Relational Social Work

Human Rights-Based Approaches in Disability Care

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Abstract[1]

A human rights-based approach in disability care is crucial for fostering inclusion, self-determination, and social justice. Grounded in anti-oppressive practice (AOP), this approach challenges systemic inequalities that marginalize persons with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the need to eliminate structural and attitudinal barriers that restrict full societal participation. Social work plays a fundamental role in ensuring equitable access to services, recognizing legal capacity, and advocating for the autonomy of individuals with disabilities. This study examines the Tuscan Care Model, an innovative framework that integrates social, health, and environmental dimensions to create person-centred, participatory support systems. Using participatory action research, professionals and individuals with disabilities collaborate to co-develop policies that reflect lived experiences and promote empowerment.

Findings highlight the significance of interprofessional cooperation, adequate resource allocation, and direct involvement of disabled individuals in shaping care pathways. However, persistent challenges — such as systemic ableism, bureaucratic barriers, and regional disparities — necessitate ongoing policy reform. Strengthening anti-oppressive frameworks in social work ensures that disability care moves beyond a medicalized model, embracing accessibility, empowerment, and equal rights as guiding principles. This shift fosters a more inclusive society where persons with disabilities actively shape the decisions affecting their lives.

Keywords

Anti-Oppressive Practice, Interprofessional social work, Disability Studies, PAR, Participation.

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[1] This paper results from a collaborative effort, grounded in continuous dialogue and shared reflection between the Authors. In accordance with the customary practice of specifying individual contributions, Andrea Bilotti was responsible for the sections *Normative Framework: From CRPD to Tuscany Care Model* and *Conclusion and Implications for Future Research*, while Caterina Degl'Innocenti authored *Research Framework: From Practice to Research*, *Study Design and Method*, *Fieldwork* and *Main Outcomes.*

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Normative Framework: From CRPD to Tuscany Care Model

In a context marked by economic and social inequalities, poverty, and educational deprivation, social work plays a crucial role in promoting and safeguarding human dignity. Rooted in respect for the intrinsic worth of every individual, social work is a profession committed to upholding human rights, self-determination, and participation (Banks, 1999; Banks & Nøhr, 2014).

The importance of a human rights-based approach in social work is internationally recognised and reaffirmed in key documents. The European Commission (2007) stated that social services are «key instruments for safeguarding fundamental human rights and human dignity», while the International Federation of Social Workers (IFSW) emphasised how «human rights treaties are particularly relevant to the practice and action of social work», specifically referencing the Charter of Fundamental Rights of the European Union (IFSW, 2014, p. 8). The centrality of human rights in social work is also reflected in the latest version of the Social Worker's Code of Ethics (2020), which cites numerous international sources as evidence of the need to protect and promote individual rights.

The affirmation of human rights is thus integral to the social work profession. As Reynaert et al. (2022) asserted, «human rights are fundamental to social work». From this perspective, social work assumes a political role, as it entails an exercise of power and responsibility to transform a social order that often operates in opposition to principles of social justice (Campanini & Sanfelici, 2022).

This approach is particularly relevant in advocating for the rights of persons with disabilities. Applying human rights principles in social work requires ensuring inclusion, equitable access to services, recognition of full legal capacity, and active participation of persons with disabilities in society. However, achieving these goals demands a constant effort to dismantle structural and cultural barriers that hinder the full exercise of their rights.

On December 13, 2006, the United Nations General Assembly adopted the *Convention on the Rights of Persons with Disabilities* (CRPD, United Nations, 2006, p. 5), defining disability as «an evolving concept and [...] resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others». Often referred to as the «compass of rights» (Marchisio, 2023, p. 4), the UN Convention provides supranational guidelines that facilitate a political and social reconceptualisation of disability. It emphasises the importance of placing individuals at the centre and ensuring they are heard at every stage of the decision-making processes that affect them.

While Italy ratified the UN Convention in 2009, initiating the process of integrating disability into a human rights framework, cultural transformation remains incomplete and inconsistent. A predominantly medical approach persists, often neglecting principles of accessibility, usability, and universal design (FID, 2016; Tarantino et al., 2021; Tarantino, 2024).

