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Lives, choices, territories: Life Project, Quality of Life, Capabilities and Person-Centred Planning in light of Legislative Decree 62/2024

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Abstract

In the context of the reform of the Italian system following Legislative Decree 62/2024, the Individual, Personalised and Participatory Life Plan takes on a central regulatory position. This paper aims to offer a theoretical-empirical analysis and an operational interpretation based on the current regulatory and scientific landscape. The objective is twofold: on the one hand, to increase conceptual understanding of the Life Project in relation to models of person-centred planning, supported decision-making and theories of quality of life; on the other hand, to provide a reflection on possible guidelines and recommendations for the design, implementation and evaluation of the Life Project across local contexts, starting from a focus on the regional model of Umbria. Through a systematic review of international literature on effectiveness, challenges and best practices, a reflection was carried out on strengths, organisational critical issues, training needs, outcome indicators and possible research perspectives. The contribution is aimed not only at social, educational and health service providers, researchers and the educational community, but also at policy makers and bodies that determine the implementation guidelines of national legislation.

Key words: Life Project; quality of life; person-centred planning; supported decision-making; multidimensional assessment; territorial governance.

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1. Introduction: from administrative device to educational device

In the current educational and social landscape, the Life Project (PdV) must

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be understood as a cultural, social and educational device capable of guiding the existential trajectories of people with disabilities towards *agency*, self-determination (Shogren et al., 2015) and equal opportunities. Legislative Decree 62/2024 represents an important break with performance-based models, redefining the *condition of disability* in relational terms, shifting the focus of reflection from medicalisation to the pursuit of full participation and the removal of barriers that hinder it. This condition is defined as: 'a lasting physical, mental, intellectual, neurodevelopmental or sensory impairment which, in interaction with barriers of various kinds, may hinder full and effective participation in various contexts of life on an equal basis with others' (Legislative Decree 62/2024, Art. 2). Multidimensional assessment and individualised, personalised and participatory life plans form the unified framework within which planning, support and contexts must be recomposed. Such a rewriting is possible thanks to the incorporation of the grammar introduced by the ICF (WHO, 2001), which interprets human functioning as the result of the interaction between personal and environmental factors, proposing a vision capable of embracing and connecting social, health and educational spheres through a shared lexicon. This grammar produces a new syntax that fuels a necessary semantic reconstruction with respect to an eminently pedagogical perspective: building, within the individual's existential trajectory, enabling environments and personalised learning paths through which the person becomes capable of exercising their *agency* and expressing their *desires.*

This approach finds strong scientific support in the international literature on *person-centred planning* (PCP) and *supported decision-making* (SDM). Person-centred planning processes, especially when integrated into complex ecosystems and sustained over time, improve community participation, the exercise of daily choice and the alignment between services and preferences (Murray et al., 2024; Francis et al., 2024). The literature on SDM documents how the shift from substitute models to decision support models can positively affect quality of life, perceived control and decision satisfaction, provided that adequate support, appropriate communication tools and clear safeguards are in place (Davidson et al., 2015; Downs et al., 2024). A further theoretical guideline that reinforces the interpretation and educational value of the PdV can be found in *the Capability Approach.* According to Sen (1999) and Nussbaum (2011), equity and justice are measured by the real freedom of the individual to be and do what they want. In this sense, it is not possible to achieve this goal through the mere uniform and horizontal provision of services, but it is necessary to create the conditions for expanding opportunities for choice, belonging and participation. This leads to the need to examine the contexts of life (school, work, territory) in terms of their enabling capacity, measuring their effectiveness not only through quantitative *outputs* (how many hours provided, how many services delivered) but also, and above all, through qualitative *outcomes* in the perception of real change.

This change requires appropriate, multidimensional and comparable interpretations and interpretations capable of reflecting the effects of the support provided in terms of self-determination, inclusion, relationships, well-being and rights. The Quality of Life models used, for example, in observational intervention studies, allow us to measure the quality of the experience beyond mere performance indicators (Friedman, 2018; Gómez et al., 2021). In this broad and complex framework, the PdV sits between pedagogy, social policies and human rights as an enabling educational tool that requires synergistic and scientifically oriented collaboration between institutions, professions and communities.

