accessibility, public transport, sensory overload, and negative social attitudes. These observations underline that **autonomy and inclusion are shaped by the interplay between national frameworks and local ecosystems**.

The type of disability and access to communication and assistive technologies further influenced experiences of autonomy and agency. Across all countries, participants expressed a desire to make personal choices, have their opinions recognised, and exercise responsibility in daily life. Frustration increased in contexts where local support methods were not adapted - for example, when modern augmentative and alternative communication (AAC) tools were unavailable - demonstrating that **methodological flexibility and person-centred approaches are key to supporting agency**.

The broader support ecosystem - including families and professionals - also plays a critical role. Parents' concerns about their child's future were universal, reflecting gaps in systemic guarantees and formal support structures. Families often balance respect for autonomy with protective instincts, negotiating everyday decisions while retaining control over major life choices. Professionals as well as parents and caregivers across all countries emphasised that their well-being is directly linked to the quality of support available to young people.

To complement these cross-contextual patterns, organisation-specific priorities highlighted local needs:

- Poland (Fundacja Oczami Brata): Security of the future, dignified communication, and assistant support. Parents emphasised long-term stability, while participants highlighted the need for communication and support enabling engagement beyond workshops.
- Spain (FAMDIF/COCEMFE – Murcia): Mobility, independence, and access to higher education. Physical barriers and insufficient university support limited both autonomy and professional aspirations.
- Estonia (Tartu Vaimse Tervise Hooldekeskus): Work as status and a tool to overcome isolation. Employment—even at basic levels—was valued for identity, recognition, and social inclusion. Rural isolation and limited transport posed barriers greater than disability itself.
- Italy (Uniamoci): Social relationships and protection from bullying. Participants emphasised meaningful connections outside support centres and the ability to participate in broader society without fear of rejection.
- Romania (Asociația Down Valea Jiului): Digital inclusion and combating stigma. Participants highlighted the need for modern communication tools, local awareness-raising, and inter-institutional collaboration to ensure coordinated support.

In conclusion, while national frameworks provide the necessary backdrop, the daily lives of young people with disabilities are shaped primarily by **local support systems, social networks, geography, and organisational practices**. Effective interventions must integrate attention to **universal needs—emotional safety, belonging, autonomy, and agency - with responsiveness to the distinct priorities and contexts of each local setting**, ensuring that life of young persons with disability, as well as their transition to adulthood are inclusive, empowering, and context-sensitive.

5. Innovation and added value of the research

This chapter reflects critically on what can be considered innovative in this participatory research, as well as on its limitations. It distinguishes between areas where the research offers **added value** and areas where the findings confirm or deepen existing knowledge.

5.1 Innovation in the research

The innovation of *Our Ability* research does not lie in the identification of entirely new challenges faced by people with disabilities. Many of the issues identified—such as barriers to autonomy, limited social inclusion, or dependence on support—have been discussed in previous research. However, the **innovative contribution of this study lies in how these issues are explored, articulated, and connected through the lived experiences of young people themselves.**

5.1.1 A clear distinction between inclusion and belonging

One of the most significant and innovative contributions of the research is the clear distinction between formal inclusion and experienced belonging. While many studies focus on access to services or participation in activities, the voices of participants in this research highlighted that being physically present or formally included does not necessarily translate into feeling accepted, recognised, or treated as an equal member of a group or community.

Young people articulated differences between:

- being present in social spaces and feeling welcome,
- participating in activities and being recognised as a peer,
- receiving support and being perceived as a full member of society.

This nuanced understanding of inclusion as an emotional and relational experience rather than a purely structural one emerged organically from participants' narratives and represents a valuable conceptual contribution.

5.1.2 Autonomy and agency understood as everyday, supported practice

Another innovative aspect of the research is the way autonomy and agency are defined and experienced by participants. Rather than framing autonomy as complete independence, young people described it as a set of everyday practices: being asked for their opinion, making small decisions, and taking responsibility in supported ways. This perspective highlights that real autonomy involves not only independence, but also the capacity to act, make choices, and influence one's own life within supportive structures.

