Call for papers

INCLUSIVE SOCIETY: DISCOURSES, PRACTICES AND CONTROVERSIES

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In 2002, the United Nations (UN) launched the motto "A society for all ages", while a few years later, the World Health Organization (WHO) encouraged public actors to promote "Age-Friendly Cities" (WHO, 2007) and is now preparing to adopt the same kind of approach for people with cognitive impairment (WHO, forthcoming). In February 2020, the concept of "inclusive society" was at the heart of the international congress held in Metz. Co-organized by the REIACTIS and the *Laboratoire Lorrain de Sciences* Sociales[1], this conference gathered more than 33 nationalities within 52 working sessions opening the floor to discussions which echo this call for papers. For its part, the European Network Cooperation In Science and Technology (COST) ROSEnet, composed by more than 180 members (researchers and stakeholders) from 41 countries, has explored from 2016 to 2020 the multiple facets of social exclusion linked to ageing and the possible answers to it[2]. At the French national level, the issues of social integration and social exclusion have not ceased to question the sector of old age and ageing, the vocabulary varying over the decades (Balard et al. 2019). For example, we can refer to the postulate of the famous Laroque report to reduce social segregation and advocate a form of inclusion: "Old-age policy is not enough in itself. It is and can only be one aspect of a broader policy, aiming at ensuring the harmonious development of the society as a whole" (Laroque, 1962). In public reports, one of the most recent ones, called upon to structure the "Old/Grand Age Law" planned for 2020, is even more prescriptive: "A new look at old age is essential: inclusion and autonomy must be the key words" (Libault, 2019). In France, the combination of the terms "inclusion and autonomy" would mark an attempt, administrative or bureaucratic, to bring together the worlds of disability and old age, which is what the Caisse Nationale de Solidarité pour l'Autonomie (prospective chapter "Une société inclusive, ouverte à tous", CNSA, 2018) is doing, for example, under the joint leadership of the Minister of Solidarity and Health and the Secretary of State in charge of Persons with Disabilities. In response to the English-speaking "age-friendly" or "dementia-friendly" approaches, we find the French-speaking calls for " *territoires bienveillants*" (RFVAA, 2019) or "*société bienveillante*" (PMND, 2019).

Both internationally and in France, the sensitivity of a society capable of integrating, taking into account and including all of its members can be considered for older audiences through a variety of domains. What strikes first is the importance of the underlying political and public discourse. In other words, before being truly "inclusive", the inclusive society is first and foremost a narrative, a discursive society. For the anthropologist Charles Gardou, the challenge of inclusion is to forge a 'we', a 'common repertoire' (Gardou, 2012). Coming back to Léon Bourgeois' political doctrine of French solidarity from 1896, Serge Paugam recalls how it inscribes the individual in the social association since his birth, this

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one inheriting the product of the work of all the human beings who preceded him (Paugam, 2008). In this regard, Anne-Marie Guillemard defends the idea that it is urgent to return to this spirit of the origins of social security to envisage new relations, no longer between three but four generations, and refound the intergenerational solidarity pact (Guillemard, 2019). Without erasing these issues, it is less a question of characterizing what a contemporary "inclusive society" is than of understanding the meaning of these recurring calls for an inclusive society. Are they bringing new issues, new methods, and new attention to individuals? Do they not mark, as it appears in the requested transformations of the "territories" themselves, an adaptation of the social to diversity to allow everyone to benefit from the same rights, whatever their health or social condition? And when approaches are organized to "change society", they require comprehensive, intersectoral perspectives, often mixing elected officials, public action professionals and civil society stakeholders (without these actors being limited to the socio-sanitary field, the issue of transport or that of housing coming to illustrate this statement, along with the example of the *Gérontologie et Société*'s issue "Living at home until the end of one's life" in 2017). Still in this search for "overcoming silos", the quest for an inclusive society would go as far as targeting the participation of the people themselves, whether they are said to be elderly, cognitively impaired or disabled and old, and their caregivers. However, can inclusive society integrate the idea that some people wish to remain on the margins or, in the field of care and social services, not to undergo treatment or request a social benefit?

In short, given the pervasiveness discursivity of a society that wants to be inclusive towards the elderly, this issue intends to question the discourses, practices and methods that shape the quest for an "inclusive society". On what theoretical and scientific bases does this society rest? Is the notion of inclusion synonymous with that of integration? How do we think about social inclusion and social exclusion? For *Gérontologie et Société*, the aim is to reflect on these questions by considering the history of its already published issues. The theme of inclusion has already sprinkled its issues, whether on free choice (2009), the rights of users (2005), the voice of the elderly (2003), the links between age and exclusions (2002) or the relationships between law and the elderly (2000): thus, the journal is now looking at the consequences for the gerontological field of the call or even the injunction for a "(more?) inclusive society".