Further momentum comes from the adoption of the *Strategy for the Rights of Persons with Disabilities 2021-2030* in March 2021. Aligned with the UN Convention, this strategy aims to enhance European efforts to improve the lives of persons with disabilities. Achieving these objectives requires coordinated action at national and European levels, with strong engagement from Member States as well as regional and local authorities.

In this direction, Italy's Legislative Decree 62/24, *Definition of Disability Status, Basic Assessment, Reasonable Accommodation, Multidimensional Evaluation for the Development and Implementation of the Personalized and Participatory Individual Life Project,* mandates that public administrations provide comprehensive, timely, and participatory responses to the needs of persons with disabilities and their families.

The Tuscany Care Model

With this framework, the Region of Tuscany has taken a proactive approach, anticipating national legislative developments to promote innovative methodologies for assessing and supporting persons with disabilities. This initiative began with the approval of Regional Law 60/2017 and was further advanced through Regional Government Resolution (DGR) 1449/2017. These measures emphasise an integrated vision of individuals, prioritising self-determination through participatory tools, as also shown in Biggeri et al. (2011).

The 2017 resolution aimed to establish common and effective organisational planning tools through stakeholder discussions, ensuring that existing regulatory frameworks could be implemented practically and sustainably at the local level. These initial regulatory steps, in alignment with the Regional Statute, reinforced the role of public services as planners while ensuring active citizen involvement.

One of the main objectives set by the Region of Tuscany was to strengthen the participation of persons with disabilities and their representative organisations. The approach seeks to involve the entire community in defining intervention areas and optimising available resources, making policies both activating and empowering at the community and individual levels.

Building on this foundation, Regional Government Resolution No. 1055/2021 introduced tools, procedures, and methodologies to support multidimensional evaluation units for disability (UVMD). The goal of this regional model is to unify professional support procedures for persons with disabilities, creating a structured pathway that, through the development of the Life Project, integrates health, social, environmental, and relational aspects. Since 2023, Tuscan territories have been gradually implementing these new working methods.

As highlighted in a recent study (Bilotti & Degl'Innocenti, 2024), the primary innovation of the Tuscan model lies in its development of a unified territorial framework, ensuring consistency and coherence in service delivery for persons with disabilities. This model is distinguished by its incorporation of concepts and practices that enhance the navigation of services for persons with disabilities.

A key feature of this model is the networked collaboration between local territories, organisations, institutions, families, and persons with disabilities themselves. This participatory approach ensures the implementation of effective and sustainable interventions, supporting a future that can be imagined, made possible, and planned over time. Best practices are fostered through a shared professional language, which helps overcome the fragmentation of individual interventions. Consequently, projects can be restructured based on the interactions between different sectors and everyday contexts.

In this context, Roma Tre University launched the *A Good Life* project in 2023, in collaboration with the Region of Tuscany. This research initiative supports the implementation and continuous evaluation of disability care pathways within the region. Developed through close collaboration with social and health professionals in the disability sector, the project has fostered a synergy between research and practice, leading to increasingly refined shared methodologies. The ultimate goal is to amplify the voices of persons with disabilities through effective social advocacy, thereby promoting their empowerment.

Research Framework: From Practice to Research

The Region of Tuscany and the Department of Education Sciences at Roma Tre University launched this project to strengthen the application of assessment and support practices for persons with disabilities. Regional Government Resolution No. 582, issued on May 22, 2023, officially initiated the collaboration, setting the project's duration at 18 months (from June 2023 to December 2024). The project's general objectives were to evaluate the coherence, effectiveness, and functionality of the implemented tools, identify the model's strengths and weaknesses, and study and support its implementation to ensure its adequacy and sustainability.

The theoretical framework we employed was grounded in the heterogeneous perspective of disability studies (DS), which made it possible to reconstruct the concept of disability through a social lens, focusing on the removal of obstacles and promoting self-determination and empowerment of persons with disabilities. This approach aligns with the social work perspective of anti-oppressive practice (AOP). DS seeks to highlight various forms of exclusion — legislative, cultural, and social — that are embedded in societal structures and perpetuate discrimination (Bigby & Hough, 2024; Bocci & Guerini, 2022; Bilotti & Dondi, 2024; Finkelstein, 1991; Genova, 2023; Goodley, 2010, 2018; Goodley et al., 2018; Hunt, 1966; Oliver & Sapey, 1999; Priestley, 1999; Scavarda, 2022; Thomas, 2017; UPIAS, 1976). When integrated with critical disability theory, DS emphasises the intersections between different sources of discrimination (Crenshaw, 1989; Mertens et al., 2011).