This perspective challenges binary understandings of dependence versus independence and aligns closely with the principles of supported decision-making, while remaining grounded in lived experience.

5.1.3 Meaningful activity as a core element of adult identity

Themes related to work, usefulness, and meaningful activity emerged consistently across countries. Participants described work as economic participation, but also as a source of dignity, purpose, and recognition.

Moreover, the findings highlight the importance of adopting a broader understanding of meaningful activity, encompassing adapted, supported, and informal forms of contribution by people with disabilities. This perspective is particularly valuable because such forms of contribution are often overlooked in policy-driven and labour-market-focused research.

5.1.4 High emotional reflexivity of participants

The research revealed a notably high level of emotional awareness and reflexivity among participants. Young people articulated their emotional states, sources of stress, and coping strategies with clarity and nuance. They described how routines, activities, and relationships affected their emotional well-being and how they actively managed difficult emotions.

This challenges persistent assumptions that people with intellectual or psychosocial disabilities have limited capacity for emotional reflection and demonstrates the importance of participatory methods that allow emotions to be expressed in diverse ways.

5.1.5 Transnational consistency of lived experiences

A further innovative element lies in the transnational consistency of key themes. Despite differences in welfare systems, cultural contexts, and organisational models, young people across all partner countries expressed remarkably similar needs and aspirations related to autonomy, belonging, meaningful activity, and emotional security.

This consistency strengthens the validity of the findings and provides strong justification for transnational learning and cooperation.

5.1.6 Participatory and multi-perspective approach

The innovation of the study lies primarily in its participatory and multi-dimensional research approach. A key element was the participatory design, which actively involved 17 supporting workers from the organisations participating in the project. Their direct engagement in the research process, combined with the collective interpretation of findings by all partner organisations, allowed the study to move beyond traditional data analysis toward a shared, multi-perspective understanding of the results.

The innovative character of the research was also reflected in the flexibility of the process: young persons with disabilities were encouraged to guide the dialogue and introduce new topics, ensuring that their priorities genuinely shaped the direction of the study. This perspective was further broadened by incorporating the views of approximately 120 parents, guardians, and other professionals. By triangulating these diverse perspectives, the research moved beyond a one-dimensional analysis and created space for a confrontational yet constructive dialogue. As a result, the study not only strengthened the agency of young people but also encouraged their support networks to critically reflect on whether their professional and parental assumptions truly align with the actual needs and aspirations of the participants.

5.2 What is not innovative – and why this matters

Equally important is recognising what this research does **not** claim to be innovative.

The study does not introduce new medical classifications, diagnostic frameworks, or statistically generalisable findings. It does not aim to replace existing research, but rather to **complement it by adding depth, nuance, and experiential insight and to collect multiple perspectives on the same areas of inquiry, including those of young people with disabilities, their parents, and the social workers who support them.**

Many of the challenges identified confirm existing knowledge about the structural and social barriers faced by people with disabilities. However, confirming these issues through the voices of young people themselves - across multiple countries - adds credibility and emotional depth to well-established concerns.

Acknowledging these limitations strengthens the integrity of the research.

5.3 Added value for practice and policy

The added value of the *Our Ability* research lies in its **ability to transform lived experiences into insights that are directly relevant for practice.** The perspectives gathered during the study - particularly those of young people with disabilities, as well as those of families and professionals - provide a strong foundation for shaping the next steps of the participating organisations. **These insights will guide future actions** within the transnational cooperation and encourage organisations to critically reflect on their current support offer. As a result, they will be able to adapt and improve their activities by introducing new initiatives that better respond to the needs and expectations identified through the research.

By foregrounding the voices of young people, families, and professionals, **the research offers practical guidance for the design of workshops, support programmes, and participatory activities.** The findings support a shift from service-centred approaches toward more relational, autonomy-supportive, and inclusion-oriented practices. They also highlight the importance of addressing not only the development of individual skills, but also the social and organisational environments in which participation takes place.

