



COMPARATIVE REPORT WITH RECOMMENDATIONS FOR TRAINING

RESULTS FROM THE
CO-DESIGN RESEARCH

DELIVERABLE 2.2

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1. OVERVIEW OF THE VERA CO-DESIGN METHOD

This comparative research initiative was established to deepen understanding of how issues of sexuality, intimacy, and safety are experienced, taught, and supported among young people with Autism Spectrum Disorder (ASD) across three European contexts: Italy, Spain, and Estonia. Despite cultural and institutional differences, all three countries share a common gap — the lack of structured, autism-adapted education on relationships, consent, and sexual safety. The project's overarching goal has been to develop knowledge that will serve as a foundation for designing training materials for youth with ASD, their families, and the professionals who work with them.

From the outset, the consortium agreed that this work must be conducted with people with ASD, not merely about them. The co-design principle - ensuring that voices, experiences, and needs related with ASD shape every stage of the process - has been central to this effort. Each country conducted its own national data collection process, adapted to its cultural and institutional context, but guided by a shared framework that prioritised participation, psychological safety, and inclusivity.

1.1 The co-design methodology

The chosen co-design methodology was grounded in participatory action research and community-based inclusion practices. The process revolved around engaging three primary target groups:

- **Young people with ASD** – as the primary beneficiaries and knowledge-holders of lived experience;
- **Caregivers and family members** – as daily supporters, mediators, and protectors, who hold crucial insight into communication barriers, vulnerabilities, and learning needs;
- **Professionals** – educators, therapists, psychologists, social workers, and others who interact with youth with ASD in both formal and informal settings.

Each participating country tailored its approach to its population and institutional setting, ensuring accessibility and cultural sensitivity. The guiding principle across all sites was that youth with ASD and their networks are experts in their own realities. This belief shaped both the **format of data collection** and the **tone of engagement**: empathy, trust, and practical problem-solving over abstract discussion.

Co-design sessions typically consisted of semi-structured interviews, focus groups, and small workshops. In Estonia, individual interviews were preferred, as participants expressed discomfort in group discussions, especially on intimate topics. In Spain and Italy, small group discussions were feasible, particularly with professionals and caregivers, where peer exchange was seen as beneficial. Across all countries, facilitators ensured communication adjustments — such as visual aids, short sessions, sensory-friendly settings, and simplified phrasing — to make participation accessible.

1.2 Work undertaken

The national teams conducted extensive preparatory work to ensure inclusivity and sensitivity. This included:

- Reviewing existing literature, policies, and educational practices related to sexuality and autism;
- Recruiting diverse participants across age, gender, and support needs;
- Designing tailored interview guides and co-creation tools;
- Provision of guidelines for facilitators in autism-aware communication methods;

- Ensuring ethical safeguards, including informed consent, confidentiality, and emotional safety mechanisms.

Each country submitted a national report analysing key findings within core thematic areas: personal and professional experiences, communication challenges, understanding consent and autonomy, vulnerability, social reciprocity, life independence, resources and services, professional and peer support, practical tools, and behavioural interpretation. These findings collectively feed into this comparative report, which integrates local insights into a shared European understanding of sexuality education of youth with ASD.

1.3 Challenges in implementation

While the project achieved a significant depth of qualitative understanding, it also faced recurring challenges that can be of benefit for interpreting the results and designing the next steps.

Recruitment and participation barriers. Youth with ASD and families are often cautious about engaging in projects that touch on sensitive topics like sexuality and abuse. Many families feared stigma or misunderstanding, and some youths were reluctant to discuss intimacy or personal experiences, particularly in group formats. In Estonia, nearly all interviews had to be conducted individually.

Communication and sensory barriers. Facilitators needed to adapt continuously to participants' communication preferences. Literal interpretations of language, difficulty processing abstract or metaphorical phrasing, and sensory discomfort (e.g., with lighting or sound) required flexible environments and short, structured sessions.

Institutional and resource limitations. All three countries reported that autism-related sexuality and safety education is severely underdeveloped, both at policy and practice levels. There are few specialised materials, little professional training, and limited public awareness. This gap often forces teachers, psychologists, and caregivers to rely on personal experience or imported materials from other countries, which may not align with local cultural or linguistic contexts.

Balancing emotional safety with open dialogue. Discussing abuse, exploitation, or sexuality can evoke distress among participants who have past experiences of trauma or exclusion. Facilitators learned to prioritise emotional containment, using grounding exercises, breaks, and follow-up support. In some cases, professionals who participated also experienced emotional strain, as they recognised gaps in their own competence.

Cultural differences in discussing sexuality. The three contexts revealed differing comfort levels and taboos. Italian and Spanish participants tended to view sexuality through a relational and emotional lens, while Estonian participants emphasised privacy, boundaries, and safety. These cultural variations shaped not only what participants were willing to discuss but also how training materials should be framed later to be culturally and psychologically appropriate.

1.4 Ethical approach and safeguarding

The nature of the research required high ethical sensitivity. Each team followed national ethical guidelines and EU-level standards for safeguarding vulnerable participants. Consent procedures were adapted for different cognitive levels, ensuring comprehension and voluntary participation. Emotional safety was treated as an ongoing responsibility — not a one-time signature — with facilitators regularly checking participants' comfort and readiness.

A particular innovation across all sites was the “**layered consent**” model, allowing participants to choose their own level of engagement (for example, discussing only non-personal examples or using

hypothetical situations). This proved crucial for reducing anxiety and enabling meaningful participation.

Another key feature was the inclusion of **co-facilitators or advisors with ASD**, particularly in Spain and Italy, which helped increase trust and credibility. Their presence reinforced the project's participatory ethos and provided an immediate model of empowerment and inclusion.

1.5 Key achievements and outputs

By the end of the national data collection phase, the project achieved several tangible and intangible outcomes:

- A comprehensive set of qualitative insights from 57 participants across three countries.
- A strong comparative framework for identifying European-wide trends and country-specific nuances.
- The establishment of ethical and methodological standards for engaging youth with ASD on sensitive topics.
- A foundation of trust between researchers, participants, and communities that will support the next phase: co-designing practical training materials.

