Ilaria D’Angelo
University of Macerata, i.dangelo@unimc.it
Noemi Del Bianco
University of Macerata, n.delbianco@unimc.it
Alessandra Marfoglia
University of Macerata, alessandra.marfoglia@unimc.it
Simone Aparecida Capellini
Universidade Estadual Paulista, sacap@uol.com.br
Catia Giaconi
University of Macerata, catia.giaconi@unimc.it

Planning and Quality of Life in the management of people with intellectual disabilities: social farming as a new space and generative time

Progettazione e Quality of Life nella presa in carico di persone con disabilità intellettive: l’agricoltura sociale come nuovo spazio e tempo generativo

Sezione Monografica

ABSTRACT

Starting from the theoretical framework of Quality of Life (Giaconi, 2015b; Schalock, Verdugo Alonso, 2006, 2002), the paper explores the continuity between the results of two assessment scales (POS and SIS) in a case study. The case concerns the initial condition of a young person with intellectual disabilities involved in a social agriculture project, called “Tuttincampo”. The project involves the synergistic collaboration of an inter-institutional network composed of public and private entities, and is aimed at testing a new format of social and labour integration, with the goal of offering a viable alternative to classic rehabilitation day centres. In detail, we want to explore the first useful data to support the project pathway aimed at deepening the practices and methodologies to support the social and labour inclusion of people with intellectual disabilities.

Keywords: Quality of Life, Intellectual Disabilities, Personal Outcome Scale, Supports Intensity Scale, Case Study

How to cite this article: D’Angelo I., et al. (2022). Planning and Quality of Life in the management of people with intellectual disabilities: social farming as a new space and generative time. *Italian Journal of Special Education for Inclusion*, X, 2, 140-151. https://doi.org/10.7346/sipes-02-2022-13

Corresponding Author: Ilaria D'Angelo | i.dangelo@unimc.it

Received: 10/10/2022 | **Accepted**: 06/12/2022 | **Published**: 31/12/2022

Italian Journal of Special Education for Inclusion | © Pensa MultiMedia Editore srl
ISSN 2282–6041 (on line) | DOI: 10.7346/sipes-02-2022-13

1. Introduction

The framework of Quality of Life (QoL) (Giaconi, 2015b; Schalock, Verdugo Alonso, 2006, 2002) is the theoretical reference for constructing actions and policies of social and labour inclusion. This generates a synergistic planning space that enables the creation of new tools for addressing and assessing the management of people with disabilities.

Starting from these considerations, as we are going to see in this paper, QoL represents a construct for longitudinal perspective of young people with disabilities who are faced with their own challenges of adulthood. On the basis of these premises, a project has been developed, which we will present below, aimed at introducing a new form of social and labour inclusion able to offer young people with intellectual disabilities the "direct recognition of their adulthood" (Lepri, 2016, p. 19).

In the first paragraph of this paper we will review the proposals for theoretical systematization of Quality of Life[1] (Cottini *et al*, 2016; Giaconi, 2015b; Schalock, Verdugo Alonso, 2006, 2002; Felce and Perry, 1995) and in the second paragraph, we move on to outlining a case-study of a young person with disability who took part in the project. The data for analysis were collected during the first planning phase, and identified the needs of young people who showed an interest in taking part in the project and their caregivers. For the purposes of making up the group, therefore, data were collected which might provide a photograph of the level of satisfaction of Quality of Life perceived both by the individual young people and by their caregivers, through the "Personal Outcomes Scale" (POS) assessment (van Loon *et al.*, 2008) and the assessment of supports needed by each young person, by means of the "Supports Intensity Scale" (SIS) (Thompson *et al.*, 2004). The analysis of the data from both the scales will highlight the continuities and discontinuities of the results, confirming the urgency of carrying out actions and strategies aimed at supporting the adulthood of young people with intellectual disabilities.

2. Conceptual framework

As mentioned previously, the construct of Quality of Life (QoL) represents a reference point for implementing educational interventions, policies and practices directed at constructing Life Projects for people with disabilities as well as others (Friso, Caldin, 2022; Cottini, 2016; Schalock, Verdugo Alonso, 2006, 2002). It is a complex construct, for which the literature has supplied, and continues to supply, various models of interpretation (Schalock *et al.*, 2016)[2].

Based on these models (Brown *et al.*, 2013; Chiu *et al.* 2013; Zuna *et al.* 2010; Petry *et al.*, 2009, 2005; Cummins, 2005; Gardner, Carran, 2005; Renwick *et al.* 2000; Felce, Perry, 1995), which have given rise to countless definitions and procedures for application, it is possible to clarify themes of general consensus. Researches agree on the recognition of Quality of Life as a complex construct that involes significant areas, both subjective and objective (Giaconi, 2015b; Schalock, Verdugo Alonso, 2006; 2002, Felce, 1997). These areas are sensitive to space-time dimensions, since they change in reference to the space and the lifetime of each individual (Giaconi, 2015b; Schalock *et al.*, 2010).

Over the past thirty years the reference model which has received the widest recognition internationally is the one proposed by Schalock and Verdugo Alonso (2002). This is a multi-dimensional model

---

[1] For an indicative review of the literature dealing with the relationship between employment and QoL in people with intellectual disabilities, refer to Schalock, Verdugo Alonso (2006).