An additional source of added value lies in the **capacity-building dimension of the project.** Staff members from the participating organisations took part in international training on participatory research methods prior to the study and then applied these approaches in practice during the research process. As a result, they strengthened their methodological competencies and are now better prepared to conduct similar research or to use participatory methods in their everyday work. This will enable them to more effectively analyse and respond to the needs of their users and their families in the future.

Conclusion of the innovation chapter

The innovation of the *Our Ability* research lies in its participatory and multi-perspective approach. Moreover, by placing the lived experiences of young people with disabilities at the centre of the research process, the study provides a deeper and more nuanced understanding of issues such as belonging, autonomy, meaningful activity, and emotional well-being. At the same time, the research acknowledges that many of the challenges identified confirm existing knowledge. However, hearing these issues articulated directly by young people across different countries adds credibility and depth to well-known concerns.

Ultimately, the value of the research lies in its practical relevance. The findings provide guidance for organisations seeking to reflect on and improve their support practices, while also demonstrating how participatory research can generate insights that are both meaningful and directly applicable in practice.

6. Conclusions and recommendations

This final chapter brings together the key insights from the participatory research and the subsequent analysis to formulate practical and strategic recommendations. The conclusions are grounded in the voices and experiences of young people with disabilities, as well as in the perspectives of families and professionals involved in the research process.

6.1 Conclusions

The following conclusions synthesise the key insights from the Our Ability participatory research, integrating the perspectives of young people with disabilities, their families, and professionals. They highlight the central themes shaping everyday experiences, aspirations, and challenges, and provide guidance for practice, policy, and future inclusive interventions.

Quality of life is relational and emotional. For young people with disabilities, quality of life is experienced primarily through relationships and emotional security. Their well-being is less about material conditions and more about feeling safe, understood, and valued within trusted environments such as family, peer groups, and structured support organisations. Predictable routines and meaningful daily activities provide stability, while emotional support and recognition foster a sense of belonging. At the same time, emotional well-being is fragile and highly context-dependent: disruptions, misunderstandings, or exclusion can quickly undermine a sense of calm and safety, highlighting the importance of spaces that are predictable, respectful, and supportive.

Autonomy and agency are central, yet supported. Young people consistently emphasise the importance of autonomy and self-determination as key to dignity, self-worth, and adult identity. They wish to make meaningful choices in everyday life, from personal routines and social interactions to decisions about their future. True autonomy, however, is rarely experienced as complete independence. Instead, it emerges through supported decision-making within trusting relationships. Families and professionals play a delicate balancing role, seeking to protect while also allowing opportunities for responsibility and growth. Flexible, person-centred approaches that respect young people's preferences while providing guidance are essential for building confidence, competence, and a sense of adulthood.

Meaningful activity and work shape identity and well-being. Engagement in purposeful activities, whether through structured support programmes, creative endeavours, or caregiving, provides young people with motivation, recognition, and a sense of social contribution. These roles give structure to daily life, reinforce self-esteem, and shape

identity, helping participants feel useful and valued. Yet access to clear pathways from education or training to employment is often limited. This gap underscores the importance of creating diverse, flexible opportunities and targeted support to ensure that young people can realise their aspirations and transition successfully into adult roles.

Relationships and belonging form the foundation of well-being. Families, peers, and professionals constitute the primary networks through which young people experience care, emotional support, and social participation. Belonging is not simply about being included in an activity or service; it requires acceptance, reciprocity, and shared engagement. Protected environments often foster meaningful relationships, but social networks beyond these spaces remain limited, and experiences of loneliness and exclusion are common. Even brief or occasional experiences of inclusion, however, have a powerful positive impact on confidence, motivation, and agency, highlighting the value of bridging structured support settings with wider community opportunities.