2. Pedagogical and operational implications

Legislative Decree No. 62 of 3 May 2024 provides for a comprehensive reorganisation of the subject, introducing a number of structural innovations that affect pedagogical planning and have a decisive impact on the operational implementation of the PdV. Disability is understood as the dynamic outcome of the interaction between impairments and barriers: in this sense*,* terminology centred *on handicap* has been definitively superseded*,* shifting the focus from impairments to contexts and participation.

The document also unifies and simplifies the basic assessment carried out by the INPS (National Social Security Institute) by establishing multidimensional assessment as a collegial and participatory process aimed at: a) outlining the functional profile on the ICF (International Classification of Functioning, Disability and Health); b) identifying facilitators and barriers; c) defining objectives oriented towards quality of life. The right of the individual to an *individualised, personalised and participatory* Life Project is recognised*,* providing for a project *budget* to integrate human, professional, technological and economic resources, both formal and informal, identifying a contact person for implementation and defining their responsibilities. The regulatory *framework* is firmly aligned with the CRPD (2007) and the principles of *self-determination, non-discrimination* and *reasonable accommodation,* explicitly referring to the ICF as a common lexicon and assessment tool (Articles 1-4; 24-29).

From a pedagogical perspective, the document emphasises that care cannot be standardised or fragmented: from an ecological and unified perspective, it must represent a moment of constant and structured dialogue and discussion in order to fully represent the person's wishes and life trajectories. This approach, in addition to responding to a need for terminological reformulation and administrative simplification, has important operational consequences: from the need to structure multidisciplinary teams capable of overcoming the territorial fragmentation of services, to the definition of certain timelines for the procedure, to the ability to continuously review the PdV so that it can be adapted to changes in the person and their circumstances.

Ultimately, the integration of the ICF as a terminological, evaluative and methodological framework offers an epistemological bridge between traditionally separate systems such as education, health, social services and the world of work, tending to favour a more complex ecological reading for a necessary convergence of practices. The provision of a project *budget* should not be seen as a limiting factor and should, potentially, be self-managed by the person. In this sense, the value horizon of the decree appears to meet both the scientific literature on the construct of *Quality of Life* (QoL) and the *Capability Approach,* where the quality of policies is measured by the ability to expand real freedoms and not just multiply services (Gómez et al., 2021; Trani & Caught, 2011).

In order to effectively translate the regulatory framework outlined above, it is crucial to implement it consistently across the country, provide training for operators, define practices and methods for monitoring outcomes, and promote accessible information processes to raise awareness of rights and opportunities. To consistently support this change, a strong theoretical foundation is needed: quality of life, capabilities and person-centred planning provide the criteria for interpreting and guiding choices.

3. Theoretical framework: quality of life, capabilities and person-centred planning

In line with what has been outlined in the previous paragraphs, the Life Project emerges as the meeting point between the anthropological vision that inspires special education and the renewed regulatory framework introduced by Legislative Decree 62/2024. Having recognised, on the one hand, the centrality of the person as a subject of rights and learning and, on the other, the need for an educational welfare system capable of translating these rights into personalised and sustainable pathways, it is now necessary to reflect on the theoretical frameworks that guide this perspective towards a truly emancipatory approach.

Thinking about the PdV means, in pedagogical terms, recognising the individual as a subject in permanent formation, the bearer of desires, skills and potential that are built up over time and through relationships.

The PdV, understood in this way, is not reduced to a summary document, but takes the form of a dialogical and reflective process in which institutions, professionals and educational communities share the responsibility of accompanying the person in shaping their own future, supporting their choices and valuing their capacity for self-determination. This vision, which is both educational and normative, is firmly anchored in certain theoretical frameworks which, although different in origin and language, converge in recognising the value of the person and the quality of their life experience. The Quality of Life paradigm highlights the dimensions that give meaning and fullness to existence; the Capability approach (Sen, 1992; Nussbaum, 2002) invites us to interpret freedom as the effective ability to choose and achieve one's goals; while Person-Centred Planning (O'Brien & Mount, 2005) and Supported Decision-Making (Shogren et al., 2015) represent the methodological devices through which these principles are implemented in everyday life and care.

Together, these models outline a pedagogical and political horizon that restores the PDV to its original educational value: not a technical coordination tool, but a device for freedom, through which the person is enabled to learn from themselves, from others and from the world, actively participating in the construction of their own human and social destiny.