1.6 Towards the next phase: from knowledge to implementation

This section represents the European-level synthesis emerging from the comparative analysis of the three national reports. Across Italy, Spain, and Estonia, the co-design process has revealed a shared landscape of challenges and aspirations. Youth with ASD, their caregivers, and professionals consistently face barriers in understanding and navigating relationships, intimacy, consent, and personal safety. This initial phase has thus provided not only the knowledge base but also the **social foundation** for the next stage — the development of **training modules** tailored to the cognitive, emotional, and sensory needs of youth with ASD, and complementary guidance for families and professionals.

The next phase will take these voices and insights forward — translating them into **practical, evidence-based educational materials** that foster understanding, empowerment, and safety for youth with ASD across Europe.

2. PARTICIPANTS

2.1 Overview

The co-design process engaged three key target groups in **33 sessions** — **young people with autism, their informal caregivers, and professionals** working with them. Across all three countries, participation was intentionally kept small and focused to ensure safety, accessibility, and depth of reflection rather than quantity. In total, **56 individuals** took part in the co-creation activities.

Country	Young People with ASD	Caregivers / Families	Professionals	Total
Italy	6	8	7	21
Spain	6	5	5	16
Estonia	5	7	7	19

Total	17	20	19	56
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Sessions were conducted through a mix of **small groups and individual interviews**, depending on the comfort level and communication style of participants. Each national team designed the format to minimise stress and maximise authentic input. Recruitment was carried out through autism organisations, special-education schools, therapy centres, and personal networks. Participants were briefed carefully about the project’s focus on **relationships, intimacy, and safety** - sensitive themes requiring trust, discretion, and adaptive communication.

Across the different target groups, the sample was predominantly female. In the group of young people with ASD, only four participants were male. The mean age of participants with ASD was 21.7 years. At national level, the age range was 18-22 in the Spanish context, 18-23 in Estonia, and 18-31 in Italy. In the Italian sample, two of the six participants were aged 30 and 31.

This deviation from the initial target age range was primarily due to the practical challenges of recruiting younger participants under the age of 24, particularly when addressing highly sensitive topics such as intimacy, relationships, and personal safety. Ethical considerations, parental gatekeeping, and the need for a high level of trust and emotional readiness significantly limited access to younger cohorts. In order to ensure the continuity and depth of the research, a small adjustment to the age criteria was therefore deemed necessary. Despite this extension, the study maintained a strong focus on experiences, emotions, and relational dynamics rooted in young adulthood, ensuring coherence with the original research objectives.

2.2 Young people with ASD

Profile

Participants represented a wide spectrum of verbal ability, cognitive functioning, and social experience. All were able to express preferences and experiences, though some did so through simplified language, written notes, or assisted communication.

Common threads emerged across all three countries:

- A desire for **real, practical information** about relationships and safety rather than abstract theory.
- Discomfort in group discussions; most preferred one-to-one or very small groups.
- Difficulties applying learned material from school to real-life situations.
- Strong motivation to be understood and taken seriously.

Country snapshots

- **Italy:** Six participants, mostly late adolescents or young adults living with family. They spoke about friendship and inclusion rather than sexuality per se, stressing confusion around emotional signals and consent.
- **Spain:** Six participants, some already in vocational training or supported employment. They were more open to emotional topics but struggled with boundaries, particularly online.
- **Estonia:** Five participants, all interviewed individually. Their feedback centred on **clarity and safety** — they wanted explicit, direct explanations and disliked metaphors or euphemisms. Many recalled negative experiences at school and limited trust in teachers.

2.3 Caregivers and Families

Profile

The caregiver group was predominantly composed of mothers. Ages of their children with ASD ranged from early teens to mid-twenties. Caregivers consistently described balancing **protection and autonomy**, often feeling unsupported and emotionally exhausted. They requested concrete tools for teaching consent, boundaries, and safe independence.

Country Snapshots

- **Italy:** Eight parents participated. Discussions focused on fear of exploitation and the emotional strain of constant supervision. Parents called for **clear professional guidance** and accessible materials that address sexuality as part of normal development rather than a taboo or risk factor.
- **Spain:** Five caregivers attended, many already linked to autism associations. They emphasised the **lack of coordinated institutional support** and expressed appreciation for peer-to-peer learning.
- **Estonia:** Eight parents participated, mostly mothers of teenage sons. They prioritised safety and digital awareness but also recognised the need to teach independence. Parents asked for **visual guides** and **practical examples** to use at home, since abstract advice felt unhelpful.

2.4 Professionals

Profile

Nineteen professionals contributed across the three countries — including teachers, special-education specialists, psychologists, social workers, and therapists. Most had limited formal preparation on sexuality and autism. They expressed strong motivation to learn and co-create practical tools.

Country Snapshots

- **Italy:** Seven professionals, mainly psychologists and facility coordinators, described working “without a roadmap.” They asked for **clear protocols, examples of good communication, and collaboration mechanisms** between schools and families.
- **Spain:** Five professionals participated, many with NGO or public-school backgrounds. They advocated for **normalising conversations about sexuality** and embedding them into daily educational life. However, they felt constrained by rigid institutional frameworks.
- **Estonia:** Seven professionals from education and health sectors underlined a **total absence of national guidelines**. They requested step-by-step materials explaining how to discuss topics such as body awareness and consent with youth with ASD.

2.5 Accessibility and safeguards

All sessions were adapted for sensory and cognitive accessibility, where it was needed:

- Use of simple, concrete language; no metaphors or euphemisms.
- Sessions with predictable structure and the option to pause or stop.
- Emotional-safety checks and post-session debriefing.

Facilitators were encouraged to use autism-aware communication and display ethical sensitivity. Where needed, sessions were conducted **one-to-one** to ensure comfort and privacy, especially when discussing topics related to sexuality or abuse.

2.6 Key insights across groups

Target group	Shared Needs and Priorities
Young People	Clarity, directness, concrete examples, and visual learning.
Caregivers	Emotional support, practical tools, and professional guidance.
Professionals	Structured training, institutional backing, and autism-specific methods.

Together, these 57 participants provided a **multi-layered understanding** of how sexuality, safety, and relationships are experienced in real life, forming the evidence base for developing **targeted, inclusive training materials** in the next phase.

3. RESULTS: OUTCOMES & INPUTS

This section synthesises the main insights and outcomes drawn from the three national reports (Italy, Spain, and Estonia) each produced through co-design sessions with young people with ASD, caregivers, and professionals.

It focuses on both **common European findings** and **country-specific differences**, highlighting key barriers, enablers, and recurring patterns related to **relationships, sexuality, safety, and learning needs**.