Supporting families and professionals is essential. The quality of support available to young people is closely linked to the well-being of those who care for them. Parents often carry substantial emotional and practical responsibilities, while professionals work under structural constraints and high demands. Both groups require support for their own emotional health, ongoing training, recognition, and environments that enable effective and sustainable work. Attending to their needs strengthens their capacity to provide consistent, responsive, and empathetic support, which in turn directly benefits the autonomy, participation, and well-being of young people.

Local context and systemic frameworks shape experiences. National policies establish accessibility, rights, and funding, yet everyday life is profoundly influenced by local realities, including transport availability, geographic factors, service provision, and social attitudes. Effective interventions must therefore be context-sensitive, combining attention to systemic frameworks with strategies adapted to local circumstances. Participatory approaches that foreground the voices of young people, alongside families and professionals, are essential for capturing these nuanced, lived experiences and translating them into practical guidance for inclusive, autonomy-supportive, and relationally grounded practices.

Transnational consistency highlights shared needs and potential for learning. Despite differences in cultural, organisational, and national contexts, young people across the participating countries consistently emphasised the same core priorities: emotional security, meaningful activity, autonomy, and belonging. This remarkable consistency reinforces the validity of the findings and points to the potential for transnational cooperation and learning. By integrating these insights into practice and policy, organisations can develop strategies that are both deeply responsive to lived experience and broadly

relevant across diverse settings, ensuring that transitions to adulthood are empowering, inclusive, and context-sensitive.

Key Takeaways – Final Conclusions

- **Well-being is emotional and relational:** Stability, supportive relationships, and meaningful activities matter most.
- **Autonomy and agency are vital:** Supported decision-making and a sense of agency build dignity and self-worth.
- **Meaningful activity strengthens identity:** Work, creative tasks, and caregiving provide purpose and recognition.
- **Belonging matters:** Acceptance and shared participation outweigh formal inclusion.
- **Community inclusion is important but limited:** Barriers restrict full participation beyond protected spaces.
- **Families and professionals need support:** Their well-being ensures effective support for young people.
- **Local context shapes experience:** National policies must be complemented by local, flexible strategies.
- **Participatory approaches work:** Involving young people, families, and staff improves relevance and agency.

6.2 Recommendations

The following recommendations are derived from the research findings and the collaborative reflection process within the project. They are intended to support organisations, practitioners, and future initiatives in translating research insights into meaningful and sustainable action.

6.2.1 Recommendations for organisations and practitioners

- 1. Prioritise group-based activities that foster relationships and belonging**
Organisations should design activities that emphasise shared participation, cooperation, and mutual recognition, rather than focusing solely on individual skill development. Group experiences can strengthen peer relationships and support a sense of belonging.
- 2. Embed supported decision-making in everyday practice**
Young people should be actively involved in decisions affecting their daily lives, using approaches adapted to their communication abilities and support needs. Autonomy should be practised through everyday choices rather than treated as an abstract goal.
- 3. Create emotionally safe and predictable environments**
Emotional well-being should be supported through consistent routines, trusted relationships, and activities that allow for emotional expression and regulation, including non-verbal and creative forms.
- 4. Recognise diverse forms of meaningful activity**
Practitioners should value and promote meaningful roles and activities that provide a sense of usefulness, purpose, and dignity, regardless of whether they lead to formal employment.
- 5. Support inclusion as belonging, not only access**
Inclusion efforts should focus on whether young people feel genuinely accepted and recognised, not only on physical presence in activities or spaces. Attention should be paid to relational dynamics and peer acceptance.
- 6. Adapt activities to diverse participant profiles, interests and preferences**
Group-based activities should be flexible and inclusive, with individual adaptations and one-to-one support provided where necessary to ensure meaningful participation for all.