[2] The theories proposed by Schalock and Verdugo Alonso for Individual QoL go back, in fact, to 2016 and define it as follows: "We define Individual Quality Of Life as a multidimensional phenomenon composed of core domains that constitute personal well-being. These domains are influenced by personal characteristics and environmental factors. One's quality of life is the product of these factors and can be impacted positively through quality enhancement strategies that encompass developing personal talents, maximizing personal involvement, providing individualized supports, and facilitating personal growth opportunities" (Ivi, p. 4).

divided into eight Domains (“Social inclusion”, “Interpersonal relationships”, “Physical well-being”, “Material well-being”, “Emotional well-being”, “Personal development”, “Self-determination”, “Rights”) which may be grouped into three transverse macro-areas (“Well-being”, “Independence”, “Social participation”) (Schalock *et al.*, 2016, p. 2), as illustrated in Table 1:

Factors	**Domains**
Well-being	Material well-being
	Physical well-being
	Emotional well-being
Independence	Self-determination
	Personal development
Social Participation	Interpersonal relationships
	Social inclusion
	Rights

Table 1. QoL. Factors and Domains of the multi-dimensional model of Schalock and colleagues

This multi-dimensional model, and the QoL construct in general, has now been established as a tool of reference for identifying actions aimed at the promotion of well-being of the person during their whole life cycle, therefore also towards adulthood (Schalock, Verdugo Alonso, 2002; 2006). In this regard, the literature has highlighted how the planning of existential paths oriented towards QoL may contribute to reducing “obstacles for access to an adult life” (Cottini *et al.*, 2016, p. 43) seen particularly in “a certain existential homogeneity marked by facts that are always the same and by the impossibility of change” (Medeghini, 2006, p. 16).

In line with the studies of the Special Education scientific community on the theme of planning and Quality of Life (Giaconi 2015; Cottini *et al*., 2016; Pavone, 2009; d’Alonzo, 2009), the analysis of processes of transition to adult life and, consequently, of processes of construction of the Life Project, imposes new educational challenges. It is a matter of setting up projects that include existential trajectories of the person with disabilities, which are not always taken into consideration, and studies of these trajectories put the accent on employment (Giaconi *et al.*, 2021; Giaconi, 2015ab; Caldin, Friso, 2012; Canevaro, 2002). The central role of this dimension is determined by the fact that it passes through all the transverse areas of the QoL model, and has a bearing on more than one domain, such as: “Material well-being”, “Self-determination”, “Personal development”, “Interpersonal relationships” and “Social inclusion”.

With reference to the “Material Well-being” domain, the evidence shows how financial condition and employment are among the indicators that most affect the increase in levels of Quality of Life of people with disabilities (Giaconi, 2015b).

Expressing preferences and personal control, associated with independence, decisional autonomy and self-sufficiency, are the indicators highlighted in the research in the “Self-determination” domain (Wehmeyer & Schalock, 2001; Maggio *et al*., 2021).

The literature relating to “Personal development” (Boffo, 2012; Lepri & Montobbio, 2003) focuses on the indicators attributable to activities, realising potential, and to the status of the person with disabilities, linked to indicators regarding personal skills (cognitive, social and practical) and performance (realising potential, productivity, personal improvement, personal expression, empowerment).

Training for work and working practice are also characterised by socialisation processes, and contribute to implementing the domains of “Interpersonal relationships” and “Social inclusion” (Giaconi *et al.*, 2020; Giaconi, 2015b; Goussot, 2009; Lepri & Montobbio, 2003; Canevaro, 2002).

These considerations show how the QoL model allows the working dimension to be analysed from several different aspects, suggesting actions of rethinking the perspectives of services for people with disabilities (Cottini *et al.*, 2016).

3. Practical framework: the "Tuttincampo" project

The links outlined in the previous paragraph constitute the theoretical scientific premises underlying the project which we are now going to present.

The "Tuttincampo"[3] project starts off from the synergistic collaboration of an inter-institutional network composed of the University of Macerata, the Anffas Macerata association for social promotion/non-profit organization, a farm, and the Regione Marche. Its aim is to include in the work context people who do not find suitable answers to their employment needs. Through their involvement in farming, with the possibility to take part in all stages of agricultural production (sowing, harvesting, transformation, sales), this experimental project sets out to test a new format of social integration using the tools of social farming, thus offering a valid alternative to the classic rehabilitation day-centres for those with disabilities.

In line with the studies (Di Lauro & Strambi, 2020; Zampetti *et al.*, 2011; Di Iacovo, 2008) describing the formative value of educational activities carried out in the context of social farming "It is the training-social farming combination that stands out, since the former has as its strong points the variability and the flexibility of the farming context and the tasks that can be performed within it and inserts them as tools in a well-planned training project. At the same time social farming becomes, thanks to training, an occasion for growth even for those who do not want to work in the countryside but who draw from this particular training context useful resources for their daily lives" (Zampetti *et al.*, 2011, p. 35). Social farming is a new way of collaboration, where the person is called upon to deal with others and with practical problems that bring into play their own processes of personal empowerment (Macrì, 2011). For these reasons, the "Tuttincampo" project, conscious of the formative value of social farming experiments, has activated pathways of welcome and social and labour inclusion. A team comprising a psychologist, a social worker, a teacher, a farmer, a manager of a social cooperative and experts in Special Education has also been formed to support the project.

The project is divided into stages that envisage the following: a first identification of the needs, expectations and interests of a group of young adults with intellectual disabilities; selection of the work group comprising 5 young people with disabilities and 5 without disabilities aged between 18 and 30; activities of training and introduction to work on the farm; employment in the production chain lasting for three years (78 weeks); final identification of QoL levels reached after a three-year period of performing the activities.

To save long explanations, we will now present a significant case-study relating to "Tuttincampo" project.

3.1 Case-study

We will consider the case of G, who is a 22-year-old girl with intellectual disability who regularly attends a day-centre on a semi-residential basis and was enrolled in the "Tuttincampo" project as a member of the group.

As defined in the steps of the implementing protocol, the start of the project for G was preceded by identification of the QoL levels she experienced. For this purpose, as anticipated, the Personal Outcomes Scale (POS) (van Loon *et al.*, 2008) was applied, to investigate the level of personal satisfaction of the person with disabilities, and also the Supports Intensity Scale (SIS) (Thompson *et al.*, 2004) to focus attention on the practical "supports" the person needs.