Within this framework, the concept of ableism — emerging from the disability rights movements of the 1960s and 1970s (Goodley, 2013; Wolbring, 2008) — underscores how ability is a social construct shaped by cultural expectations and beliefs. Ableism is thus a multidimensional and evolving concept (Campbell, 2008; Nario-Redmon, 2020; Wolbring, 2008), establishing criteria for exclusion and inclusion. Studies in this field primarily examine ableist discrimination, power relations, and the structures of oppression shaping societies (Campbell, 2009; Gappmayer, 2021; Nario-Redmon, 2020; Wolbring, 2008; Bilotti, 2025), thus illustrating how intersections between structures of oppression are explored and how they shape individual vulnerabilities (Crenshaw, 1989).[2]

We also drew on Anti-Oppressive practice (Burke & Harrison, 2002; Dominelli, 1996, 2002; Allegri & Sanfelici, 2023; Sanfelici, 2024), which seeks to address oppressive relationships and promote interventions that challenge power dynamics in professional social practice. Anti-Oppressive practice theory aims to provide services that are more appropriate and responsive to individuals' needs, regardless of their social status, by identifying and deconstructing oppressive structures that affect the living conditions of marginalised or disadvantaged people. This approach recognises that social relationships are shaped by interactions between individuals and power dynamics, and it seeks to promote equality and social justice within a democratic framework (Burke & Harrison, 2002; Dominelli, 2002). Anti-Oppressive practice is rooted in the lived experiences of oppressed individuals and Dominelli (1996) defined it as a social work approach aimed at combating socio-economic inequalities through the provision of more relevant and sensitive services, aims to structure relationships between individuals, empowering

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[2] Although this paper does not directly address the issue, we identify feminist disability studies and critical disability and race studies as providing useful insights for using this perspective as an interpretative lens. Indeed, an early intersectional approach between disability and gender, class and social inequalities is commonly associated with the emergence of feminist disability studies (Deegan & Brooks, 1985; Hall, 2011), which arose in opposition to feminist theories and disability studies, criticising on the one hand the exclusion of disabled women and on the other the absence of the bodily dimension in relation to disability. This feminist approach to disability therefore identifies the concept of «double disability», i.e. how the experience of disability throughout life leads to an intensification of the discrimination suffered by women (Valtellina, 2024) . The other theoretical approach that allows us to interpret the intersections between «isms» is Dis/ability Critical Race Studies («DisCrit»). DisCrit (Annamma, Connor & Ferri, 2016) explores how racism and ableism work interdependently to uphold the status of normality. It values multidimensional identities and challenges univocal conceptions of identity linked to race, disability, class, gender, sexuality and other aspects, highlighting how these are social constructs. The intersectional approach to disability, as recently argued by Valtellina (2024), enriches research on the subject, opening up new perspectives that still struggle to find their way into public and academic debate. The only caveat to the use of the intersectional approach comes from Pavon-Cuellar (2023), who recommends «good use» of it: ensuring that it serves to problematise rather than resolve, to describe rather than explain, and that it is a starting point rather than an end point.

service users and mitigating the negative effects of social hierarchies on their interaction and collective work.

Anti-Oppressive practice theory values individuals' knowledge and skills, considering them essential in the care relationship (Allegri & Sanfelici, 2023; Dominelli, 1996, 2002). It fosters power-sharing interactions, recognising the individual as an agent capable of influencing their reality and driving change (Cabiati & Raineri, 2016; Raineri & Calcaterra, 2017). Social work professionals are thus responsible for eliminating oppression within their practice and contributing to its eradication in society. For social workers, this responsibility is grounded in a value system committed to change, with the goal of ensuring social justice for citizens in an egalitarian and democratic society (Dominelli, 2002).