6.2.2 Recommendations for project development and future initiatives

1. **Co-create workshops and activities with young people**
Future initiatives should actively involve young people with disabilities in the design, implementation, and evaluation of workshops and support activities, ensuring relevance and ownership.
2. **Develop shared, adaptable workshop scenarios across organisations**
Jointly developed activities and workshops should provide a common framework while allowing adaptation to local contexts, participant profiles, and organisational capacities.
3. **Strengthen links between support organisations and local communities**
Projects should include actions that gradually bridge protected environments and community spaces, supporting meaningful and supported participation beyond organisational settings.
4. **Invest in collaboration and exchange between professionals**
Transnational and cross-organisational learning should be continued through peer exchange, joint training, and sharing of practices that support autonomy, well-being, and inclusion.
5. **Support families as part of the support ecosystem**
Future initiatives should recognise the central role of families and provide opportunities for dialogue, support, and shared understanding between families and professionals.
6. **Maintain a participatory and reflective research approach**
Participatory approach should be continued as a tool for learning, evaluation, and innovation, allowing organisations to remain responsive to the evolving needs and experiences of young people with disabilities.

Final remarks

The *Our Ability* project demonstrates that participatory, experience-based research can provide valuable guidance for inclusive practice and collaborative action. By grounding future activities in the voices of young people with disabilities and by working together across organisations and countries, the project contributes to more inclusive, respectful, and empowering support environments.

Annexes

Annex A: Life stories – Selected examples

As part of the participatory research involving young people with disabilities, each partner organisation was asked to collect two life stories—narrative accounts reflecting a person's experiences, identity, and personal development over time. The following section presents a selection of these stories.

A.1 Life story. Lucia, 21 years old

A life to build, between uncertainties and clear dreams

Lucia is 21 years old and lives with her family, the cornerstone of her life. She spends most of her time with them and her two friends: they represent the most precious thing in her life. Sometimes, however, her days seem monotonous. Lucia is a sociable girl and longs for more friends and colleagues to share her days with. At school, she always had a good relationship with her classmates, but as she grew older, their paths diverged and they lost touch. Her last year of high school was complicated. A teacher made her anxious by telling her she wouldn't pass her final exams. She experienced that period with great anxiety, but it was her parents' support that helped her face it and overcome it.

A key figure during that period, and still today, is her beloved teacher A. Speaking of her, Lucia says: "She must never leave my life; I want her forever." A. supports her with daily activities, travel, or simply spending time together. She also accompanies her to the theater events she enjoys so much. Lucia feels at ease at the social and educational center: being with the other kids and the bond she's developing with the theater group excites her. She's not afraid to get involved.

In her daily life, Lucia often encounters difficulties, and this is where A.'s presence becomes indispensable. This happens when there are no wheelchair ramps or when poorly parked cars block the way, forcing them to take long detours or narrowly squeeze between cars. At these moments, Lucia feels like she could really use more respect. She lives in a ground-floor house, which at least allows her to move around the house without any problems.

As she grows, she discovers a love for the world of fashion and beauty. She would like to care for others and become a beautician. She's already studying on her own, taking advantage of the quiet mornings when she's alone at home to concentrate. While she's

almost completely independent at home, she needs someone to go out with her. Only at the mall can she move around independently, thanks to the absence of barriers and dangers.

Cheerful, stubborn, and sometimes a little lazy, Lucia is very empathetic. She loves to listen to others and can't stand seeing sad eyes: she's always available for a hug. Sometimes, however, she feels melancholy and finds herself thinking about death. The loss of her uncle has affected her deeply and made her understand what it truly means to lose someone. Sometimes, looking at the clouds, she seems to glimpse an angel and thinks of him.

One thing she truly hates? Therapy. She knows it's good for her, but it's exhausting. At home, she wears prosthetics that allow her to walk, even though her greatest wish would be to be able to walk like everyone else, without difficulty. The braces have caused her painful sores, and for this reason, she often uses a wheelchair, especially when she has to be out for long hours. She doesn't feel adequately cared for by her therapist: how could she if he's often distracted by his phone? This makes her journey more difficult.