The data obtained from both scales were subsequently cross-referenced to allow a systematic reading between expectations, desires and needs of G and her caregivers, and to give a view of G's profile in re-

---

[3] https://sfbct.unimc.it/it/site-news/incontro-per-il-progetto-tutti-in-campo President Marco Scarponi and psychologist Francesca Accorsi took an active part in the project for Anffas Macerata; Martina Buccolini coordinated the project for the farm.

lation to the requirements of the context. This data will be the subject of analysis by the team in order to proceed to the start of the work pathway and for comparison with data collected during the ongoing monitoring carried out and the final survey which will take place at the end of the three-year period.

3.2 Methodology

As previously anticipated, in order to achieve a thorough analysis of the QoL of our subject of study, we applied two tools for assessment: the POS (van Loon *et al*., 2008)[4], and the SIS (Thompson *et al*., 2004)[5]. The POS is an assessment scale that aims at assessing the QoL of people with intellectual disabilities on the basis of the domains proposed in the model of Schalock and colleagues (2002; 2006; 2010). The same questionnaire is applied at the same time both to the person with disability, and to one of their caregivers. The first of these is referred to as "self-assessment" (subjective assessment) and the second is "hetero-assessment" (objective assessment).

A further tool adopted for assessment is the SIS (Thompson *et al*., 2004). This assessment scale moves the focus of the analysis onto the practical needs of the person, evaluating the real supports they need, in order to be able to have an exhaustive picture for planning activities related to precise assessment areas.

With regard to the case-study we are presenting, the POS and SIS scales were applied by a multi-disciplinary team comprising special education experts and psychologists from Anffas Macerata who gave a systematic view of them. In detail, the self-assessment POS was given to the girl by the education experts, allowing her to take the time she needed. G spent 30 minutes in total to respond to the interview. The hetero-assessment POS was given to the mother by education experts in an interview lasting 45 minutes. The SIS was completed by the psychologists on the project team.

As this was a qualitative analysis, in the case of both the POS and the SIS, the raw data were examined, since these allow a detailed investigation into the individual dimensions of life on the two scales[6].

3.3 Collection and analysis of data

The perception of G's QoL emerging from the application of the self-assessment POS falls within a range extending from 11 points (minimum value) in the "Material well-being" domain to 18 points (maximum value) in the "Self-determination" and "Physical well-being" domains. In general the QoL profile that

---

[4] The POS examines eight domains through six questions (items) that are assessed on the following scale: 3=always, 2=sometimes, 1=rarely or never. The value for each domain is obtained from the total number of points for the items. It is always between 6 and 18, with an average value of 12, and lower points indicate greater levels of criticality. The questionnaire provides for the insertion of notes commenting on the replies, meaning that the numerical data is a reference value susceptible to interpretation.

[5] The SIS is divided into three sections subdivided into subscales or items. Section 1 examines 19 medical conditions and 13 behavioural problems. The 6 subscales of Section 2 examine 49 activities that are assessed according to 3 parameters: frequency, duration and type of support needed for carrying out the activity. Finally, Section 3 examines the need for support for carrying out "Protection and Advocacy" activities. In Section 1 the need for support is assessed on a scale from 0 to 2 (none=0, partial=1, extensive=2). The assessment of supports in Sections 2 and 3 is measured for each parameter on a scale of 0 to 4, where the greater the value the greater the need for support (Frequency: none, or less than once a month=0, at least once a month, but less than once a week=1, at least once a week, but less than once a day=2, at least once a day, but less than once an hour=3, every hour or more frequently=4; Daily support time: none=0, less than 30 minutes=1, from 30 minutes to less than 2 hours=2, from 2 hours to less than 4=3, 4 hours or more=4; Type of support: none=0, monitored=1, verbal/gestural signs=2, partial physical assistance=3, total physical assistance=4).

[6] As regards the SIS in surveys of a quantitative nature, referring to the total raw scores of each subscale or item – and on the basis of a scale with predefined average value and standard deviation – the following can be calculated: the standard points, the percentile ranges referring to each subscale and the overall total standard points for the six subscales (Cottini *et al.* 2008).

emerges shows a satisfactory picture. In detail, the “Personal development” and “Social inclusion” domains obtain 13 points, the “Rights” domain 15 points, and the “Emotional well-being” and “Interpersonal relationships are given 17 points.

In the figure below (Fig. 1) we show a histogram with the scores obtained by applying the self-assessment POS scale for G.

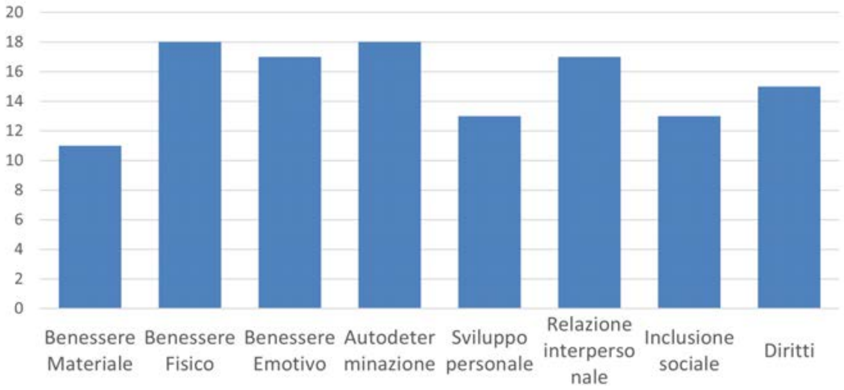

Figure 1. Histogram. Self-assessment POS. 13/10/2021

The profile emerging from the hetero-assessment POS scale does not differ greatly. Nevertheless, we would draw attention to some domains that may be significant. Unlike in the self-assessment scale, there are no domains in the hetero-assessment scale with values lower than the average 12, all having a value over 12, being between 13 and 18. Specifically, “Social inclusion” (13); “Material well-being”, “Physical well-being”, “Emotional well-being”, “Personal development” and “Rights” (15); “Self-determination” (16); “Interpersonal relationships” (18). As we see in the figure below (Fig. 2) there are fewer peaks present in this scale, which is characterised by a greater uniformity than G’s QoL profile.