Study Design and Method

With this paper we therefore ask ourselves to what extent the Tuscan care model, based on an anti-oppressive framework and based on human rights, improves the inclusion, self-determination and emancipation of people with disabilities.

Within the theoretical framework presented above we tried to evaluate whether the professional tools used in the different territories effectively achieved the objectives of the Tuscan model and responded to both current and future needs. Specifically, the project examined how the Tuscan model facilitates the participation of people with disabilities from an anti-oppressive perspective, its long-term sustainability, the main systemic barriers encountered in implementing the model (Genova, 2023) and potential strategies to overcome them.

The study adopted a practice research methodology (Uggerhøj, 2011), internationally validated for integrating field research with practical experience. This approach is characterised by a strong participatory component and follows the principles of participatory action research (Barnes, 2006; Bradbury, 2015; Wadsworth, 2011).

It fosters close collaboration among all actors involved in the research and action process, emphasising the relationship between researchers and participants to identify practical solutions to relevant issues. The methodology aligns with the mission and values of social work, incorporating cycles of planning, action, observation, and reflection (Wadsworth, 2011).

In line with this approach, service professionals were actively involved as key actors alongside researchers. These professionals included medical doctors, social workers, psychologists and psychotherapists, educators, nurses, and all social-health service providers engaged in projects supporting persons with disabilities and their families.

A crucial component of the study was the Task Force, a group of professionals designated by the region to develop new tools. The Task Force actively participated from the project's design phase, contributing as co-researchers in regional working groups.

To capture the perspectives of persons with disabilities and their families, dedicated sessions were conducted to document their life stories and experiences. The project included an in-depth analysis of their opinions on the Tuscan model, offering a clearer and more integrated view of the process leading to the development of a Life Project. The study also examined their participation in the initial assessment phase with the multiprofessional teams and the extent to which professionals ensured attentive and participatory listening. The objective was to enhance life experiences by analysing how individuals perceive the timing and stages of these pathways.

Given the complexity of the research, both quantitative and qualitative methods were employed. The methodological approach incorporated a range of tools, including life stories from individuals with disabilities accessing services and structured checklists to systematically analyse professional dynamics within the three equipes. These research tools will be detailed in the following paragraph.

A thematic analysis was conducted on the qualitative data collected in the field. The coding process was structured by organising the emerging information into thematic macro-areas, following the stages outlined by Braun and Clarke (2006). Data processing was based on a computer-assisted qualitative data analysis software (CAQDAS) approach, using MAXQDA for content analysis (Kelle, 1997).

Fieldwork

The objective of the multiprofessional teams' support phase was to observe, in a participatory manner, the implementation of the regional model through targeted actions conducted by the researchers from Roma Tre University. To achieve this goal, 33 meetings were held: 11 in the Alta Val d'Elsa SdS,[3] 13 in the Fiorentina Nord-Ovest SdS, and 9 in the Lunigiana SdS, mostly in person. In each area, three cases were selected and analysed in depth to gather information on diagnoses, education levels, training or employment situations, housing, interests, autonomy, challenges, and strengths. Environmental factors such as family history, social networks, and the involvement of public services and the third sector were also considered.

The researchers worked alongside professional teams to implement the model, employing mixed qualitative-quantitative research tools. Participant observation was used, immersing the researchers in the observed practices and activities (Gobo, 2001), allowing them to adopt the perspective of those involved (Geertz, 1988). This approach followed

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[3] The *Società della Salute*, established in Tuscany in 2008, are formed through the voluntary participation of the municipalities within the same district area and the territorially competent Local Health Authority (Azienda USL). They aim to provide individuals with integrated responses to social and healthcare needs, serving as the sole point of contact and access to local services. Currently, there are 16 *Società della Salute* and 12 district areas without an SDS in Tuscany.

the method of shadowing, which, through direct observation and dialogue (Schülz, 1974), enabled the collection of detailed information on verbal and non-verbal communication (McDonald, 2005). To ensure accurate data collection, observation sessions were repeated at regular intervals, never exceeding one month between sessions. Observation grids and structured checklists were employed to systematically record professional behaviours and dynamics, ensuring clear and consistent data coding. In total, 33 observation grids were completed, one for each session. Additionally, a field diary was used to note reflections, events, and comments that emerged during meetings. This tool captured insights beyond the predefined grid variables, offering a broader view of relational dynamics and participant evolution (Postic & de Ketele, 1993).

