



Call for papers

From deinstitutionalization to inclusion

Contrasting evolutions and organizations of social care in Europe

Workshop of the research network « Organisation et pratiques du “médico-social”. Un réseau de recherches transversal aux catégories, aux acteurs, aux disciplines, à l’Europe » (IRES-CNSA, 2019-2021)

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To be held in Rennes (France), at EHESP

“Deinstitutionalisation” is one of the main concepts used in the international literature to account for the transformations of medical and social care institutions in northern countries. Originally, in the 1960s, the concept was created in a social and political movement against the asylum in the Anglo-Saxon countries. Driven by professionals and administrations, and supported by social sciences analysis, this movement criticized not only the consequences of the segregation produced by these “total institutions” (Goffman 1961) under the pretext of care, but also the loss of opportunity for the people they concerned as well as their role as social control institutions. What was at stake was to create alternatives to hospitalization and to organize the transfer of psychiatric patients. This movement later extended to other long-stay institutions for disabled and old people that resembled the psychiatric hospitals, such as hospitals for chronics, nursing homes, residential facilities or even some day services such as sheltered workshops. In the 1970’s, the disability movement played a growing role in these critiques. In the United States and in the United Kingdom, activists asked for the possibility to live in the community, and to receive and control the services they needed (Independent living movement). The possibility to participate to social life in all its dimensions became a central political issue. From the 1980’s on, further to these movements, the concept of inclusion and its derivatives – insertion, participation, rehabilitation – have become the lens through which public action towards these populations has been framed, receives meaning and, to a certain extent, is organized.

Thus, “deinstitutionalisation” refers to a process that is more complex than the simple closing of institutions. It underlines the diversity of the paths susceptible to be taken between specialised and mainstream environments, which allow the fulfillment of inclusion. Its richness and success are rooted in its capacity to gather synthetically a series of intricate processes arisen simultaneously in a variety of political, social, cultural, and disciplinary contexts. However, from a conceptual perspective, deinstitutionalisation appears to be more suggestive than truly analytical. On the one hand, it tends to reduce the diversity and complexity of the processes of transformations of public policies, professional fields and institutions. More largely, insisting on the decline of institutions rather than on the alternatives that emerged to replace them, deinstitutionalisation only accounts for one facet of the transformations of the institutions of the Welfare State. “Deinstitutionalisation” thus fails to capture the multiple emerging organisations that care for these populations, the problems of which are both medical and social.

On the other hand, it tends to conceal the distance between the ideals that animate social policies and their practical applications. Even in countries considered as models as regards the application of the Convention on the Rights of Persons with Disabilities, social policies might have negative effects on caregivers, on people with certain types of impairments and disorders, or because of the criteria set to access certain aids. In the field of old age, policies promote the activation of elderly people, through concepts as “ageing well” and “active ageing”. The people concerned rely increasingly on available natural caregivers while the medicalization of autonomy loss can reinforce their feeling of isolation. In other words, “deinstitutionalisation” does not account for the ways in which inclusion in society is effectively made possible or not for people, nor for the role institutions still have in this process. While other concepts have emerged over the last decades in order to apprehend the performative dimension of this transformation - such as “recovery”, “community services”, “empowerment”, “self-determination”, “civil rights”, “citizenship” etc, - these fail to catch the technical and organisational supports which facilitate or are an obstacle to the possibility of enjoying a satisfying social life.

The goal of this workshop is to question the new forms of organization of social care in different national contexts and in different fields (mental health, disability, old age, long term



conditions). We wish to explore the performative dimensions of the deinstitutionalisation movement as it unfolded in different countries and domains. We are specifically interested in the following questions:

- To what extent has deinstitutionalisation been planned and organized and how has it unfolded in different national contexts and in different sectors of long-term care?
- What were the actors and political movements who shaped the deinstitutionalization process? What part played respectively central administrations, professional organisations, local powers and research groups in that process? How were the policy networks in different national contexts as well as different sectors structured?
- What were the agendas and objectives of the promoters of deinstitutionalisation? How did the various protagonists of the deinstitutionalisation movement thought of the transformations of the healthcare system ? To what extent were these objectives compatible with the ideal of inclusion?
- What new forms of organisation have replaced former care institutions ? Which organisations have been created to make inclusion in the communities possible? How do care, cure and rights articulate in these organizations?

Organizers: Cyril Desjeux (Handéo), Blanche Le Bihan (EHESP, Arènes), Claude Martin (CNRS, Arènes, EHESP) Nicolas Henckes (CNRS, Cermes3), Juliette Pinon (INSERM, Cermes3) Noémie Rapegno (EHESP, Arènes), Alis Sopadzhiyan (EHESP, Cermes3), Livia Velpry (Université Paris VII, Cermes3), Myriam Winance (INSERM, Cermes3).

Submissions: Please send an abstract (no more than 500 words) of the talk with your name, affiliation and a list of keywords to: myriam.winance@inserm.fr

Deadline for submissions: 30 March 2020. Notification of acceptance will be sent within 10 days.

Funding will be available for those whose paper will be accepted.