3.1 Quality of life (QoL)

The construct of Quality of Life (QoL) is a key principle for guiding, designing, implementing and evaluating PdVs that do not want to limit themselves to a cross-cutting dissemination of resources but want to open up to an integrated dimension of the trajectories of meaning and life of people with disabilities (Beadle-Brown et al., 2016; Brown et al., 2013). Contemporary models, starting with the one developed by Schalock et al. (2012), propose a multidimensional QoL, divided into relevant domains (self-determination, social inclusion, relationships, physical and emotional well-being, rights, personal development, material well-being) and measurable indicators. This implies the need to provide forms of monitoring that can combine quantitative, narrative and observational data (Brown, Hatton, & Emerson, 2013).

The Quality of Life Supports Model can guide the reconfiguration of systems: in fact, it is increasingly necessary to overcome the fragmentation of support in order to design networks and organisations geared towards tangible results, not only in terms of performance (Alonso et al., 2021; Gómez et al., 2021). The growing interest in studies – including reviews and applied research

– shows that the adoption of QoL metrics and person-centred tools can help to capture changes that would otherwise be invisible. Consider, for example, Personal Outcome Measures®, which make it possible to assess the quality of choices made, satisfaction with meaningful activities, the expansion of relational networks, and the experience of belonging in everyday life contexts (Friedman, 2018; Morán et al., 2023).

The institutions involved in developing the PdV must be able to coordinate on common plans and trajectories that prioritise the involvement of the individual (Andersson, 2022), providing all the assessment tools needed to enhance the individual's will and exercise of their agency (Brown et al., 2013; Andersson, 2022). It should be borne in mind, however, that due to the variety of contexts, situations and specificities, the measurement of QoL must be particularly sensitive and flexible, so as not to slip into an epistemic exclusion of those with complex communication needs (Nieuwenhuijse et al., 2019).

3.2 Capabilities and self-determination

The capabilities approach can offer a second essential ethical-political key to assessing the quality and legitimacy of PwD. Drawing on Sen's studies (1999), *equity* can be measured in terms of *capabilities* (Nussbaum, 2011), i.e., actual opportunities rather than the quantity of services provided; the task of institutions is to remove structural or cultural barriers that limit choices. Performance models, on the other hand, tend to produce inequalities that are invisible to conventional measurements, tending to ignore the potential for expressible freedom (Trani & Caught, 2011). The *capability approach* would therefore make it possible to broaden the scope for personal choice and to include environmental and personal accommodations that could have a visible impact on perceived quality of life (Ryan et al., 2024; Pijpers et al., 2025).

From an operational point of view, a PoV based on *the capability approach* implies at least three crucial conceptual and methodological shifts: a) *Diagnosis of constraints*: analysis and mapping of opportunities denied due to environmental, cultural and accessibility constraints, so that the project also funds accommodations and *universal design* principles (Mihut et al., 2021; Mäki-Opas et al., 2022); b) *Deliberative partnership:* co-design not as formalism, but as practical dialogue between individuals, supporters and communication mediators, to translate desires, values and preferences into realistic strategies (Schweiger, 2025); c) *Accountability of freedoms:* indicators must measure not only the number and type of interventions, but also how many choices and how much participation are actually made possible, including the sense of perceived control and the congruence between expected outcomes and individual preferences (Mihut et al., 2021; Mäki-Opas et al., 2022).

If resources and *governance* are geared towards *empowerment* and not just provision, greater consistency between interventions and people's real lives can emerge, and it is possible to reduce the misalignment between standardised supply and situated demand. For POs, this raises a number of possible critical considerations: does the project really expand the person's real freedoms? What *trade-offs* between risk and autonomy have been negotiated and documented? How are the deliberative steps articulated and how can they be documented and reviewed in light of experience? In the absence of such questions, the risk of superficial personalisation, in which 'choice' becomes merely a label for pre-established solutions, could be extremely real.

3.3 Person-centred planning (PCP) in transitions

Person-centred planning (PCP) can be a crucial tool in transitions from school to adulthood, as it can be understood both as a conceptual bridge between historically separate systems and as an operational methodology capable of integrating individual desires and objectives into shared operational strategies. The literature on the subject highlights that, if not reduced to a mere bureaucratic formality, PCP can produce significant improvements in terms of participation, self-determination and consistency between activities and preferences, even if less consistent results remain in terms of stable employment (Ratti et al., 2016).