A.2 Life story. Jasmine, 28 years old

Jasmine and her world: family, friendship, independence

Jasmine lives with her parents in a single-family home. She is an only child, as after her birth and the diagnosis of her intellectual disability, her parents decided to devote themselves fully to her care—especially her mother, who does not work. Their decision was also influenced by fear and uncertainty. Jasmine is deeply loved and accepted within her family. She has very positive relationships with her aunt and uncle, their neighbors, and her mother's friends. Although her communication abilities do not allow her to engage in complex conversations, she is sociable, open, and eager to meet new people, which enables her to start and maintain simple interactions with ease.

Jasmine also enjoys caring for animals. She has a dog, and recently, together with her mother, she bought a fish, which currently captures most of her attention. She proudly says: *"I have a blue fish. His name is Mac. I bought an aquarium and it has sand, and stones, and a castle."*

She spends her days at the Occupational Therapy Workshop, where she most enjoys music activities and daily living skills training, such as cleaning, loading the dishwasher,

and vacuuming. She has been showing significant progress in these areas. Jasmine is encouraged to participate in concerts, festivals, and integrative events. Outside the centre, she benefits greatly from social assistance services, which allow her to travel, go to the cinema and theatre, and spend evenings in cafés with people she enjoys. She is not a sad or withdrawn person and does not feel limited, though she sometimes expresses that she would like more opportunities for integration with peers outside the facility.

Jasmine strives to be as independent as possible, but due to difficulties with cause-and-effect reasoning, excessive trustfulness, challenges in maintaining healthy boundaries, and her inability to read and write, she cannot independently use public services, public transport, or attend medical appointments without support. She loves painting, singing, dancing, and cutting paper crafts. As a young woman, she enjoys beautiful jewelry and nice clothing. Her mother makes sure Jasmine has freedom to express herself and develop her individual style.

A.3 Life story. Vegetto, 20 years old

A Story of Perseverance and Belonging

Vegetto is a 20-year-old young man with a physical disability assessed at 82%, who is fully dependent on support for activities of daily living. He lives with his parents, who provide him with constant care and strong emotional support. Vegetto communicates using a communication device, carefully selecting letters one by one to express his thoughts, as he is unable to speak verbally. Despite the effort this requires, he is communicative, expressive, and eager to share his opinions.

Vegetto successfully completed the academic requirements of secondary education. However, at the end of this stage, his mother was forced to make a difficult decision. Because personal assistant and communication mediator support was unavailable at the later stage of compulsory education, the only way for Vegetto to continue his education with the support he needed was not to graduate formally or receive his secondary school certificate. As a result, he was offered a specialised training programme that did not match his interests or aspirations. This situation caused him considerable anger and frustration, as he could not understand why he was unable to continue his education like his classmates.

Over time, after joining the special centre, Vegetto gradually began to build strong relationships with both his classmates and teachers. He started to feel increasingly integrated, understood, and appreciated, which led to greater emotional stability and satisfaction. The transition from mainstream secondary school to a special education

centre, combined with his age and communication difficulties, resulted in the loss of many friendships from high school. Although he remains in occasional contact with some former friends through messages, these relationships are no longer part of his everyday life.

Before attending the centre, Vegetto showed little interest in participating in afternoon activities. Since joining, however, he has become actively involved in new experiences. He is now enrolled in adapted sports activities and also participates in robotics workshops organised by an association for people with disabilities. These activities are highly motivating for him and provide a strong sense of achievement—so much so that he never wants to miss a session.

During the 2025/2026 academic year, Vegetto will complete his studies at the centre. He is currently advocating strongly for the inclusion of a personal assistant within an adult education setting, which would allow him to continue learning and pursue his dream of completing at least an Intermediate Vocational Training programme.

Despite his complex communication needs, Vegetto is a sociable young man with a rich inner world and a strong desire to learn. With the unwavering support of his family, who encourage him to pursue his goals, he continues to move forward with determination and hope.

A.4 Life story. Ger, 27 years old

Ger's Path to Independence: Stability, Skills, and Future Aspirations

Ger grew up in a family that went through significant changes, including the long-term divorce of their parents. In early childhood, Ger lived with both parents and has a twin sibling. A close relationship with a grandmother played an important role during this period, as Ger spent time helping and supporting her.