The results are organised into thematic areas derived from cross-analysis of the national datasets.

3.1 THEME 1 – LACK OF STRUCTURED TRAINING, GUIDELINES, AND RESOURCES

Across all three countries, a striking gap emerged: there are **no structured national guidelines or specialised training materials** for teaching young people with ASD about relationships, sexuality, and safety. Professionals and parents alike rely on **piecemeal, outdated, or generic resources**, often designed for neurotypical learners.

Country	Key Observations
Italy	Existing materials are usually imported translations or teacher-made resources, often moralistic or medicalised. They rarely involve contributors from people with ASD and use abstract or figurative language that autistic learners cannot interpret.
Spain	Schools and NGOs use scattered materials focused mainly on anatomy and reproduction, with little coverage of emotional or consent issues. Teachers feel unsupported by institutions when addressing sexual safety.

Estonia	No official materials exist in Estonian tailored to autistic learners. School sexuality education is verbal and theoretical, making it inaccessible. Professionals openly admit to “working without tools.”
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Youth with ASD across the three countries described school lessons as **irrelevant and confusing**, noting that they could memorise information but **could not apply it in real life**.

Professionals confirmed that the lack of autism-specific training leaves them improvising or avoiding sensitive topics altogether, which perpetuates silence and stigma.

“Most of us are working from intuition, not from structured guidance.” (Practitioner, Estonia)

“It’s a huge gap that university training doesn’t address these themes. When I had to intervene in a real case, I had to self-train very quickly.” (Practitioner, Italy)

“Sexuality is usually only addressed when a problem comes up.” (Practitioner, Spain)

3.2 THEME 2 – IMPORTANCE OF ADAPTABILITY AND PERSONALISATION

Participants consistently emphasised that **no single method works for all learners with ASD**. Differences in sensory processing, attention span, communication style, and comfort with social contact mean that education must be highly individualised.

Shared Needs	Examples
Visual learning tools	All countries reported that youth with ASD understand best through pictures, diagrams, videos, and visual scenarios.
Concrete and literal explanations	Euphemisms (“the birds and the bees”) cause confusion; explicit, factual language works best.
Small or individual sessions	Large group settings cause anxiety and distraction; 1:1 or same-profile small groups yield better engagement.
Predictable structure	Clear beginnings, endings, and rules help create a safe learning space.

Professionals across all sites reported **needing training on how to tailor content**, particularly around sensory triggers and different comprehension speeds.

“Even the best guide won’t work unless you adapt your tone, examples, and pace.” (Practitioner, Italy)

“Workshops and peer exchanges are much more useful than abstract manuals.” (Practitioner, Estonia)

“I’d love a written guide, not a rigid manual, but something flexible and practical.” (Young adult with ASD, Italy)

3.3 THEME 3 – CHALLENGES IN WORKING WITH FAMILIES AND INSTITUTIONS

Family dynamics and institutional barriers emerged as intertwined issues. Parents frequently serve as the **primary educators** on relationships and safety but feel unqualified and isolated. Schools and healthcare systems, meanwhile, rarely collaborate with them.

Cross-country insights

- **Fear and overprotection:** Parents often prioritise safety over autonomy, limiting opportunities for learning about relationships.
- **Institutional avoidance:** Schools avoid sexuality topics with students with ASD to “avoid complaints” or “because they won’t understand anyway.”
- **Information gaps:** Caregivers lack clear, autism-adapted guidance; professionals lack referral pathways.
- **Transition risks:** After leaving school, youth with ASD often lose structured support and social contact, leading to isolation and vulnerability.

Country	Key Points
Italy	Families described themselves as alone between the school and the world. Parents seek collaborative workshops where they and their children can learn together.
Spain	Families report slightly better NGO support networks but still face fragmented services. Peer-support groups for parents were seen as the most valuable form of learning.
Estonia	Institutional cooperation is minimal. Parents distrust state services and prefer to manage issues privately, though they express exhaustion and need for concrete help.

A recurring pattern was the **intergenerational cycle of misunderstanding**, youth with ASD are not taught relational skills, parents are left to guess, and professionals lack guidance to intervene effectively.

“Families often discourage us from tackling certain topics, especially in private practice. There’s fear that opening these conversations increases risks.” (Practitioner, Italy)

“I feel like I am always walking a tightrope - if I protect too much, I limit him; if I let go too much, I put him at risk.” (Family member, Spain)

“Families’ fears and taboos make it harder to talk about these issues naturally.” (Practitioner, Estonia)

3.4 THEME 4 – COMMUNICATION AND LEARNING PREFERENCES

The results show clear patterns in how participants with ASD prefer to receive and process information:

- Short, direct messages.

- Simple language.
- Visual or role-play examples rather than abstract lectures.
- Time for processing and questions.
- Respect for boundaries (no forced sharing or touching exercises).

Country	Learning Preferences Identified
Italy	Strong preference for visual tools and social stories; discomfort with moral or religious framing common in school education.
Spain	Favours participatory workshops where examples can be acted out and analysed step by step.
Estonia	Absolute need for literal, factual, stepwise explanations — “show, don’t hint.” Participants prefer one-to-one learning environments.

Professionals stressed that **teaching consent** and **emotional understanding** require patience, repetition, and clear boundaries rather than moralistic rules.

“In small groups like today, not in a big class.” (Young adult with ASD, Spain)

“Respect means being truly listened to, not just being polite, but really hearing me.” (Young adult with ASD, Italy)

“It has been taking years to learn and understand how to communicate and I am still not certain whether my next question can trigger anxiety.” (Family member, Estonia)

3.5 THEME 5 – UNDERSTANDING CONSENT, AUTONOMY AND SAFETY

One of the most sensitive yet crucial findings across the three countries was the **widespread misunderstanding of consent** among youth with ASD. Many did not grasp when consent must be asked, when it can be withdrawn, or how to express refusal.

Shared findings:

- Consent needs to be **taught explicitly and contextually**.
- Everyday examples help clarify boundaries (e.g. “you don’t need permission to buy someone an ice cream, but you do for touching their body”).
- Youth with ASD often mistake compliance for consent — agreeing to something to avoid conflict.
- Some lack awareness of personal space or others’ comfort, increasing social vulnerability.

Country	Key Details
Italy	Professionals note confusion between friendliness and flirting; many youths fear rejection.
Spain	Digital spaces (messaging, social media) blur boundaries; youth are uncertain about what counts as private or public.