Person-centred reviews also show that structured and regular meetings can promote coordination, transparency and continuity of the necessary micro-adjustments (Kaehne & O'Connell, 2014). With regard to *evidence-based predictors,* favourable post-school outcomes are associated with real work experience, self-determination-oriented curricula and well-structured inter-agency networks (Test et al., 2009). However, PCP seems to only realise its potential when supported by enabling infrastructure, such as reasonable accommodations, accessible transport and *job coaching* services*;* without these resources, the plan risks remaining a document without transformative power (McCausland, McCallion, & McCarron, 2021).

A further critical condition concerns self-determination: effective PCP must integrate educational interventions and *self-advocacy* practices*,* as the ability to choose and negotiate is a recognised predictor of better adult trajectories (Test et al., 2009). It follows that PCP cannot be understood solely as a methodological tool, but as a *political-organisational* device that requires institutional recognition, dedicated resources and integration into active policies.

3.4 Supported Decision-Making (SDM)

Supported decision-making (SDM) can be seen as an alternative to decision substitution and as an empowerment practice that enables people, even those with cognitive or communication limitations, to make informed decisions with the support of family members, friends or professionals, including through the use of accessible tools. In terms of benefits, it can be noted that the application of SDM promotes an increased perception of control, improved quality of life, reduced conflicts with *caregivers* and operators, greater adherence to decisions and a lower risk of coercive practices (Davidson et al., 2015).

Kohn and Blumenthal (2014), among others, emphasise that SDM does not represent a mere reduction in guardianship, but a *different* form of care, in which the person is recognised as a rights holder and is acknowledged as having profound moral *agency*.

The implementation of SDM in multidimensional assessment processes can encounter organisational and cultural barriers: on the one hand, there is a lack of clear operational protocols on phases, roles and responsibilities; on the other hand, static views persist that do not recognise the dynamic and relational nature of decision-making capacity (Davidson et al., 2015; Kohn & Blumenthal, 2014). However, there remain some substantial critical issues in the integration of any SDM models into the context provided for by the Italian regulatory framework: who would assume the role of contact person in each PdV? What are the minimum skills they should possess (Watson, 2016)? What formal documentation would be required? How would any conflicts between personal preferences and perceived risks be managed? Including SDM in the operational lexicon of the PdV therefore means ensuring that every goal, support and accommodation can be traced back to choices that are clearly expressed and can be reviewed dynamically and diachronically. What can *make the difference* (Bigby & Beadle-Brown, 2018)?

4. Multidimensional assessment and functioning profile

Multidimensional assessment is, in fact, the epistemological and methodological heart of the PdV. By encompassing human functioning in the interaction between bodily functions and structures, activities, participation, and environmental and personal factors (WHO, 2001), the Multidisciplinary Assessment Unit (UVM) represents the institutional space in which it is possible to achieve effectively *situated* knowledge: the person, *caregivers,* social and health workers, schools or employment services bring together their resources and reflections to allow desires and priorities to emerge, to map barriers and facilitators in life contexts and to formulate objectives for change that can be translated into support and accommodations. Assessment is a dynamic process that uses clinical and social tools, ecological observations, narrative interviews, and standardised scales that can be validated and repeated over time, with the aim of guiding and measuring the outcomes of the PdV (Grandisson et al, 2014).

From an operational point of view, the desirable assessment phases concern: a) a *preparation phase,* in which an alliance is built with the person and communication times and methods are agreed upon; b) a *data collection phase,* in which the team can collect and compare data on adaptive skills, physical and mental health, family resources, support networks, accessibility of services and significant places; c) a *shared interpretation phase,* which can provide the person with a comprehensible narrative of their functioning profile; d) a *phase of translation* into objectives, supports and accommodations, defining accurate indicators and a *baseline* from which to start the impact assessment. Studies on *person-centred assessment* show that individuals participate proactively if they feel that their wishes are being listened to and resonate with others (Kaehne & O'Connell, 2014).

Context assessment is fundamental: as we have seen, it is impossible to ignore the analysis of living environments in order to highlight their accessibility, availability and both explicit and implicit attitudes.