To incorporate professional perspectives, an exploratory self-administered questionnaire (by Microsoft Form platform), a focus group (Krueger, 1994, 1998), and in-depth interviews (Atkinson, 1998) were also conducted. Crucially, the study prioritised listening to persons with disabilities to understand their perspectives on the Tuscan model. The life story method (Bertaux, 1999; Bichi, 2000, 2007) was chosen, allowing participants to express themselves naturally and highlight the aspects most significant to them. This narrative approach not only facilitated research but also provided participants with an opportunity for self-reflection, enabling them to verbalise complex experiences and emotions. Through this method, persons with disabilities[4] and their families were actively involved in the evaluation process and overall research.

The life story, as highlighted by Daniel Bertaux (Bertaux, 1999; Bichi, 2000, 2007) — represents an essential tool for social analysis. Through the three exploratory, analytical and expressive functions, it allows you to investigate reality in a profound and articulated way, giving voice to the subjects and contributing to the construction of a collective narrative.

In the relationship with the person involved in the project the researcher must be able to maintain dual behavior. The interviewer, on the one hand, must try to get in tune with the experiences narrated, leveraging their own empathic abilities; on the other, he must maintain a certain clarity, observing from the outside in a critical and detached way.

It becomes, therefore, clear that the central role of the interviewer is to build an authentic bond with the interviewee, so that he can access their *life*. This aspect is particularly relevant in the case of individuals in conditions of marginality or vulnerability, where cultural barriers and stereotypes risk creating significant distances.

Life stories were collected directly in private homes, a strategic choice that played a fundamental role in establishing a climate of trust and openness. The house, as a familiar and well-known space, represented a protected place where people could feel at ease, free from any form of judgment or external pressure. This context, far from the institutional environment of services, allowed participants to express themselves in a more authentic

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[4] Persons with disabilities involved had different types of disabilities, such as physical disability, intellectual disability and mental health issues.

and sincere way, also addressing sensitive and critical issues. In particular, the absence of the operators and dynamics related to the service system has favored greater freedom of speech, allowing us to give voice not only to positive experiences, but also to any dissatisfaction or criticism towards the system itself. This approach has, therefore, enhanced the centrality of the persons and the depth of their narratives, contributing significantly to the collection of genuine and meaningful information.

The researchers who carried out the interviews with people with disabilities and her family all had professional experience as a social worker in the area of disability and experiences and training in research, a characteristic that allowed communication facilitated and guided by the previous skills of the professionals (Thyer, 2001). This happened by being aware of the differences in objectives and approaches between professional interviews and social research interviews (Harold et al., 1995) as well as with the awareness of the biographical interview as a complex of social interaction and therefore containing «role systems, expectations, injunctions, norms, implicit values and sanctions», thus revealing underlying tensions, conflicts and power dynamics (Ferrarotti, 1981, p. 44).

An observation-support method was also implemented with the professionals during the evaluation activities, integrating innovative tools and encouraging critical reflection on the operational model, where the researchers established a relationship of trust with the teams' professionals. This trust has fostered greater openness to change and more active collaboration in the evaluation process.

This methodological choice, aligned with the principles of participation and Anti-Oppressive practice theories, made *A Good Life* a truly inclusive project. It supported and strengthened the active role of persons with disabilities in defining their life pathways and shaping the policies that directly impact them. The research tools employed and people involved are summarized in Table 1.

Research Tools	Target	n. (people involved)
9 Life Stories (Bertaux, 1999; Bichi, 2000, 2007)	People with disabilities + caregivers	9 people (+ 9 caregivers)
1 Focus Group (Krueger, 1994, 1998)	Multiprofessional teams	9 professionals
3 In-depth interview (Atkinson, 1998)	Coordination leader's team	3 coordinators
Exploratory self-administered questionnaire	Multiprofessional teams	15 professionals
Participant Observation (Schülz, 1974; Geertz, 1988; McDonald, 2005)	Multiprofessional teams' meeting	33 meetings

Table 1 The research tools used and the number of people involved

Main Outcomes

Professionals point of view

Based on the various research techniques and data collection methods employed, it became clear that professionals enthusiastically supported the Tuscan care model, which relies on cooperation among equipe members and specialists involved in individual cases.