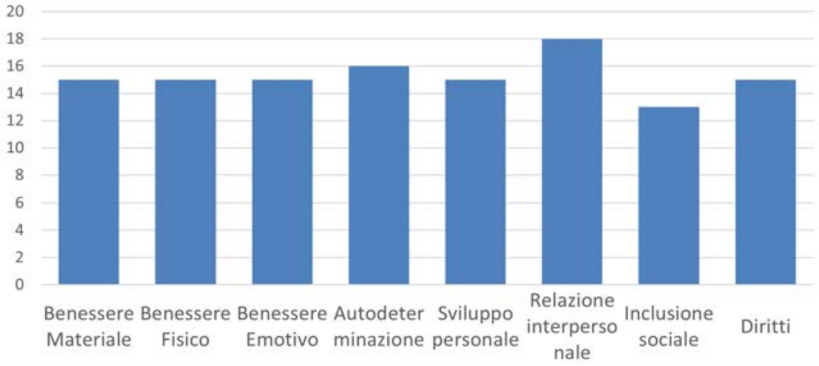

Figure 2. Histogram. Hetero-assessment POS. 13/10/2021

The distance between the scores obtained in the two assessments relating to the “Material well-being” domain is therefore considerable. In the self-assessment scale this domain is the only one with a below-average value (11), while in the hetero-assessment it obtains a value well above the average (15). The difference is due to the fact that, of the 6 questions asked, the person and the caregiver give the same response in only 2 cases. In the case of the question relating to the possession of objects and of work, both replied “Rarely”, while in the 3 questions relating to economic availability, in all 3 cases the girl replied” “More or less/sometimes”, while the caregiver replied “Always”. A similar divergence is shown in the replies to the question relating to the availability of one’s own space; while the girl replies “No”, the caregiver replies “It depends”.

The two findings also diverge in the point relating to the domains of “Physical well-being” (self-assessment: 18, hetero-assessment: 15), “Emotional well-being” (self-assessment: 17, hetero-assessment: 15), “Self-determination” (self-assessment: 18, hetero-assessment: 16), “Personal development” (self-assessment: 13, hetero-assessment: 15), “Interpersonal relationships” (self-assessment: 17, hetero-assessment: 18), while the scores in the two scales correspond in the domains of “Social inclusion” (where 13 points were obtained in both scales) and “Rights” (15 points obtained in both scales).

In view of the differences recorded, the Quality of Life profiles that emerge from cross-referencing the data from the self-assessment and the hetero-assessment POS scales are generally similar, as illustrated in the figure below (Fig. 3).

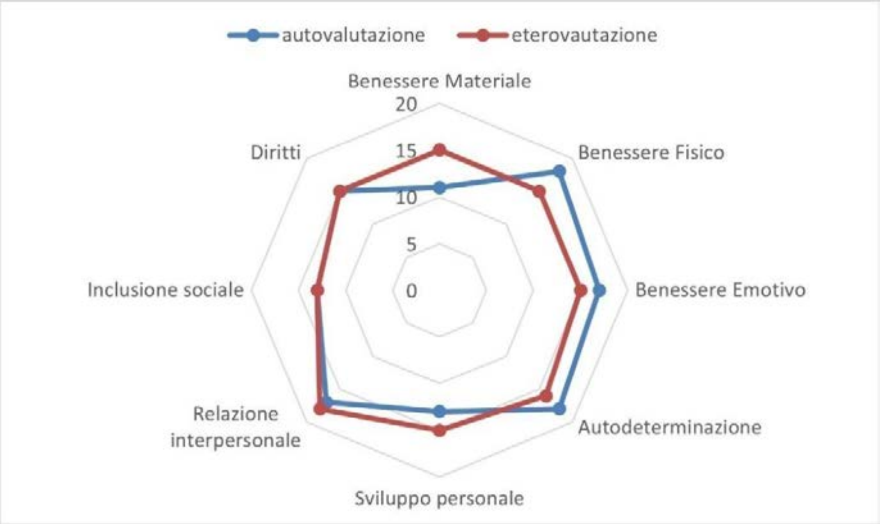

Figure 3. Radar chart. POS self-assessment and hetero-assessment. 13/10/2021

Regarding the application of the SIS scale, it emerges from Sections 1A and 1B – “Exceptional medical support needs” and “Behavioural support needs” – that G does not need exceptional medical or behavioural supports. From the survey relating to Section 2, seen in the figure below (Fig. 4), it emerges that the activities needing most support are those relating to Subscales C and D. Section C examines “Lifelong learning activities” and Section D, “Activities relating to employment”:

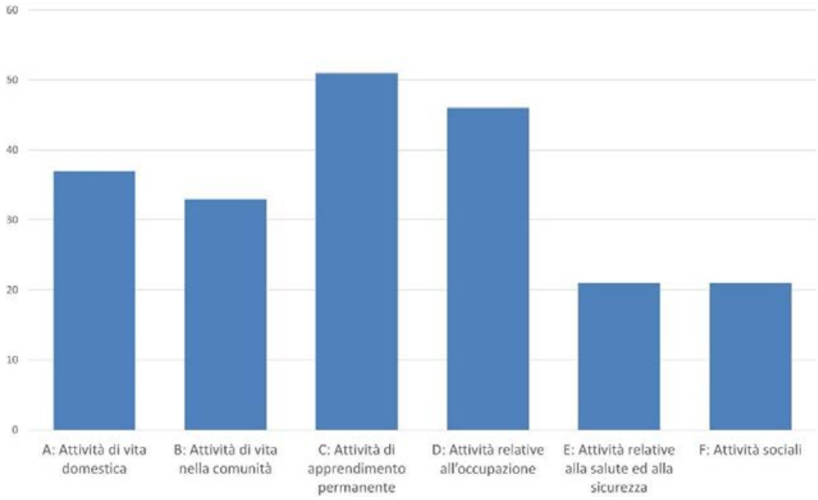

Figure 4. Histogram. SIS - Section 2

For all of the activities in the two Subscales[7] the condition of greatest criticality refers to frequency. In fact, G needs support in these activities with a frequency that ranges from “at least once a week, but less than once a day” (value 2 on the scale), to “at least once a day, but less than once an hour” (value 3 on the scale).