Estonia	Participants requested visual demonstrations of “what is OK and what is not,” expressing frustration with vague rules.
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Caregivers and professionals highlighted the **heightened risk of exploitation** when youth with ASD seek acceptance at any cost.

“Sometimes people say ‘yes’ just to avoid disappointing someone, that’s not real consent.” (Young adult with ASD, Italy)

“It’s taken lots of repetition and real examples to help him understand that consent isn’t just about saying yes or no.” (Family member, Italy)

“We start by teaching the difference between a friend, an acquaintance and a stranger.” (Practitioner, Spain)

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3.6 THEME 6 – PROFESSIONAL COMPETENCE AND INSTITUTIONAL SUPPORT

Every national report stressed that professionals across sectors - education, health, law enforcement - **lack formal training in autism-specific communication**, particularly regarding sexuality and safety.

Key insights:

- Training for teachers and psychologists focuses on academic or behavioural management, not relationships or consent.
- Professionals fear “saying the wrong thing” or triggering complaints.
- Cross-sector cooperation (e.g. between schools and therapists) is rare or informal.
- Many call for **step-by-step manuals**, **real-life case discussions**, and **collaborative frameworks**.

Country	Gaps and Strengths
Italy	Fragmented system; reliance on NGO projects. Teachers report lack of confidence and tools.
Spain	Slightly stronger NGO sector, offering ad hoc training. Professionals request formal recognition of sexuality education as part of autism support.
Estonia	Almost no structured training exists; professionals depend on intuition or personal interest.

Participants in all three countries argued that **empathy and clear communication skills** should be treated as professional competences, not optional qualities.

“I don’t feel confident dealing with this on my own. It’s very complex and we need more specific training.” (Practitioner, Italy)

“Even experienced clinicians don’t feel trained for this work with neurodivergent youth.” (Practitioner, Italy)

“We need resources that are concise, flexible and adapted to adulthood.” (Practitioner, Estonia)

3.7 THEME 7 – VULNERABILITY AND RISK OF EXPLOITATION

Across all sites, both professionals and caregivers described **frequent cases or fears of sexual or emotional exploitation**, often linked to social naivety, loneliness, or the desire to belong.

Key Findings

- Youth with ASD often fail to distinguish between real friendship and manipulation.
- Some report being bullied or coerced into sexualised behaviour without understanding its implications.
- Professionals observed that aggressive behaviour in youth with ASD often follows a period of trauma or long-term exclusion - **“the aggressor was first a victim.”**
- Social media amplifies risk: many youths obtain distorted sexual norms online.

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Country	Highlights
Italy	Youth learn about sexuality mainly from peers or the internet; some internalise harmful stereotypes.
Spain	Reported cases of “consensual” exploitation through digital platforms (sharing photos, private chats).
Estonia	High parental concern about online grooming and inappropriate physical contact; limited professional capacity to respond.

“He [the son with ASD] doesn’t always spot when someone’s being inappropriate, especially online, it’s like he misses the warning signs.”
(Family member, Italy)

“It is hard for him [the son with ASD] to understand if people are sincere and laughing with him, or at him. Abuse is often seen as a price for having any contacts at all.”
(Family member, Estonia)

“We don’t always feel prepared to detect abuse, especially in profiles with higher support needs.”
(Practitioner, Spain)

3.8 THEME 8 – EMERGING GOOD PRACTICES

Despite systemic gaps, the co-creation sessions revealed encouraging practices that could guide the next project phase.

Type of Practice	Country Example
Peer and family learning	Spanish and Italian parent groups exchanging experiences and developing shared vocabulary on consent.
Visual and story-based materials	Italian NGOs testing illustrated guides on body awareness.

1:1 teaching formats	Estonian facilitators adapting interview methods into safe individual learning sessions.
Collaborative workshops	Spain piloting mixed sessions with parents and professionals to discuss real cases.

These examples confirm that **small-scale, context-sensitive approaches** can produce meaningful learning even within limited systems, as long as they are **co-designed with participants** with ASD and **focused on practical understanding**.

“We should create materials with the young people themselves. That way, it’s more relevant and respectful of their perspectives.” (Practitioner, Italy)

“First-person narratives help to break stereotypes and make sexuality visible.” (Practitioner, Estonia)

“Talking to other parents going through the same thing makes such a difference, it helps me breathe.” (Family member, Italy)

3.9 CROSS-COUNTRY COMPARISON: COMMONALITIES AND DIFFERENCES

Across all three countries, the findings reveal structural commonalities that reflect a broader European gap: sexuality education exists, but accessibility for people with ASD does not. Despite national differences, the same systemic barriers (fragmented training, institutional silence, and lack of tailored materials) repeat across contexts.

Aspect	Shared Across Countries	Key Differences
Access to adapted sexuality education	Almost nonexistent; reliance on generic or verbal approaches.	Spain has the most NGO-led initiatives; Estonia the least.
Youth with ASD main learning needs	Clarity, visuals, realism, consent understanding.	Estonian youth most literal; Spanish youth most socially expressive.
Parent concerns	Fear of exploitation, lack of support, need for tools.	Italian parents emphasise emotional wellbeing; Estonians focus on safety.
Professional gaps	Lack of training, fear of mistakes, fragmented cooperation.	Spanish professionals have slightly more peer support networks.
Cultural openness	Taboos about sexuality persist in all contexts.	Estonia remains most conservative; Spain most open to discussion.

3.10 SUMMARY

The results reveal a consistent pattern across Europe:

- **Knowledge exists, but accessibility does not.** Sexuality education is present in schools but inaccessible to learners with ASD.
- **Professionals and families lack structured support.** Both groups collect information from various sources but lack clear guidance.
- **Youth with ASD need literal, visual, and experiential learning.** Their strongest request was: *“Tell me exactly what it means, not just what to avoid.”*
- **Systems rely on goodwill instead of frameworks.** Institutional silence around sexuality leaves both youth and educators uncertain.
- **Co-design works.** Sessions demonstrated that when people with ASD and their families are directly involved, insights are richer, safer, and more actionable.

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These findings provide the empirical foundation for the **next project phase (WP3)** - aimed at developing training materials for youth with ASD, caregivers, and professionals which will operationalise these lessons into practical, accessible tools.