Analysis of the collected data revealed that integration among various professional roles (medical doctors, social workers, psychologists) had been strengthened, leading to a more effective interprofessional approach to professional support. The exchange of expertise improved the formulation of the Life Project, making the process more structured and participatory.

> *We worked more on the project and with greater focus on our own part. Each with their own professional expertise. But also in a very — well, also — collaborative way. (Professional 5)*

The «implications of working in a multidisciplinary team» emerged as a recurring theme throughout the professionals' consulting. This was due not only to the organisational challenges described above, but also to the intrinsic features of the regional instruments, which are explicitly designed to promote an integrated assessment and perspective on the individual, so as to provide a suitably complex response (Stancliffe et al., 2020). The professionals present did not deny the occasional difficulties encountered when working across different professional identities.

Nevertheless, the participants were aware of the value of professional support work grounded in the exchange and cross-fertilisation among all the professional roles involved, and of how this is necessary from the very outset.

> *In my opinion, these tools help reduce the gap* [between health care and social care], *this feeling of belonging to two different systems.* [...] *That is, the advantage is that* [the gap] *is reduced thanks to integrated involvement from the very start of the process — so that the system, more than it is now, becomes one. And therefore my feeling is that, with this type of methodology, we felt more united, a single entity carrying forward all reflections from beginning to end. (Professional 3)*

It emerged that the use of the toolset during that initial period, along with the adoption of its defining values, led the teams to experience greater integration among the different professional roles; a redefinition of roles within the working group, enhancing each member's professional contribution and thereby enabling a deeper understanding of the individual and their context. The participants reported that feeling more like a «team» not only strengthened the assessment process, but, above all, provided reassurance and facilitated the phase of working jointly with the family and the individual.

> *You don't just have a single person, if that makes sense — you truly have a group. [...] This, in my view, is also reassuring. It prevents manipulation, it prevents triangulation... [...]*

> *There is also a shared responsibility; for better or worse, we are a group — there isn't a «good side» and a «bad side». So, for people as well, having, so to speak, a consistent approach to care and to responses… it is more reassuring. (Professional 2)*

However, from an organisational perspective, integrating specialists — particularly in areas where they operate in the private sector or where public resources are limited — remains a challenge.

> *In my area […] the specialist component has been absent, despite my having involved them and continuing to do so. Then, during our own meetings, when they are present — that is, once a month — they have shown some curiosity in becoming familiar […] with the social tools. They are, however, very concerned about their own part, as they are waiting to receive training now, in October; therefore, I do not yet see them as actively engaged participants. (i.Professional 1)*

> *It has excellent implications for the working method, rather than for organisational aspects — both in terms of methodology and in integrating the various professional roles. […] The challenge lies in the limited availability of specialist hours. […] In my view, integration has taken place in the attempt to begin speaking, let's say, a somewhat more common language. (Professional 3)*

These weaknesses could, over time, undermine the assessment and planning processes for individuals' life pathways. Addressing this issue requires clear guidelines and operational strategies that establish structured opportunities for interprofessional evaluation and co-planning. The goal is to foster an anti-oppressive approach and enhance service responses through interdisciplinary collaboration.

> *In my opinion, it also helped to somewhat redefine the roles, in the sense that the more in-depth case discussion allowed us to better respect each other's roles […] it enabled us to work more appropriately. (Professional 5)*

During participant observation, the researchers focused on the implementation of the new assessment tools, identifying both their strengths and challenges. The analysis highlighted the value of flexible tools adaptable to individuals' specific needs, although difficulties remained in applying them to people with severe cognitive impairments. Concerns were raised regarding the use of the tools, which in some cases were perceived as too «rigid», suggesting that more flexible versions could be developed to allow for greater inclusivity.