If we examine these two subscales in detail, we see that the activities needing the most supports for all three parameters investigated (frequency, duration and type) are some activities referred to in Subscales C and D. For Subscale C, these are “Learning and using problem-solving strategies” and “Learning functional skills”, and for Subscale D, they are: “Changing job assignments”, followed by “Learning and using specific job skills” and “Completing work-related tasks with acceptable quality”. These, therefore, are activities that refer directly to training and performance of a job of work.

Of the three SIS Sections, however, it is Section 3, “Protection and advocacy”, that shows the greatest criticalities. For all of the eight items[8] the same values were recorded for each parameter: frequency, daily duration and type of support. In all of the eight activities examined on the Scale, in fact, support is necessary with a frequency of at least once a month, but less than once a week (value 1 on the scale); for a daily duration of 4 hours or more (value 4 on the scale); and in type of total physical assistance (value 4 on the scale).

3.4 Comparison of results

Comparing the data from each of the POS scales with those from the SIS scale we can trace points of convergence and divergence, which allow us to obtain an overall picture of the critical or satisfactory dimensions in relation to G’s QoL.

The data emerging from the self-assessment POS and the hetero-assessment POS comparison show visible differences between the perceptions of the girl with disability and her caregiver with regard to certain domains. The literature has already highlighted how, in surveys, interviews with people with intellectual disabilities can produce distorting phenomena (Penne *et al.*, 2012; Hogg & Langa, 2005; Carver, 2000). This might be the tendency of the person with disability to express a degree of satisfaction that is reduced by low expectations of QoL, or the differences between the perceptions of the person with disability and those of the caregivers (Sines, Hogard & Ellis, 2012). The SIS scale offers us a third element that might contribute to adding more detail to the study.

Of the main links that emerge from a comparison between the scales, we would highlight the data relating to those sections in the two scales that inquire into economic availability and autonomy, and the acquisition of new skills. We would underline the presence of a correspondence between the POS “Material well-being” and “Personal development domains, with Sections 2C and 2D, and the “Lifelong learning activities” and “Employment activities” in the SIS. With regard to these domains, from the POS self-assessment data we see that these were perceived negatively by G, and this was borne out in the SIS scale results, in which the activities relating to Sections 2C and 2D are among those recording greater support needs. In this connection, we should remember that the reference literature (Romaniuk, Miltenberger, 2001; Stafford *et al.*, 2002) states how surveys addressed to people with intellectual disabilities

---

[7] The nine activities of Subscale C are: “Learning and using problem-solving strategies”; “Learning functional skills” (e.g. reading signs, counting change, etc.); “Learning health and physical education skills”; “Learning self-determination skills”; “Learning self-management strategies”; “Participating in training/educational decisions”; “Accessing training/educational settings”; “Interacting with others in learning activities”; “Using technology for learning”. The Subscale D activities are: “Learning and using specific job skills”; “Accessing/receiving job/task accommodations”; “Interacting with co-workers”; “Interacting with supervisors/coaches”; “Completing work-related tasks with acceptable speed”; “Completing work-related tasks with acceptable quality”; “Changing job assignments”; “Seeking information and assistance from an employer”.

[8] “Advocating for self”; “Making choices and decisions”; “Protecting self from exploitation”; “Exercising legal responsibilities”; “Belonging to and participating in self-advocacy/support organisations”; “Obtaining legal services”; “Managing money and personal finances”; “Advocating for others”.

may lead to a series of limitations and procedural problems, precisely because it is these very subjects with intellectual disabilities who are involved (Zappella, 2019). For example, as Wehmeyer and Kelchner (1995) remind us "When considering the assessment of self-determination, there is a need to be cognizant not only of the possible contributions of such an effort, but the potential limitations of the exercise as well. These issues are compounded when the assessment in question is a self-report measure." (Wehmeyer, & Kelchner, 1995, p. 2).

In the attempt to align the POS domains with the SIS Sections[9], we can record that the need for supports for performing an activity, in G's case, does not imply a negative perception of the corresponding domain. In fact, even though the activities for which G needs greater supports are those examined in Section 3 "Protection and advocacy", the POS "Rights" domain is nevertheless satisfactory both in the self-assessment and in the hetero-assessment.

In summary, from an analysis of the data resulting from the POS and SIS scales, a QoL profile emerges which gives us a satisfactory picture, in which G needs supports only partially. It seems necessary to reiterate how the identification of QoL and the assessment of supports to be implemented, being multi-dimensional phenomena, provide a general photograph of the satisfaction perceived by the subject with disability and their caregivers and not potentialities and limits of the person. Therefore, cross-referencing the data from the scales allows us to highlight areas of criticality (in particular referring to "Material well-being" and "Personal development" in the POS self-assessment and to Sections 2C, 2D and 3 of the SIS) to which planning and support actions can be directed, and also areas considered as satisfactory (Self-determination" and "Interpersonal relationships" in the POS), these can be kept in mind so that perceived QoL levels remain high and the supports already considered as satisfactory are maintained.