4. ANALYSIS: INTERPRETATION OF THE FINDINGS

The comparative analysis of the national reports reveals a cohesive pattern of structural and pedagogical gaps in supporting youth with ASD in matters of **relationships, sexuality, and safety**. While cultural and institutional contexts vary between Italy, Spain, and Estonia, the **core challenges and opportunities** are remarkably consistent.

The findings point to a systemic failure to provide **accessible, emotionally safe, and contextually meaningful sexuality education**, combined with **a lack of professional competence and parental support structures**.

This section analyses these results, focusing on cross-cutting implications and how they shape the design of future training materials. The goal is not merely to summarise findings from the three national contexts, but to interpret their deeper meaning in relation to systemic learning barriers, cultural attitudes, and pedagogical needs. By comparing converging and divergent patterns across Italy, Spain, and Estonia, the analysis identifies the structural elements that any effective educational programme must address, from communication styles and accessibility requirements to institutional responsibilities.

In doing so, it translates qualitative evidence from the co-design process into practical design principles that will guide the development of inclusive, autism-competent training materials in the next project phase (WP3).

4.1 UNDERSTANDING AUTISM IN THE CONTEXT OF RELATIONSHIPS AND SAFETY

Autism as a distinct cognitive and communicative framework

Across all three countries, the project teams confirmed that most existing educational models fail because they implicitly assume **neurotypical communication and reasoning styles**. Young people with ASD tend to process information **literally, sequentially, and visually**. When presented with metaphorical or symbolic content, such as the typical “birds and bees” analogies,

comprehension collapses. This mismatch makes learners with ASD **memorise without internalising** — they can reproduce taught information, yet they cannot apply it when faced with real situations involving intimacy, consent, or boundaries.

In Estonia, this problem was most acute: school-based sexuality education remains almost entirely **verbal, moralistic, and decontextualised**. Italian and Spanish participants described similar frustration but benefited from limited NGO-led initiatives that used more participatory and visual methods.

The European-level insight is clear: **sexuality education must start from how autistic individuals perceive and process reality**, not from neurotypical assumptions about implicit learning.

4.2 STRUCTURAL GAPS IN SYSTEMS AND PROFESSIONAL PRACTICE

The national reports collectively highlight the **absence of institutional frameworks** addressing sexuality and safety for individuals with ASD. This is not an issue of neglect alone but of **systemic invisibility**.

1. **No national curricula or training standards** exist in any of the three countries for teaching sexuality or relationship education to youth with ASD.
2. **Professional preparation** - in teacher training, psychology, or social work - rarely includes autism-specific components on communication, consent, or body awareness.
3. **Service fragmentation**: cooperation between schools, health services, and families is minimal, and professionals often work in isolation.
4. **Reactive rather than preventive approaches** dominate: interventions occur only after behavioural crises or suspected abuse.

This institutional void forces professionals to **improvise** and families to **absorb responsibilities** that should be shared across sectors. The resulting fatigue, inconsistency, and emotional strain undermine both learning and safety outcomes.

4.3 EMOTIONAL AND SOCIAL VULNERABILITY OF YOUTH WITH ASD

The analysis underscores a deeply human reality: young people with ASD are **not inherently naïve or impulsive** - they are **systematically underprepared**. Across countries, participants described growing up without accessible explanations of emotional intimacy, personal space, or consent. This lack of foundational learning makes them more prone to **exploitation, manipulation, and internalised shame**.

In all three contexts:

- Emotional isolation and limited friendship networks create a **need for connection** that abusers can exploit.
- Online interactions further blur boundaries, offering exposure without guidance.
- Those who mask¹ (especially women and girls) experience heightened vulnerability due to confusion between social compliance and genuine consent.

¹ Masking (autistic camouflaging) refers to the conscious or subconscious efforts of an individual with autism spectrum disorder (ASD) to suppress or hide their autistic behaviours and to mimic neurotypical social behaviours in order to blend into social situations or avoid stigma.

This shows that **autism-specific relationship education is not a luxury** but a **protective factor** - directly linked to safeguarding, self-advocacy, and emotional wellbeing.

The social exclusion faced by youth with ASD also reinforces circular harm: rejection leads to loneliness, loneliness leads to risky behaviour, and that behaviour confirms societal prejudice. Breaking this cycle requires teaching **self-worth and agency**, not merely risk avoidance.

4.4 FAMILIES AS BOTH PROTECTORS AND UNINTENDED BARRIERS

Families occupy a paradoxical role across all national contexts - simultaneously **the main line of defence** and **a source of restriction**. Caregivers, particularly mothers, carry disproportionate responsibility due to institutional gaps. Their fears of harm are justified, yet overprotection can inhibit the young person's development of autonomy and confidence.

Key comparative insights:

- **Italy:** Emotional closeness and family cohesion often prevent open discussion about sexuality. Parents prefer professionals to handle such topics but lack access to specialists.
- **Spain:** Parents are more open but feel unsupported by schools and systems. Peer networks and NGO programmes provide some relief.
- **Estonia:** Parents remain highly protective and distrust institutional involvement, reflecting limited public discourse on sexuality and disability.

Across all three, families expressed **high anxiety, isolation, and a constant sense of inadequacy**. They want training that gives them the words, visuals, and scenarios to communicate effectively with their children.

This makes caregivers an **essential secondary target group** for future educational tools - both to strengthen their role and to relieve systemic pressure.

4.5 PROFESSIONALS' DILEMMA: RESPONSIBILITY WITHOUT COMPETENCE

Professionals across all three countries find themselves **responsible for situations they are not trained to handle**. Teachers, therapists, and social workers encounter questions about sexuality, relationships, and consent but **lack language, resources, and institutional support**.

In Italy and Spain, some educators use imported frameworks from the UK or Scandinavia, but these are rarely adapted linguistically or culturally. In Estonia, professionals largely rely on intuition, "learning by doing," or informal peer advice. Many professionals fear professional repercussions or parental backlash for addressing sexual topics, especially in conservative or rural areas.

The shared need is for **standardised, autism-competent professional training** covering:

- Safe communication techniques.
- Visual and literal teaching tools.
- Legal and ethical guidance around consent and protection.
- Collaborative protocols between families and institutions.

Without such preparation, professionals often resort to avoidance, effectively **leaving youth with ASD uneducated in the very topics that protect them**.