Ger's educational journey was generally stable and successfully completed. Early education took place in a local school environment, alongside attendance at a specialised kindergarten, which Ger recalls as a less positive experience. Despite this, Ger performed well at school and completed compulsory education without major difficulties.

After finishing general education, Ger continued into vocational training and qualified as an assistant baker. This stage of education was experienced as calm and manageable and allowed Ger to develop practical, work-related skills.

Ger is a person with a disability. However, over the years, Ger developed a high level of independence in daily life. Ger is fully self-sufficient in personal care, including hygiene and dressing. Although not currently responsible for preparing daily meals, Ger has experience in baking and has prepared simple food items, such as sausage rolls, independently or together with others. Ger enjoys physically active hobbies, including

orienteering, walking, and attending the gym, and also shows an interest in caring for plants, particularly orchids.

Social participation plays an important role in Ger's life, especially through regular participation in football activities. These sports activities provide opportunities for building trust, cooperation, and social confidence. Ger also attends regular speech therapy sessions, which form part of a structured weekly routine and support ongoing personal development.

Ger expresses overall satisfaction with current life circumstances and looks toward increased independence in the future. Plans include engaging in employment more actively after completing speech therapy. Another aspiration relates to greater mobility, symbolised by the goal of having access to a car. Above all, Ger wishes to manage life calmly and independently, aiming for a peaceful, stable, and successful future.

A.5 Life story. Nick, 20 years old

Inspiring Others to Pursue Their Passions Beyond Perceived Barriers

Nick was born with Down syndrome and has lived his entire life with his mother and extended family. He describes himself as a sociable person and approached the meeting with a clear intention to engage, inspire and share his experiences. Throughout the conversation, he demonstrated confidence, enthusiasm and a strong desire to be seen not through the lens of disability, but through his activities, achievements and passions.

He followed the mainstream education pathway and completed education up to the 10th grade. Alongside formal schooling, and with the support of his mother and a close friend encountered along his life path, Nick gradually developed several strong interests that became central to his identity. He does not frame these interests as hobbies in a casual sense, but as areas of commitment that require effort, discipline and perseverance.

Nick is an accomplished athlete. He competes in skiing at an international level and has achieved the title of world vice-champion in the Special Olympics. In addition, he participates in national swimming competitions. He speaks about sport as a source of motivation, structure and personal pride, but also as a platform through which he connects with others. As he explains, he enjoys being visible and present, but equally emphasises the amount of work involved in training and preparation.

Alongside sport, photography occupies a significant place in Nick's everyday life. He actively builds his photographic portfolio and describes photography as a source of happiness and personal fulfilment. Importantly, he does not treat his passions

as individual pursuits only. He consistently seeks to involve others, encouraging friends and peers to participate in activities he enjoys. Over time, this approach has positioned him as a motivating figure for other young people, who look to him as an example of engagement and possibility.

Nick's presence in social and community settings is marked by recognition and positive attention. He describes being welcomed warmly and feeling appreciated when entering shared spaces. His active involvement in sport, creative work and community life has contributed to his recognition as a local representative and advocate for people with Down syndrome, including receiving honorary citizenship in his hometown. These forms of recognition reinforce his sense of belonging and social value.

When speaking about the future, Nick articulates clear goals, but also an awareness of structural challenges. He expresses a strong desire to work, linking employment with financial independence and mobility. One of his main aspirations is to earn enough money to travel abroad. At the same time, he recognises that existing systems remain complex and difficult to navigate for people with disabilities, making the path towards employment and independent adulthood demanding.

Nick's life story illustrates the interaction between personal agency, family support and systemic constraints. While living with Down syndrome entails ongoing social and institutional barriers, access to sport, creative expression and community recognition has enabled him to develop confidence, purpose and future-oriented aspirations. His narrative highlights how meaningful activities and supportive environments can foster not only individual well-being, but also the capacity to inspire others and challenge assumptions about disability.

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Our Ability participating organizations:

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