4. Conclusions

Based on the Quality of Life prerequisite (Cottini, 2016; Giaconi, 2015b; Schalock & Verdugo Alonso, 2002; 2006), our study has highlighted how this comprises an essential framework of reference in directing policies and services. The possibility of operationalizing the construct on both a diachronic and a synchronic axis enables educational management professionals to position their planning according to criteria of continuity and longitudinality. As highlighted by the reference literature (Cottini, 2016; Capellini, 2015; Giaconi, 2015b; Buntix & Schalock, 2010; Claes *et al.*, 2010; Schalock *et al.*, 2008) these criteria represent fundamental parameters for the construction of Life Projects filled with trajectories of sense and meaning.

In particular, the systemisation of Quality of Life proposed by Schalock and Verdugo Alonso (2006; 2002) allows us to direct the planning towards significant dimensions in constructing adult life pathways. In detail, we have highlighted how the QoL domains link up with the employment dimension, becoming a necessary indicator for determining occasions for exercising tasks of adult life.

Identifying the QoL of the person with intellectual disability and with an analysis of supports, proposed with the case-study, we have examined in detail the perceptions of each member of the group, along with their caregivers, in order to structure activities and actions that are strictly anchored to the planning context of reference.

---

[9] Regarding the domains "Interpersonal relationships", "Social inclusion" and "Rights", a link can be traced with the SIS in reference to Sections 2B, 2F and 3, since there are points of contact concerning the life dimensions examined in the two scales. For example, in the POS; referring to the "Interpersonal relationships" domain, the subject of the survey is the social participation of the person, from both a qualitative and a quantitative point of view (presence or otherwise of friends, participation in extra- and inter-family activities). Similarly, Sections 2B and 2F of the SIS, "Community living" and "Social Activities", aim at identifying possible supports for the creation and performance of activities intended for social interaction (also extra- and intro-family activities here). We find the same correspondence in the POS "Rights" domain and in the SIS Section 3 "Protection and Advocacy", both of which examine the person's level of decisional autonomy; the POS gives us information on the level perceived by the person, and the second highlights the supports the person needs for exercising it.

In line with the scientific literature of reference relating to social farming (Di Lauro & Strambi, 2020; Moretti, 2020; Cirulli *et al.*, 2020; Giarè *et al.,* 2018), the added value of the "Tuttincampo" project is located within the social-relational setting that people with disabilities and without disabilities find themselves sharing. The construction of social roles, which can be experimented directly, as well as the learning of specific procedures required by the "position" held, contributes to achieving significant and useful changes for adulthood (Caldin *et al*., 2009).

As underlined by Caldin (2017), the mistaken dynamics of "taking care of" that are gradually substituting logical aims of "caring for", must be abandoned, allowing room for the growth and personal development of the person with disability.

Indeed, we would like to stress that the accepted meaning, in terms of education, of the "facilitating" actions we must perform in relation to people with disabilities, is to construct life paths towards adulthood on the basis of anticipation and exercise of new tasks of responsibility, first of all, those linked to the world of work. Inclusive educational planning is always filled with dialogue with the other, where the intention is to understand in order to support, to assess in order to collaborate, and to plan for the freedom of the other (Caldin, 2017).

References

Boffo V. (Ed.) (2012). *Di lavoro e non solo. Sguardi pedagogici*. Loreto: Simplicissimus Book Farm.

Brown I., Hatton C., & Emerson E. (2013). Quality of life indicators for individuals with intellectual disabilities: Extending current practice. *Intellectual and Developmental Disabilities*, 51, 316-332. doi: 10.1352/1934-9556-51.5.316

Buntix W.H.E., & Schalock R.L. (2010). Models of Disability, Quality of Life, and Individualized supports: Implication for professional pratice in intellectual disability. *Journal of Policy and Pratice in Intellectual Disabilities*, 7, 4, 283-294.

Caldin R. (2017). Gli studenti universitari tra formazione e ricerca. Il contributo della didattica alle professioni educative, nei processi inclusivi. *Pedagogia Oggi*, 15(2), 187-197.

Caldin R., & Friso V. (2012). Quale lavoro per le persone con disabilità, oggi, in Italia? *Studium Educationis*, XIX, 3, 37-57.

Canevaro A. (2002). La valorizzazione dei disabili attraverso il lavoro. *Handicap e scuola*, 106, novembre-dicembre: 7-10.

Capellini S.A. (2015). Qualità della Vita e Adulti con Disabilità. Percorsi di ricerca e prospettive inclusive. *Education Sciences & Society*, 6, 1, 190-191.

Carver C.S. (2000). On the continuous calibration of happiness. *American Journal on Mental Retardation*, 105, 336-341.

Chiu C., Kyzar K., Zuna N., Turnbull A., Summers J. A., & Gomez V. A. (2013). Family quality of life. In M. Wehmeyer (Ed.), *The Oxford handbook of positive psychology and disability*)(pp. 365-392). New York: Oxford University Press.

Cirulli F., Berry A., Borgj M., Francia N., & Alleva E. (2020). *Rapporti ISTISAN 11/29. L'agricoltura sociale come opportunità di sviluppo rurale sostenibile: prospettive di applicazione nel campo della salute mentale*. Roma: Istituto Superiore di Sanità.

Claes C., Van Hove G., Vandevelde S., van Loon J., & Schaloc R. L. (2010). Person-centered planning: analysis of research and effectiveness. *Intellectual and Developmental Disabilities*, 48, 6, 432-453.

Cottini L. (2016). *L'autodeterminazione nelle persone con disabilità: percorsi educativi per svilupparla*. Trento: Erickson.

Cottini L., Fedeli D., & Leoni M. (2008). La Supports Intensity Scale nel panorama riabilitativo italiano: Standardizzazione italiana e procedure psicometriche. Sito: http://amicodi.org/. *American Journal on Mental Retardation* (Ed. Italiana), 6, 21-39.