Multi-dimensional assessment is inseparable from a genuine ethics of documentation: it is necessary not to lose track of transitions and transactions between services and operators by setting up an assessment infrastructure that can take into account the constructs of *Capability* and QoL (Nota, Soresi, & Ferrari, 2014; Balboni, Coscarelli, & Schalock, 2013; Colver et al., 2018).

4.1 Life Plan and Budget

It should also be specified that *budget* should not be understood as merely financial allocation, but rather as the set of human, professional, technological, instrumental and economic resources, public and private, formal and informal, that can be activated to achieve the agreed objectives. With regard to the economic configuration of resources, studies carried out in Anglo-Saxon *welfare* systems have shown, albeit with some ups and downs, that allocating resources *to individuals* rather *than services* tends to increase the perception of control, satisfaction and consistency between support and preferences, provided that *accountability* mechanisms*,* management support and *brokerage* are established (Glasby & Littlechild, 2009; Manthorpe et al., 2011).

The *budget* must reflect the expected outcomes in the QoL domains, avoiding the provision of interventions inherited from previous management that do not respond to the person's priorities. It must be transparent, verifiable and operationally simple, while maintaining substantial flexibility in experimenting with new strategies and designs in accordance with the complexity and dynamism of personal and contextual factors. The combination of *case management and capacity building* (financial training, digital literacy, rights) can stabilise financial self-management as a widespread practice (Glasby & Littlechild, 2009), strengthening *empowerment* in the use of personalised *budgets* (Needham & Glasby, 2015).

However, impact assessment depends on local ecosystems: the difference between wealthy areas, which tend to offer greater effectiveness and opportunities, and deprived areas, where the tools available are significantly weaker, risks amplifying the territorial divide. In this sense, the construction of integrated networks makes it possible to reduce inequalities (Kazepov & Barberis, 2013), just as co-production practices can make the use of resources more sustainable and inclusive (Ranci, Brandsen, & Sabatinelli, 2014).

The *budget* is therefore not an end but a means: its effectiveness cannot be assessed in terms of accounting consistency but in terms of *trajectories of freedom* that allow individuals to follow their own *existential paths.*

4.2 From papers to contexts: accommodations and universal design

The link between assessment, the PdV and the *budget* on the one hand and the concrete reality of life on the other is represented by *reasonable accommodations*: in the absence of adaptive contexts, personalisation remains only potential. While accommodations consist of specific modifications to rules, spaces and practices aimed at removing individual barriers, *universal design* can and must create environments and services that can be used by as many people as possible, right from the outset (WHO, 2001).

Similarly, in education, the *Universal Design for Learning* (UDL) framework demonstrates that it is possible to improve *access points* and outcomes for students with and without disabilities through a variety of means of representation, expression and engagement (Al-Azawei, Serenelli, & Lundqvist, 2016), in the workplace, accommodations related to *the Americans with Disabilities Act* (ADA*)* in the United States have shown benefits in terms of employment, absenteeism and satisfaction even among workers without disabilities, thus dispelling the perception of sunk costs (Schur et *al*., 2009; Schur et *al*., 2014).

Italian and international literature tends to confirm that *universal design* practices can generate collective benefits by reducing the future costs of individual adaptations (Steinfeld & Maisel, 2012; Balboni, Coscarelli, & Schalock, 2013). In the economy of the PdV, therefore, *reasonable accommodations* and *universal design* must be considered as explicit investment chapters, monitored and updated in cycles of continuous improvement.

These principles are measured in the test of the territories: the Umbrian experiment allows us to observe how direction, proximity and inter-system connections can support authentically participatory PdVs.

5. Governance and experimentation in Umbria

The *guidelines and governance* structure of the Umbria Region (2025) in the experimental phase of the application of Legislative Decree 62/2024 represent a testing ground for the implementation of the PdV in a systemic and participatory manner. Three interdependent levels can be identified: *regional direction*, *municipal proximity* and *inter-system connections*. At the regional level, the *Technical Steering Committee* has a political coordination function and must ensure the monitoring of operations at multiple levels, while the *Coordination and Participation Table* acts by broadening the deliberative base and including institutional actors – the third sector, universities, representative associations and employers – in line with the principles of *multi-stakeholder governance* (Ansell & Gash, 2008).