4.6 METHODOLOGICAL AND EDUCATIONAL IMPLICATIONS

The findings validate the project's **co-design approach** as both a methodological necessity and a corrective to traditional top-down models. Inviting youth with ASD, caregivers, and professionals into the same process produced insights that no expert-driven model could generate.

Key methodological lessons:

- **One-to-one formats** work best for exploring sensitive topics; group discussions often lead to withdrawal or masking.
- **Visual and participatory materials** (e.g., cards, short videos, scenario-based discussions) increase engagement and comprehension.
- **Literal, direct language** prevents confusion and builds trust.
- **Facilitators or peer mentors** with ASD provide authenticity and relatability.

This participatory framework proved not only more effective but also **ethically superior**, as it recognised participants with ASD as co-authors of knowledge, not passive subjects.

4.7 CULTURAL AND POLICY-LEVEL CONTEXTS

The three countries reflect different levels of cultural openness and policy readiness:

Aspect	Italy	Spain	Estonia	Assumed European Trend
Cultural openness to sexuality topics	Moderate; often moral or family-based framing	Relatively open; active NGO advocacy	Conservative; sexuality often taboo	Gradual increase in openness, especially via NGOs
Institutional preparedness	Fragmented; relies on local projects	Moderate; decentralised initiatives	Minimal; few national mechanisms	Weak integration across Europe
Professional networks	Patchy, dependent on individual schools or clinics	Stronger grassroots networks	Almost absent	Emerging European interest in unified guidelines
Digital risks	High concern; limited prevention materials	Increasing awareness	Severe lack of resources	Shared need for digital-safety modules

Despite these differences, all three countries converge on one urgent reality: **the system currently depends on individual goodwill and NGO effort rather than policy frameworks.**

This lack of coherence represents both a challenge and an opportunity for the project's next phase to model what structured, autism-competent education could look like at the European level.

4.8 SYNTHESIS OF THE FINDINGS

Taken together, the results illuminate a simple truth: **young people with ASD are not being failed by their abilities but by their environments.** Education, family systems, and professional structures are not designed to meet their way of understanding relationships and safety.

Without reform, these systemic mismatches will continue to produce unnecessary vulnerability, dependence, and mistrust.

The analysis confirms that:

1. **Autism-informed sexuality education is a form of safeguarding**, not a special-interest topic.
2. **Co-design is indispensable** - without voices from people with ASD, materials will always miss critical nuances.
3. **Professionals and families need equal training** to ensure coherence between school and home messages.
4. **Visual, concrete, and literal content** is non-negotiable for accessibility.
5. **Institutional accountability** must replace goodwill: consistent frameworks, policies, and supervision are essential.

The European significance lies in how these national patterns intersect:

Italy's relational warmth, Spain's participatory culture, and Estonia's directness can jointly inform a **unified, culturally flexible model** for autism-inclusive relationship and safety education — one that Europe currently lacks.

5. RECOMMENDATIONS FOR TRAINING AND POLICY

This section presents the consolidated recommendations emerging from the national reports of Italy, Spain, and Estonia, interpreted through a comparative European perspective. The objective is to ensure that the next project phase - the development of training materials and methods - is firmly grounded in real experiences, co-design insights, and the realities of youth with ASD and those who support them.

Recommendations are grouped into five key dimensions:

1. Design and content of training materials.
2. Methods and formats of delivery.
3. Roles and preparation of professionals.
4. Support for caregivers and families.
5. Systemic and policy-level considerations.

Each recommendation reflects both **shared European principles** and **specific lessons from national contexts**.

The comparative analysis points towards an emerging European framework for ASD-inclusive relationship and safety education, which operates across three complementary levels:

- **Micro level:** addressed to people with ASD and aimed at ensuring accessibility and empowerment through clear, visual, and step-by-step learning adapted to individual needs and sensory profiles.
- **Meso level:** targeting to families and professional and aimed at strengthening coordinated and emotionally safe support systems, with shared language, practical tools, and consistent messages across home, school, and community settings.
- **Macro level:** aimed at influencing institutions and policy systems in order to promote structured frameworks, professional standards, and cross-sector collaboration so that ASD-competent sexuality education becomes a recognised and sustainable part of national systems.

These interconnected levels reflect the project's core objectives in order to generate change not only in individual learning practices but also in family engagement, professional training, and institutional policy. Moreover, they will guide the development of WP3 training materials and methods, ensuring impact across personal, social, and systemic dimensions.

5.1 DESIGN AND CONTENT OF TRAINING MATERIALS

Start from the basics

The national findings show that youth with ASD often **lack foundational knowledge** about their bodies, relationships, and consent. Training materials must therefore begin with **step-by-step, concrete information**, progressing gradually toward more abstract themes.

Core building blocks:

- Understanding one's own body: anatomy, physical sensations, and personal hygiene.
- Recognising emotions — one's own and others'.
- Friendship, affection, and boundaries.
- Consent and autonomy: saying yes, saying no, and changing one's mind.
- Safe versus unsafe situations, both offline and online.
- Seeking help: identifying trustworthy people and safe spaces.

Clarity, directness, and visualisation

All national reports converge on the need for **explicit, literal, and visual communication**. Abstract language and euphemisms lead to confusion and disengagement.

Recommended content principles:

- Use **realistic visuals**, not symbolic illustrations (e.g., real human figures instead of cartoons).
- Include **clear examples** of appropriate and inappropriate behaviours.
- Present **short, segmented content** rather than long lectures.
- Combine text, visuals, and audio for multi-sensory accessibility.
- Integrate **checkpoints and repetition** to reinforce learning.

Example (Estonia): Instead of discussing “love” abstractly, show two people in concrete social situations (hugging, talking, online chatting) and ask learners to evaluate whether each action is safe or consensual.

Cultural and linguistic adaptation

Each country's context matters and training content should respect **cultural sensitivities** while maintaining **core principles of autonomy and respect**.

- In **Italy**, use relational and emotional framing to balance warmth with clarity.
- In **Spain**, encourage open discussion and participatory examples.
- In **Estonia**, prioritise literal, procedural explanations and minimal moral framing.

5.2 METHODS AND FORMATS OF DELIVERY

Flexible and personalised learning

Learners with ASD vary widely in cognitive profiles and sensory preferences. Therefore, training must be **modular, adaptable, and accessible**.