Cottini L., Fedeli D., & Zorzi S. (2016). *Qualità di vita nella disabilità adulta: percorsi, servizi e strumenti psicoeducativi*. Trento: Erickson.

Cummins R. A. (2005). Moving from the quality of life concept to a theory. J*ournal of Intellectual Disability Research*, 49, 10: 699-706.

d'Alonzo L. (2009). Il protagonismo del figlio disabile adulto: lavoro, università. In M. Pavone (ed.), *Famiglia e progetto di vita.* Trento: Erickson, 79- 98.

Del Bianco N. (2019). *Autodeterminazione nelle persone con disabilità intellettive: studi, ricerche e questioni di pedagogia speciale.* Milano: FrancoAngeli.

Del Bianco N., & Accorsi F. (2019). Quality of Life and Intellectual Disabilities: Implementing the POS Scale in a case study. *Education Sciences & Society*, 1, 68-86.

Di Lauro A, & Strambi G. (Eds.) (2020). *Le funzioni sociali dell'agricoltura*. Pisa: ETS.

Di Iacovo F. (2008). *Agricoltura sociale: quando le campagne coltivano valori: un manuale per conoscere e progettare. Agricoltura sociale*. Milano: FrancoAngeli.

Felce D. (1997). Defining and Applying the Concept of Quality of Life. *Journal of Intellectual Disability Research*, 41, 126-135.

Felce D., & Perry J. (1995). Quality of life: Its definition and measurement. *Research in Developmental Disabilities*, 16, 51-74.

Friso V., & Caldin R. (2022). Orientamento e accompagnamento per un autentico Progetto di vita. *Studium educationis - Rivista semestrale per le professioni educative*, 1, 48-56.

Gardner J. F., & Carran D. (2005). Attainment of personal outcomes by people with developmental disabilities. *Mental Retardation*, 43, 157-174.

Giaconi C. (2012). *Nella comunità di Capodarco di Fermo: Dalle pratiche all'assetto pedagogico condiviso*. Roma: Armando.

Giaconi C. (2015a). Inclusione lavorativa: le sfide della disabilità adulta. In M. Cornacchia (Ed.), *Andare a tempo. Ripensare la vita indipendente dell'adulto con disabilità* (pp. 75-92). Lecce: Pensa MultimMedia.

Giaconi C. (2015b). *Qualità della vita e adulti con disabilità. Percorsi di ricerca e prospettive inclusive*. Milano: FrancoAngeli.

Giaconi C., Caldin R., D'Angelo I., Del Bianco N., & Capellini S.A. (2021). Le famiglie e le sfide nella crescita di figli con disabilità: il contributo della Pedagogia Speciale. In R. Caldin, C. Giaconi (Eds.), *Pedagogia Speciale, famiglie e territori* (pp. 232-243). Milano: FrancoAngeli.

Giaconi C., Del Bianco N. (2017). Paths and Technologies in the Life Project of People with Disabilities: International Perspectives and Educational Potential. *Research on Education and Media*, 10, 2, 40-54.

Giaconi C., Socci C., Fidanza B., Del Bianco N., D'Angelo I., & Capellini S. (2020). Il Dopo di Noi: Nuove alleanze tra Pedagogia Speciale ed economia per nuovi spazi di Qualità di Vita. *MeTis. Mondi educativi. Temi, indagini, suggestioni*, 10, 2, 274-291.

Giarè F., De Vivo C., Ascani M., & Muscas F., (2018). L'agricoltura sociale: un modello di welfare generativo. *Italian Review of Agricultural Economics*, 73, 2, 125-146.

Goussot A. (Ed.) (2009). *Il disabile adulto. Anche i disabili diventano adulti e invecchiano*. Rimini: Maggioli.

Hogg J., & Langa A. (Eds.) (2005). *Approaches to the Assessment of Adult with Intellectual Disability: A service Provider's Guide*. London: Blackwell Publishing.

Lepri C. (2016). La condizione adulta delle persone con disabilità intellettiva. In C. Lepri (Ed.), *La persona al centro: Autodeterminazione, autonomia, adultità per le persone disabili* (pp. 15-27). Milano: FrancoAngeli.

Lepri C., & Montobbio E. (2003). *Lavoro e fasce deboli. Strategie e metodi di inserimento lavorativo di persone con difficoltà cliniche o sociali*. Milano: FrancoAngeli.

Jenaro C., Verdugo Alonso M.A., Caballo C., Balboni G., Lachapelle Y., Otrebski W., & Schalock R.L. (2005). Cross-cultural study of person-centred quality of life domains and indicators: a replication. *Journal of Intellectual Disability Research*, 49(10), 734-739.

Macrì M.C. (2011). Analisi di casi di studi. In F. Cirulli, A. Berry, M. Borgj, N. Francia & E. Alleva E. (2020). *Rapporti ISTISAN 11/29. L'agricoltura sociale come opportunità di sviluppo rurale sostenibile: prospettive di applicazione nel campo della salute mentale* (pp. 46-48). Roma: Istituto Superiore di Sanità.

Maggio I. D., Shogren K. A., Wehmeyer M. L., Nota L., & Sgaramella T.M. (2021). Career adaptability, self-determination, and life satisfaction: A mediational analysis with people with substance use disorder. *Journal of Career Development*, 48, 3, 213-228.

Medeghini R. (2006). *Dalla qualità dell'integrazione all'inclusione. Analisi degli integratori di qualità per l'inclusione*. Brescia: Vannini.

Montobbio E., & Lepri C. (2000). *Chi sarei se potessi essere. La condizione adulta del disabile mentale*. Tirrenia: Edizioni del Cerro.

Moretti C. (2020). Agricoltura sociale: progettualità possibili nel welfare locale. *Sociologia urbana e rurale*, 123, 75-89.