We invite papers which focus on one or several of the three following issues:

A first set of papers will focus on the definitions of (social) inclusion and/or exclusion. The aim here is to show how the relationships between theory and practice, which are found in gerontology conceived as a "region of knowledge" from multiple discourses and disciplines (Loffeier, Majerus, Moulaert, 2017), participate in and are influenced by ideas of inclusion. Critical analysis of potential injunctions for an "inclusive society" will be particularly welcome here.

A second set of proposals aims to describe what seems to be one of the contemporary originalities of this "inclusive society" or, at least, of this inclusive quest, namely the pervasiveness of logics of social participation and co-construction (in public or social policies) that are not limited to a pure injunction to "work on oneself", to "individual responsibility" (Hummel, 2005, Moulaert, 2012) or to an individualizing empowerment. On the contrary, it seems that forms of empowerment with a collective (Walker, 1999) and emancipatory (Bacqué, Biewener, 2013) aim are developing. Here, one may disccuss the need - or not - for an "inclusive society" to promote the participation of the "concerned people" in the social and health measures which concern them.

A final issue seeks to describe and understand, in a reflexive and argued manner, the plural realities that intersect with practices and discourses (in particular those calling for a "change" in practices or approaches to "vulnerable" groups) that are part of the variations of the inclusive society.

1. Construction (s) and deconstruction (s)

This first avenue invites contributors to question the very concept of an inclusive society and its many variations: caring, welcoming, supportive, empowering, age-friendly, " or even "positive" society (Lin & Lewis, 2015) ...

Is there a common base that exists in all of the definitions, whether old or new? What perspective does a historical perspective allow us to develop on this subject? What are the issues and who are the actors supporting these definitions? What are the tensions between the main dimensions that structure inclusion (participation, solidarity, citizenship, destigmatization, awareness, intergeneration...)? How can the quest for inclusion and ethical issues be brought into dialogue (Cobbaut, Doat, 2016)? Beyond a formal equality of rights, how to reconfigure social policies to make them able to capture the plurality of personal trajectories (Billette, 2012)? What are the normative dimensions in the search for an inclusive society? Can calls for an "inclusive society" be read as a new effect of various forms of globalization, sometimes referring to a deeper weakening of aging individuals and of the Welfare State (Estes, Phillipson, 2002), sometimes to a production and a circulation of gerontological ideas moving from the national to the supranational level (Viriot-Durandal, Moulaert, 2014) and/or from the national to the local ones? The term "inclusive society" in itself raises the question: isn't it a pleonasm as "a society" suggests, by definition, a collection of individuals?

While the fields of study are those of gerontology, disciplinary perspectives are plural; thus, a sociological perspective on public policy would help to distinguish between the promoters of the inclusive society on aging and the way in which it has been brought to the political agenda. What is the sociogenesis of this concept? Are we seeing alliances of actors? Why is it the "new Holy Grail to reach" (Simzac, 2020)? What are the norms and the prescriptive dimension induced by the way of considering or, on the contrary, leaving certain aspects aside (Gardou, 2012)? Can we highlight forms of mistrust or resistance to the promotion of an inclusive society? Do we have to comply with these new modes of organization and practices? Indeed, if exclusion can be undergone, it could be chosen and assumed by some people. Why do older people make the choice to live outside the city or do they wish to live among peers only? How does society view these behaviours that go against a universal will for inclusion? Crossing practices and theories, how does this "inclusive society" enter into dialogue with classical concepts of sociology, psychology or law such as social integration, positive discrimination, stigma, access to rights, citizenship and human rights (Gzil, 2017)? How does it deal with concepts which, like health democracy (Demailly, 2014) or alternative therapeutic relationship models, attempt to transform socio-sanitary action and in particular that dealing with ageing individuals/patients?

Finally, this axis will pay particular attention to critical approaches that suggest the possibility of inclusion "at a discount" (Unapei, 2019), or that call for vigilance in the face of the "marketing" risks of the quest for labels or the fact that the discourse on the "inclusive society" comes timely for Welfare States tempted to financially disengage themselves (Ngatcha-Ribert, 2018), as financial globalization puts these states in competition with each other (Estes, Phillipson, 2002).

2. At the heart of inclusive society: citizenship and social participation issues

The aim of this axis is to explore one of the specificities of this contemporary "inclusive society", namely the way in which it would promote, in discourse and/or in practices, the real consideration of "*the voice of the old*" (Argoud, Puijalon, 1999). How does such mobilization and participation of older people organized within the community, regardless of their social or health status? Facing their wishes

to live a life as "normal" as possible and to continue their usual activities and relationships (social and friendly), how are their capacities, their resources and their "experiential knowledge" taken into account? By taking this voice into account, are these citizens recognized for what they are?

How are the logics of "co-construction" organized? If criticism exists for a long time in the field of urban policies towards inhabitants (Carrel, 2013), are the practices of "social participation" with older people, and *a fortiori* when they face vulnerability, also reduced to pure consultations without any real redistribution of power? Whether at home or in institutions, how can we encourage people's "self-determination" (FEHAP, 2018)? In France and abroad, what data and what lessons can be drawn from seniors councils or "Social Life Councils" (*Conseils de vie sociale*) which should locate, since 2002, the user at the centre of attention in socio-medical facilities? Does the organization of care and support leave their entire place for the aspirations and the needs of hospitalized or accommodated persons as well as their carers?