Method	Why It Works	Examples
1:1 Sessions	Reduces social stress and allows personalisation.	Common preference in Estonia and Italy.
Small Peer Groups	Builds empathy and shared learning; suitable for confident participants.	Spain's NGO workshops as a model.
Scenario-Based Learning	Encourages practical reasoning about real-life situations.	Role-play or video reenactments.
Visual Toolkits	Reinforces understanding through pictures and sequences.	Illustrated consent charts, body maps, "safe vs unsafe" cards.
Digital Modules	Allows self-paced learning and privacy.	Online interactive guides or animations.

Co-design in practice

The development of training materials should **continue the participatory process**:

- Involve youth with ASD as **content testers** and **co-authors**, not just informants.
- Invite **caregivers and professionals** to review language and usability.
- Pilot materials with small, diverse groups before wider dissemination.

Spain's co-creation approach, where youth with ASD validated visual tools and language clarity, can serve as a model for the European level.

Accessibility Standards

Every material should meet **autism-friendly communication standards**, including:

- Predictable layout and colour scheme.
- Plain language and short sentences.
- Use of clear icons and high-contrast visuals.
- Avoidance of sensory overload (flashing images, loud sounds).
- Clear instructions for facilitators on how to pace and adapt sessions.

5.3 PREPARATION AND ROLE OF PROFESSIONALS

Professionals are the **translators between system and learner**, yet they often lack confidence, tools, and institutional support. All three national reports underline the need for **structured, autism-competent professional training**.

Core competencies to develop

1. **Autism-specific communication skills:** How to use literal, concrete, and empathetic language.
2. **Facilitation of sensitive topics:** Managing discomfort, responding to personal disclosures safely.
3. **Understanding consent and boundaries:** Teaching respect for self and others in practical terms.
4. **Crisis recognition and response:** Identifying warning signs of abuse or distress.
5. **Collaboration with families:** Building trust and consistency across settings.

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Formats for professional training

- **Case-based learning:** Analysing real or simulated cases step-by-step.
- **Peer supervision:** Small groups for reflection and knowledge exchange.
- **Joint training with parents:** Strengthening coordination between home and school.
- **Co-facilitation by adults with ASD:** Adding authenticity and perspective.

Institutional backing is critical. Professionals must be supported by clear policies that legitimise sexuality education as part of autism education, not a peripheral or risky activity.

5.4 SUPPORTING CAREGIVERS AND FAMILIES

Families are often the **most consistent presence** in a young person with ASD's life, yet they receive minimal preparation. They need **knowledge, tools, and emotional reinforcement** to support their children without fear or overprotection.

Key areas of support

- **Parent-focused workshops:** Explain how to talk about relationships and safety using visual aids and simple scripts.
- **Peer-support networks:** Facilitate groups for sharing experiences and strategies.
- **Digital resource hub:** Provide downloadable guides, checklists, and reliable links.
- **Emotional wellbeing:** Include sessions for parents on managing anxiety, guilt, and burnout.

Example tools for parents

- Illustrated booklets explaining friendship, boundaries, and consent.
- "Conversation cards" to help initiate discussions.
- Safety plans for online and offline situations.
- Lists of verified local support services.

Collaboration between families and professionals

The training design should ensure **alignment** between what is taught at school or in therapy and what is reinforced at home. This coherence is vital to prevent mixed messages and confusion.

5.5 SYSTEMIC AND POLICY-LEVEL CONSIDERATIONS

The comparative findings highlight that **goodwill is not enough**; institutional structures must embed autism-inclusive sexuality education into mainstream systems. The project's next phase should also advocate for broader systemic reform.

Recommendations for systems and policymakers

1. **Develop national guidelines:** Each country should create frameworks on autism-competent relationship and sexuality education, endorsed by education and health ministries.
2. **Include autism modules in teacher training curricula:** Make autism-specific communication and consent education part of all professional preparation.
3. **Integrate across sectors:** Connect schools, youth services, healthcare, and families under shared safeguarding protocols.
4. **Fund pilot projects and evaluation:** Allocate resources for evidence-based pilot trainings and impact assessment.
5. **Promote peer involvement:** Support youth with ASD and adults as educators, mentors, and consultants.
6. **Ensure long-term accessibility:** Materials should remain free, open-source, and regularly updated with input from the autism community.

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Policy Goal	Expected Impact
National framework for ASD-inclusive sexuality education	Consistency and legitimacy for professionals
Mandatory autism awareness in teacher and psychologist training	Improved communication and safeguarding
Co-design with people with ASD	Higher engagement and trust
Open-access materials and digital platforms	Broader reach, especially in rural areas

These recommendations are fully aligned with the EU Strategy for the Rights of Persons with Disabilities 2021–2030², which calls for inclusive education and stronger protection against violence and discrimination. They also respond to the European Child Guarantee³, emphasising every child's right to accessible, quality education and support for independent living. By developing ASD-competent sexuality and safety education, this project directly contributes to the EU's broader goal of building an inclusive European Education Area⁴ that leaves no learner behind.

² https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/disability/union-equality-strategy-rights-persons-disabilities-2021-2030_en

³ https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee_en

⁴ <https://education.ec.europa.eu/>

5.6 OVERARCHING EUROPEAN LESSONS

Although each national context differs, the comparative lens shows **a unified set of European needs and opportunities**:

- The **silence around sexuality and autism** is a shared issue across all three countries.
- **NGOs currently fill the institutional gap**, but this should transition to public responsibility.
- The **co-design model** has proven effective, adaptable, and replicable.
- Europe lacks a common framework for **autism-informed relationship and safety education**, and this project can pioneer it.

5.7 SUMMARY OF PRACTICAL RECOMMENDATIONS

Target Group	Recommended Focus	Examples of Actions
Youth with ASD	Visual, concrete, modular learning about relationships, consent, and safety.	Illustrated guides, interactive videos, one-to-one sessions.
Caregivers	Emotional support, communication tools, peer exchange.	Parent workshops, safety cards, community groups.
Professionals	Competence in autism-specific education and consent communication.	Case-based training, co-teaching with adults with ASD.
Systems and Policymakers	Institutionalisation of inclusive frameworks and funding.	National guidelines, curriculum reform, evaluation mechanisms.

5.8 CLOSING REFLECTION

The comparative evidence from Italy, Spain, and Estonia highlights a clear path forward: **training materials must not only inform but empower**. They must enable youth with ASD to understand themselves, connect safely with others, and navigate relationships with confidence. Families must feel equipped rather than fearful, and professionals must feel prepared rather than uncertain.