Pavone M. (Ed.). (2009). *Famiglia e progetto di vita: Crescere un figlio disabile dalla nascita alla vita adulta*. Trento: Erickson.

Penne A., Ten Brug A., Munde V., van der Putten A., Vlaskamp C., & Maes B. (2012). Staff Interactive style during multi-sensory storytelling wirth person with profound intellectual and multiple disabilities. *Journal of Intellectual Disabilities Research*, 56, 2, 167-178.

Petry K., Maes B., & Vlaskamp C. (2005). Domains of quality of life of people with profound multiple disabilities: The perspective of parents and direct support staff. *Journal of Applied Research in Intellectual Disabilities*, 18, 35-46.

Petry K., Maes B., & Vlaskamp C. (2009). Psychometric evaluation of a questionnaire to measure the quality of life of people with profound multiple disabilities (QOL-PMD). *Research in Developmental Disabilities*, 30, 6, 1326-36.

Renwick R., Brown I. (1996). Being, belonging, becoming: the centre for health promotion model of quality of life. In R. Renwick, I. Brown, & M. Nagler (Eds.), *Quality of life in health promotion and rehabilitation: conceptual approaches, issues, and applications*. Thousand Oaks, CA: Sage.

Renwick R., Brown I., & Raphael D. (2000). Person-centered quality of life: contributions from Canada to an international understanding. In K.D. Keith, R.L. Schalock (Eds.), *Cross-cultural perspectives on quality of life* (pp. 5-21). Washington, DC: American Association on Mental Retardation.

Romaniuk C., & Miltenberger R. (2001). The Influence of Preference and Choice of Activity on Problem Behavior. *Journal of Positive Behavior Interventions*, 3, 152-159.

Schalock R. L., Bonham G. S., & Verdugo Alonso M. A. (2008). The conceptualization and measurement of quality of life: implications for program planning and evaluation in the field of intellectual disabilities. Eval Program Plann, 31(2): 181-190. doi: 10.1016/j.evalprogplan.2008.02.001

Schalock R.L., Keith K.D., Verdugo Alonso M.A., & Gómez L.E. (2010). Quality of life *model* development and use in the field of intellectual disability. In: Kober R. (Ed.). *Enhancing quality of life for people with intellectual disability: From theory to practice* (pp. 17-32). New York: Springer.

Schalock R.L., & Verdugo Alonso M.A. (2002). *Handbook on Quality of Life for Human* Service *Practioners*. Washington DC: American Association on Mental Retardation.

Schalock R.L., & Verdugo Alonso M.A. (2006). *Manuale di qualità della vita. Modelli e pratiche di intervento*. Brescia: Vannini.

Schalock R.L., Verdugo Alonso M.A., Gomez L.E., & Reinders H.S. (2016). Moving Us Toward a Theory of Individual Quality of Life. *Am J Intellect Dev Disabil,* 121, 1: 1-12. doi: https://doi.org/10.1352/1944-7558-121.1.1

Sines D., Hogard E., & Ellis R.B. (2012). Evaluating quality of life in adults with profound learning difficulties resettled from hospital to supported living in the community. *Journal of Intellectual Disabilities*, 16, 247-263.

Stafford A.M., Alberto P.A., Frederick L.D., Heflin L.J., & Heller K.W. (2002). Preference variability and the instruction of choice making with students with severe intellectual disabilities. *Education and training in Mental Retardation and Developmental Disabilities*, 37, 70-88.

Thompson J. R., Bryant B. R., Campbell E. M., Craig E. M., Hughes C. M., & Rotholz D. A. et al. (2004). *Supports Intensity Scale: Users' manual*. Washington: American Association on Mental Retardation.

Thompson J.R. (2009)*, SIS. supports Intensity Scale. Sistema di valutazione dell'intensità dei sostegni necessari alle persone con disabilità*. Brescia: Vannini.

van Loon J.H.M., Van Hove J., Schalock R.L., & Claes C. (2008). *Personal outcomes scale*. Gent, Stichting Arduin, Universiteit Gent.

van Loon J.H.M., Van Hove J., Schalock R.L., & Claes C. (2017). *POS-Personal Outcomes Scale. Versione italiana. Protocollo* (Adattamento italiano di Coscarelli A., Balboni G.). Brescia: Vannini.

Wang M., Schalock R. L., Verdugo Alonso M. A., & Jenaro C. (2010). Examining the factor structure and hierarchical nature of the quality of life construct. *American journal on intellectual and developmental disabilities*, 115, 3, 218-233. https://doi.org/10.1352/1944-7558-115.3.218

Wehmeyer M.L., & Kelchner K. (1995). *The Arc's Self-Determination Scale*. The Arc National Headquarters: Arlington TX.

Wehmeyer M.L., & Schalock R. (2001). Self-determination and quality of life: implications for special education services and supports. *Focus on Exceptional Children*, 33, 8, 1-16.

World Healt Organization (2001). *International Classification of Functioning, Disabiity and Health (ICF)*, Ginevra.

Zampetti A., Leggio C., & Scalmati P. S. (2011). *Emancipazione in agricoltura sociale. L'agricoltura sociale come opportunità di sviluppo rurale sostenibile: prospettive di applicazione nel campo della salute mentale*. Rapporti ISTISAN 11/29, pp. 34-36).

Zappella E. (2019). Qualità della vita e orientamento professionale per le persone con disabilità intellettiva: uno studio di caso in Lombardia. *Form@re*, 18, 3, 207-219.

Zuna N., Summers J.A., Turnbull A.P., Hu X. & Xu S. (2010). *Theorizing about family quality of life*. In Kober R. (Ed.), *Enhancing the quality of life of people with intellectual disability: From theory to practice* (pp. 241-278). Dordrecht, The Netherlands: Springer.