While they can also be discussed in the first section, therapeutic models that seek to develop more inclusive care practices can also be discussed in this section. Thus, the intersections between the worlds of disability and ageing lead to re-examine the social construction of reality, from an interactionist or situated perspective. Rather than focusing on the deficits of individuals, these models invite to pay attention to their remaining abilities and capacities. In the field of care, we will pay particular attention to the rehabilitation model, which offers professionals (occupational therapists, speech therapists, adapted physical activity professionals, etc.) interventions allowing patients to maintain their autonomy for as long as possible, by keeping also in mind the mere and possible suspicion around an activist society which even exhausts older people through empowerment discourse (Quentin, 2018).

3. Inclusive society: plural realities

The last section of this call proposes to address and analyse the experiences and initiatives implemented, at various scales and in various fields of application (housing, transport and tourism, social and physical environment, workplaces, cultural or sporting activities...), which are part of this "inclusive society". What lessons can we draw from transnational variations of a same concept or of a same framework for public action? Which actors take up and support these practices in a given community? How do these practices redefine the relationships between stakeholders, whether they are State representatives, civil society or people speaking for themselves? In the name of the inclusion of the greatest number, is there a risk that specific needs of some minorities would be neglected? Or that mechanisms aimed at the inclusion of some would lead to the exclusion of others?

By figuring at the level of the stakeholders who organize the inclusion of vulnerable people, this section intends to collect contributions aimed at describing and analysing their daily work. Here again, critical approaches to the pitfalls of inclusive society are also welcome. Experiences carried out in France and abroad will be particularly appreciated, whatever their scale of implementation (local, regional, national or international) and their living environment (rural, urban or peri-urban communities).

The "Perspectives and feedbacks" section of the journal is particularly indicated for this type of contribution. The contribution may also present actions and reflections on the representations carried by innovative, alternative practices or those seeking inclusion. Indeed, for many stakeholders, starting with the World Health Organization, age-related stereotypes would also be among the targets of change. From this point of view, all proposals on how to organize the participation of those concerned in changing representations will be welcome. In order to deal with discriminatory stereotypes, what

are the alternative representations emerging in the field of old age and vulnerabilities? How do associations of people with a disease and carers understand their role in this area?

Finally, the texts that will explore evaluations of these practices deserve their full place in this section. How do we evaluate inclusive practices? How do we measure the participation of seniors or people in vulnerable situations in practices that affect them? How do professionals, whether from the public or from civil society, position themselves in the face of these evaluations, which they may sometimes read as an intrusion and a criticism of their own work? If inclusion is intended to be cross-sectoral, how do we assess the impacts in what are *a priori* extremely numerous registers and fields of action (Ngatcha-Ribert, 2019)? Eventually, how can we calculate the costs and benefits of an "inclusive society"? What are the possible impacts of a more inclusive society on the reduction of social and economic inequalities? In other words, is an inclusive society less unequal, fairer? The approaches and works carried out in economic sciences will be valuable here.

General reminder:

The expected proposals may come from any discipline and any theoretical background. Foreign contributions or using a comparative perspective are welcome. Debates, controversies, as well as contributions aiming at reporting on past and/or future experiments are also expected and may contribute to the journal's "Perspectives and Feedback" and "Free Comments" sections.

Contributions may be submitted in French or English.

Only articles in French will be included in the paper version of the journal.

Articles in English will be included in the abstract and their summaries will be integrated into the paper version; they will be available in electronic version on Cairn
https://www.cairn.info/revue-gerontologie-et-societe.htm.
The journal is also accessible on the Cairn International website (https://www.cairn-int.info/journal-gerontologie-et-societe.html).

English-speaking authors will be invited to have their article translated into French if they wish to be published in the paper journal.

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Submission schedule and procedure

Proposals of full papers, in French or English (40,000 characters, spaces included), <u>accompanied by a title</u> and an **abstract** (250 words maximum) are expected **by December 14, 2020.**

The **Editorial Board informs the authors of the acceptance or refusal of the proposal to enter the editorial process** in one of the **three sections of the journal: "Original Articles", "Perspectives and Feedback", "Free Comments"**. Submissions in the "Original Articles" and "Perspectives and Feedbacks" sections are then **double-blind assessed by external reviewers**; articles proposed in the "Free Comments" section are evaluated by the editorial board.

Article submissions must select one of the three sections of the journal and **mention this choice** on its first page.
For more information on the sections, the editorial process and the evaluation grids, please refer to the journal's website.

Submissions should be sent no later than 14 December 2020 to:
Cnavgerontologieetsociete@cnav.fr
Instructions to authors are attached (here).

D'autres informations sur la revue, sa ligne éditoriale, sa programmation et les modalités de soumissions sont disponibles sur le site de la revue.

Further information on the journal, its editorial policy, its programming and the submission modalities are available on the site de la revue.

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