The project's outcomes resonate with key European policy priorities (e.g., EU Disability Rights Strategy 2021–2030 and the European Child Guarantee) by promoting accessible learning, personal autonomy, and protection from abuse. As such, the forthcoming WP3 educational materials will not only serve local needs but also model practical implementation of the EU's commitment to inclusive education across Member States.

If implemented faithfully, these recommendations can transform sexuality and safety education from a **taboo subject** into a **lifeline for autonomy and dignity** — one that bridges cultural contexts and sets a European benchmark for inclusion.

6. REPLICATION: HOW TO RECREATE AND SCALE THE PROCESS

The co-design process carried out in Italy, Spain, and Estonia has proven to be a **feasible, transferable, and ethically sound approach** to exploring sensitive topics such as sexuality, safety, and relationships among youth with ASD. This section outlines the **key steps, enabling factors, and challenges** to guide future replication in other countries or regions.

The replication framework outlined below translates the comparative findings into a European methodology for inclusive education. It provides a structured yet flexible model that can be replicated and adapted across different EU countries. This approach ensures that the lessons learned from Italy, Spain, and Estonia are not isolated experiences but contribute to a shared European vision of ASD-sensitive relationship and safety education.

6.1 CORE METHODOLOGY

The success of the process relied on a **participatory, trauma-informed, and autism-adapted co-design approach**, combining research and dialogue. Its key characteristics were:

1. **Triangulated target groups:**
 - Youth with ASD and young adults
 - Informal caregivers (families, parents)
 - Professionals (educators, psychologists, social workers, healthcare staff)
2. **Multi-phase structure:**
 - Preparatory literature review and local mapping of services.
 - Co-design sessions conducted separately for each group.
 - Synthesis and validation of findings in a shared reflection workshop.
3. **Inclusive communication design:**
 - Simplified, literal language.
 - Visual aids and scenario-based prompts.
 - Predictable session structure and sensory-friendly environments.
4. **Ethical and safeguarding principles:**
 - Voluntary participation and informed consent in accessible formats.
 - Emotional safety ensured by trained facilitators.
 - Clear boundaries and debriefing procedures for sensitive discussions.

This structure can be applied in any European context, provided that facilitators adapt language, examples, and materials to local cultural norms and the cognitive diversity of participants.

6.2 KEY INGREDIENTS FOR REPLICATION

Element	Description	Why It Matters
Co-design ethos	Participants are treated as knowledge holders, not research subjects.	Builds trust and relevance of outcomes.
Facilitator preparation	Teams must be trained in autism communication and trauma sensitivity.	Prevents harm and misunderstanding.

Environmental safety	Small, calm, and sensory-adjusted spaces.	Enables participation and reduces anxiety.
Flexibility in timing	Allow longer sessions or breaks as needed.	Respects different processing speeds.
Iterative feedback loops	Validate findings with participants after each phase.	Ensures accuracy and empowerment.
Interdisciplinary teams	Combine educators, psychologists, and people with ASD as consultants.	Balances expertise and real-life experience.

The results show that while common European principles provide a strong foundation, local adaptation is essential. It became apparent during the co-design implementation that differences in cultural norms, school structures, and social attitudes mean that examples, language, and activities must be tailored to each context, while maintaining core principles like participatory co-design, trauma-informed facilitation, and ethical safeguarding. This ensures that training materials are both relevant and effective across different countries.

Core Elements (to remain consistent)	Adaptable Elements (to be adapted according with local needs/aspects)
Co-design and participatory ethos	Language and terminology used in materials
Adequate preparation for facilitation	Cultural and social framing of sexuality topics
Visual, literal, and accessible communication	Examples, cases, and visual supports
Ethical safeguards and informed consent	Institutional partnerships and delivery formats

6.3 COMMON CHALLENGES AND HOW TO ADDRESS THEM

- Recruitment difficulties:** Youth with ASD may fear judgment or misunderstand the purpose of sessions.
→ *Solution:* collaborate with trusted local organisations and use clear, visual invitations.
- Emotional sensitivity:** Conversations about relationships and abuse can trigger distress.
→ *Solution:* provide professional supervision and ensure post-session follow-up support.
- Institutional barriers:** Schools or agencies may resist participation due to stigma or lack of time.
→ *Solution:* frame the project as educational empowerment and safeguarding, not as “sexual education.”
- Resource constraints:** One-to-one sessions require more time and staff.
→ *Solution:* plan smaller pilot groups and scale gradually; train volunteers and peer mentors.
- Cultural taboos:** In conservative settings (e.g., Estonia), discussing intimacy requires trust and neutrality.
→ *Solution:* start with general safety and emotional literacy before moving to sexuality topics.

6.4 PRACTICAL TIPS FOR FUTURE TEAMS

The replication framework is not only methodological but also strategic: it provides the foundation for the design, testing, and scaling of the educational materials and training pathways developed in WP3.

By converting the co-design insights into practical templates for facilitation, communication, and ethical management, this model ensures that the next project phase builds on validated European evidence. Each future training module should therefore reflect the same principles identified in this comparative phase and below presented:

- **Begin with trust:** invest time in relationship-building before data collection.
- **Simplify everything:** use short, direct language, concrete examples, and visuals.
- **Document visually:** note-taking can include pictograms or charts for easier recall.
- **Empower through feedback:** always return findings to participants in accessible form.
- **Include adults with ASD as co-facilitators:** they model authenticity and relatability.
- **Reflect after each session:** facilitators should debrief to capture emotional and contextual nuances.

6.5 CONCLUDING REMARKS

Replication of this process is not just about repeating a methodology, but about **embedding inclusion as a standard practice and as a systemic standard across Europe**. By ensuring that voices of people with ASD remain central, co-design becomes a sustainable bridge between research, education, and social change. What began as three national pilots can now evolve into a **European model of participatory education for autonomy, safety, and dignity among youth with ASD**.

The VERA Co-design model promotes both continuity and innovation: continuity through shared ethical and pedagogical principles and innovation through adaptation to diverse cultural and institutional settings. This approach aligns with the objectives of the EU Disability Rights Strategy 2021–2030, the European Child Guarantee, and the European Education Area, which collectively call for accessible, inclusive, and rights-based education for all learners. The next phase of the project (WP3) will translate this framework into concrete training materials and learning experiences, demonstrating how inclusion can be designed, taught, and sustained across systems.