> *Perhaps regarding the neurocognitive area, on intellectual disabilities… I'm not sure how you see it, but I find the questionnaire somewhat difficult. […] Most of it remains excluded, so whoever provides the possible responses should also have the capacity — or something much more flexible — to adapt within the pathways by offering responses that can then be given. (Professional 3)*

There was also a focus on the sustainability of the workload involved in introducing and using regional tools. While we were told that the tools and philosophy of the Tuscan model allowed them to *«focus a little better on the needs of our users, both those that are expressed and those that are hidden...»* (Professional 2), on the other hand, there are still key challenges included a shortage of personnel and limited time available for each case, which increased workloads for the involved professionals.

> *However, it is difficult to sustain even there in terms of sustainability, because, after all, doctors have a heavy workload. So, as far as the instruments they should be handling are concerned, we too feel that it is challenging, but I would also like to say a word on their behalf. (Professional 9)*

Additionally, some professionals resisted change, underscoring the need for greater investment in training and awareness-raising efforts. Variations in organisational structure and resources across different territories also led to inconsistencies in model implementation, emphasising the need for more standardised coordination at the regional level. The participants also highlighted, through their discussion, difficulties related to time constraints and workload, particularly concerning the healthcare sector.

> *It was very rewarding but also demanding, in the sense that we do not have availability of all that time. (Professional 7)*

Given the importance of providing accessible spaces, it is equally critical to manage professionals' workloads effectively, ensuring they have sufficient time to conduct multidimensional assessments in accordance with Legislative Decree 62/2024. This decree shifts the Life Project from a «shared declaration of intent» to a binding administrative act, introducing specific provisions regarding team organisation and professionals' legal responsibilities.

In some regions, however, the available human and time resources appear insufficient relative to the number of individuals requiring a Life Project. This shortage presents a major obstacle to ensuring the long-term sustainability of the Tuscan model for professional support of persons with disabilities.

Persons with disabilities point of view

The analysis of the life stories shared by persons with disabilities within *A Good Life* provided authentic insights into pivotal moments in their life journeys. Following Bertaux's (1999) theoretical approach, the researchers identified common narrative functions and recurring themes, constructing a collective vision reflecting social, institutional, and existential dynamics.

The narratives demonstrated that storytelling serves as a means of reclaiming one's lived experiences, reconciling with the past, and constructing new perspectives. One participant emphasised the value of being heard:

> *Forgive me if I vent... It's nice when there are people who listen to you, and even if you shed a tear, they understand... (M.)*

Another participant highlighted the transformative power of storytelling:

> *I'm happy you're doing this, and I wish you all the best in the world! Because you're all kind, sweet people, and you listen! Yes, it's not easy, not easy... Sometimes you feel like they hang up the phone while you're explaining your problems! (M.)*

Through shared narratives, individual experiences become collective, reinforcing a sense of belonging and building a support network. The interviews with the nine participants revealed central themes such as relationships with services, the role of family, and friendships. While individual experiences varied, common elements emerged related to difficulties, emotions, and hopes. Life stories not only served as a means of self-expression but also helped participants make sense of their experiences, transforming pain into awareness and personal growth. One participant expressed a desire for greater independence:

> *I need a bit of autonomy. (A.)*

A recurring theme was the relationship with social and healthcare services, often marked by frustration due to inefficiencies and a perceived lack of sensitivity from professionals. One participant expressed their disappointment:

> *The social worker was just for show, so to speak... in the end, everything had to be paid for! (Z.)*

However, in some cases, encounters with empathetic professionals represented a turning point, restoring trust and providing concrete support:

> *Let's say, for me, the interview was the thing that helped me the most last year. (M.A.)*

These findings underscore the varying experiences within the system, ranging from frustration to hope.

Family relationships emerged as both fundamental and complex. For some, family was an indispensable support system, as evidenced by participants who maintained daily video calls with their loved ones. For others, family relationships were a source of tension, with fears of being a burden or feelings of emotional distance.

Friendships reflected a similar dual reality. Some participants experienced the loss of meaningful connections following traumatic events, while others successfully rebuilt authentic connections over time. In certain cases, social networks were strengthened through support groups, where shared experiences with individuals facing similar challenges were a valuable resource for navigating daily struggles.While Regional Government Resolution 1055/2021 introduces innovative and participatory measures, it cannot fully regulate professionals' discretion, capabilities, and ability to adopt a holistic vision of individuals. Active listening (Rogers, 1965, cit. in Bertotti et al., 2021), meaningful care relationships (Carkhuff, 1993), and the notion of the relational dimension as closely connected to participation (Folgheraiter, 2009, 2024) are essential «ingredients» for providing person-centred, anti-oppressive professional support.