The *Territorial Support Units* are pivotal structures, with the function of assisting municipalities and districts in the operational translation of regulations, the resolution of doubts and the dissemination of good practices. Ownership of the PdV is attributed to *the municipalities of residence,* which should ensure the proximity and recognisability of the contact persons, also covering administrative and technical responsibilities: they activate the UVMs in the districts with defined procedural times (90–120 days) and through Single Access Points (PUAs). The UVMs represent, in essence, the operational and reflective core of the PdV, which must be equipped with stable teams, which can be integrated with school, work or association figures depending on needs, with the task of transforming the person's desires into concrete and verifiable objectives. The Umbrian model values *personalised budgets* in the form of self-management and incorporates multidimensional assessment into a cycle of continuous improvement that links personal outcomes and organisational decisions. This approach is consistent with research that emphasises the need to combine *assessment* and *planning* in circular *quality improvement* processes (Friedman, 2018; Verdugo et al., 2012; Gómez, Verdugo, & Alcedo, 2021).

The operational framework defined in the document highlights transnational implementation challenges: continuous training on *Person-Centred Planning* (PCP) and *Supported Decision-Making* (SDM), the administrative sustainability of smaller municipalities, the reduction of territorial inequalities in the availability of resources, and the formalisation of effective protocols for inter-institutional collaboration and data management (Needham & Glasby, 2015; Vickers, 2019).

The decision to place responsibility for the PdV at municipal level highlights the centrality and necessity of proximity as a resource for contextual knowledge, capable of reconnecting project objectives and real-life contexts (Manthorpe et al., 2011). Proximity can, however, become a factor of vulnerability if it is not supported by shared procedural tools, adequate training and equalising resources that prevent disparities between territories (Kazepov & Barberis, 2013). From an operational *governance* perspective, the function of the UVM represents a veritable laboratory of inclusion that requires reflective and flexible teams oriented towards organisational learning: without these characteristics, there is a risk that processes will be reduced to administrative rituals incapable of affecting quality of life. Overall, the Umbrian model allows us to identify the presence of many of the conditions previously indicated as enabling: effective participation of the individual, multi-level *governance*, links between the education, health, social and employment systems, monitoring oriented towards personal *outcomes* and the use of comparable quality of life indicators. Its effectiveness will depend on the ability to consolidate institutional learning cycles based on evidence-based culture over time, turning the PdV into a truly inclusive and co-constructed tool.

6. Operational guidelines for local networks

Operationalising the PdV in the territories essentially means translating the principles described above into practices and mechanisms that can stand the test of time and human, community and territorial complexity. The guidelines of the Umbria Region allow for structured reflection on the main implementation issues in the real context of the regulatory framework with a view to *multi-stakeholder governance* (Ansell & Gash, 2008). Some fundamental directions are: a) *access:* proximity and intelligibility. A PDV-oriented system cannot afford multiple access methods and procedures without adequate coordination. The PUAs, citizenship offices, districts and community centres must share the same language and use accessible information tools, training their staff to listen, reformulate and provide guidance; b) the *role of the UVM:* this cannot be a formal requirement but the fundamental place of care. It is necessary to create the conditions for the person to understand the meaning of the meeting, of being accompanied by someone they trust, of being able to express themselves in their own way; c) *the actors:* they must be clearly identified and goal-oriented, trying to avoid unnecessary interlocutory sessions that postpone the definition of procedures and responsibilities each time; d) *The functional profile:* a narrative interpreted in the light of the ICF that can reveal barriers and facilitators and can be flexible and responsive to the reality in which the person lives and acts out their meanings; e) *the definition of objectives:* set according to a grammar of realism and hope.

Realism in recognising constraints and timeframes; hope in not confusing current limitations with insurmountable boundaries on the one hand, and on the other, hope as an orientation towards overcoming obstacles and difficulties, as well as a planning effort; f) *the project budget,* which can represent a map of resources aimed at outcomes and not a place for bargaining to reduce costs and expenses.

The presence of *case managers* and *support brokers* can make a difference in assisting individuals, families and services in managing *budgets* and addressing difficulties, while the local network may choose to invest in relationships with actors outside the services: employers, neighbourhood associations, parishes, sports clubs, libraries, social enterprises, as many of the opportunities that may arise are to be built with the outside world, in the ordinary fabric of community life. On the evaluation side, the networks that work are those that are able to translate QoL indicators into reflective postures: periodic meetings to review the PdV with clear feedback to the person, use of *dashboards* to read trends and inequalities, practice of *action research* to experiment with micro-innovations and evaluate their effect. Finally, participation cannot remain an empty word: it is necessary to establish places and times where people with disabilities and their families can express opinions and proposals on the quality of the PdV and services with a view to continuous improvement. Evidence on quality-of-life-oriented transformation indicates that systems that institutionalise data- and experience-based learning cycles and report transparently are the ones most likely to resist *administrativisation* and keep alive the link between desires, supports and change (Gómez et al., 2021; Friedman, 2018).