Individuals involved in the study consistently emphasised the need to be supported by professionals who build meaningful relationships based on listening and respect for self-determination. This principle ensures that individuals can make informed decisions about their lives without external pressures (Fargion, 2022). As Wehmeyer's (1999, 2003, 2020) research suggests, self-determination is not limited to decision-making but encompasses all aspects of life.

Conclusion and Implications for Future Research

The results of this first year of research, even if they do not allow us to make an exhaustive assessment, give us the opportunity to bring out some themes that we would like to highlight as essential for the construction and maintenance of quality social services oriented towards people's rights.

Interprofessional approach

Among the themes that emerged, that of interprofessional work certainly stands out, which emerges from everyday life and from the words of professionals as a characterizing hub of the Tuscan model. While on the one hand we are told how the underlying architecture and approach proactively support the integration of different professional skills, on the other hand it emerges that in-group and out-group dynamics pre-exist which are difficult to undermine through the introduction of new professional tools. The invitation is therefore for a renewed regional-organizational commitment to maintain the training focus on this important topic, as it is believed that it can only be addressed through careful and continuous theoretical-practical-reflexive accompaniment, with the aim of producing the desired cultural turning point.

Sustainaibility workload

Among the difficulties that emerged in the introduction of this new way of working and designing interventions with people with disabilities, the issue of workload sustainability also emerges. In fact, although professionals are keen to stress that they are in line with the ultimate objective of the philosophy of the Tuscan model (greater professional integration and greater participation of beneficiaries leading to more person-centred interventions) they are faced daily with a lack of staff (especially medical-specialist), a few hours to dedicate to such complex planning, little relational energy to dedicate to so many people. Even with regard to this issue, therefore, our opinion is not to lose sight of the point of view of those who have the task of providing quality and anti-oppressive services (Burke & Harrison, 2002; Dominelli, 1996, 2002), but who must be put in a position to be able to implement their skills. We therefore need organizations that are anti-oppressive towards their care professionals, so that they can in turn be anti-oppressive towards citizens.

Meaningful care relationship

The need and importance of anti-oppressive services and professionals can also be seen in the words of the people who told us (and reminded us) of the difference between a meaningful care relationship and a care-bureaucratic relationship. The people we met told us about the significant relationships in their lives, among which — sometimes — the one with social services appeared. They told us about professional conversations that change the perspective on one’s life story, social and healthcare workers with whom one feels listened to and instead services or professionals who stop at the care/performance role.

The analysis of these data therefore gives us the opportunity to recall the importance of a significant connection of care between citizen and professional (Carkhuff, 1993), certainly for the social professional. To use — and work — in services oriented towards human rights (Reynaert et al., 2022) we believe it is necessary to keep a constant focus on the meaning and power of the care relationship (Folgheraiter, 2009, 2024) and we believe that this must be cultivated first and foremost along the university training path and then kept active during continuous training professional. Only in this way can we hope to have professionals in our services ready to maintain empathetic and emancipating relationships.

These results provide concrete ideas to guide future research and improve the effectiveness and inclusiveness of services. The Department of Educational Sciences of Roma Tre University will continue to support the Tuscany Region by assisting local professionals, in particular during the experimental phase of the reform introduced by the Legislative Decree 62/2024. This effort will be complemented by ongoing research-intervention initiatives to assess the impact of operational tools on the lives of people with disabilities and promote innovation in interprofessional work within equipment. In conclusion, the A Good Life project promoted productive synergy between regional policy makers, practitioners and the academic community. This collaboration has contributed to the development of new forms of dialogue and knowledge exchange, collectively oriented towards social innovation. The results will serve as a basis for the further implementation and consolidation of the Tuscan model, which is organically integrated into the broader system of social, health and social-health services. This effort will help promote a culture of relational and anti-oppressive participation (Dalrymple & Burke, 2006; Dominelli, 2002; Folgheraiter, 2004, 2007, 2024), strengthen the enforceability of rights and transform individuals' life paths.

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