7. Conclusions: open questions and research trajectories

The transition to a PdV understood as *a* genuine *socio-educational and enabling policy* requires addressing open questions that the literature and experience suggest are decisive (Giaconi, 2015; Lascioli & Pasqualotto, 2021; Romeo, 2025). While the benefits of PCP in terms of participation and daily choice are proven and replicated, more in-depth, comparative and longitudinal studies are needed on employment outcomes and health, in order to distinguish the effects of planning from those deriving from ecosystemic complexities, with a view to estimating the possible role of personalised *budgets*, *case* *management* and *accommodations* in contexts with varying densities of opportunities (Ratti et al., 2016). It is essential to develop person-sensitive measures: standardised indicators can be significantly interpolated with idiographic measures, provided that there is underlying methodological development and the implementation of *good practice* guidelines to ensure comparability without sacrificing the individual meaning of the outcome (Buxton, McKenna, & Flynn, 2024).

Another central aspect is the organisational translation of *supported decision-making:* the definition of roles, responsibilities, documentation, and the ability to constructively manage conflicts and high-risk situations, without regressing to substitute forms, involves specific decoding and regulatory translation work, as well as *implementation science*, which is not without its critics. See, for example, Kohn and Blumenthal (2014). This criticism remains relevant in warning that SDM cannot be subject to improvisation and that quality depends on infrastructure rather than on inoperative vocabulary. With regard to territorial equity, the Umbrian model, with its direction and tools, can inspire other territories, but generalisation requires particular attention and sensitivity to differences in administrative capacity, human capital and local social markets. Research could explore how different *bundles* of tools (*budget, case management,* brokerage, employer incentives, social *housing*) can lead to productive outcomes in different contexts, with realistic designs and pragmatic *trials*.

Finally, studies that synthesise theories, models and *frameworks* and offer useful maps for designing, monitoring and adjusting transfer strategies in practice remind us that the adoption of new practices is a *social phenomenon*, not just a technical one. This requires distributed *leadership*, alignment of incentives and attention to professional cultures (Nilsen, 2015). The challenge ahead of us, therefore, is twofold*:* knowledge and *governance.* Greater rigour in evaluation can and must be matched by a greater ability of systems to read organisational reality and learn from outcomes.

The Life Project, in its powerful generative sense, is a *socio-educational-habilitative* device that questions political, cultural and community systems, asking them to be permeable to people's lives, rather than imposing the logic of their own internal grammars. It is not in a cold quantitative indicator of actions taken that we will find the assumptions of a quality of life perceived as better and adequate. In fact, it is the trajectories of meaning that these actions make possible that are an important indicator of the quality of interventions, with a view to accurate and conscious management of resources.

The establishment of multi-level *governance*, close ownership, widespread access points, inclusive and scientifically coordinated UVMs, personalised *budgets* and self-management options is still an achievement to be accomplished. The challenge now is to preserve the reflective, participatory and collaborative nature of such a complex and delicate system, removing it from technical and bureaucratic drift and orienting it towards continuous, constant and generative evaluation.

Through communication between educational contexts (key players in the construction of co-designed curricula, inclusive literacy and learning environments designed with everyone and for everyone), professional contexts (which can offer roles, reciprocity and opportunities), living contexts (which can restore the profound meaning of living and existing), health contexts (which can combine the medical perspective with a holistic perspective on health, with continuity of care and shared decisions), it will be possible to support a PdV that can be rewritten, with the person, throughout their life: not just a file to be archived, an expense to be incurred, an obligation to be fulfilled, but a practice of living and active citizenship that measures the real democratic maturity of a country.

Investing in the PdV means investing in the ability of systems to learn from people and change with them, making quality of life not a *slogan,* but the political outcome of a broader project that sets as its main objective the improvement of a person's quality of life and their ability to perceive themselves as an active and interacting subject in their own life ecosystem.

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