

1. Record Nr.	UNISA990006007360203316
Autore	ITALIA
Titolo	Codice dell'appalto pubblico / a cura di S. Baccharini, G. Chinè, R. Proietti ; con il coordinamento di Daniele Dongiovanni, Diego Sabatino
Pubbl/distr/stampa	Milano : Giuffrè, 2015
ISBN	978-88-14-18577-9
Edizione	[2. ed.]
Descrizione fisica	XXVIII, 2678 p. ; 24 cm
Collana	Le fonti del diritto italiano
Disciplina	346.45023
Soggetti	Appalti - Italia
Collocazione	XXIV.3.H. 313
Lingua di pubblicazione	Italiano
Formato	Materiale a stampa
Livello bibliografico	Monografia

2. Record Nr.	UNINA9911019083403321
Autore	Grenier Corinne
Titolo	Promoting a More Inclusive Society for Dependent or Disabled People : New Paradigms
Pubbl/distr/stampa	Newark : , : John Wiley & Sons, Incorporated, , 2025 ©2025
ISBN	1-394-39360-1 1-394-39358-X
Edizione	[1st ed.]
Descrizione fisica	1 online resource (264 pages)
Collana	ISTE Invoiced Series
Altri autori (Persone)	Franklin-JohnsonElizabeth Cajaiba-SantanaGiovany
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Nota di contenuto	Cover -- Title Page -- Copyright Page -- Contents -- Foreword -- Introduction -- I.1. Inclusion: challenging a social promise -- I.2. Examining the inclusive ideal: three points of entry -- I.3. API Territories Chair: promoting enabling and empowering pathways -- I.4. References -- Part 1. Foundations for a More Inclusive Society -- Introduction to Part 1 -- Chapter 1. Deinstitutionalization at the United Nations Versus the French Disability Sector -- 1.1. Introduction -- 1.2. Legal context -- 1.2.1. Institutionalization under the scrutiny of international organizations -- 1.2.2. The question of legal scope -- 1.2.3. The disability sector in France: protection versus segregation -- 1.3. The blind spots of deinstitutionalization -- 1.3.1. Blind spot No. 1: understanding institutions -- 1.3.2. Blind spot No. 2: the cost of the freedom to choose -- 1.3.3. Blind spot No. 3: is the community model compatible with French universalism? -- 1.3.4. Blind spot No. 4: the ordinary environment - inclusive or exclusionary? -- 1.4. Conclusion -- 1.5. References -- Chapter 2. Deinstitutionalization: A Threshold- Based Perspective -- 2.1. Introduction -- 2.2. Inclusion and deinstitutionalization -- 2.2.1. The conceptual bias at the core of "inclusion" -- 2.2.2. A binary paradigm -- 2.2.3. A split view of deinstitutionalization -- 2.2.4. Challenges of delimitation -- 2.2.5. A methodological impasse -- 2.3. An alternative framework for analyzing

organizations -- 2.3.1. Changing the interpretative framework: from a stock-based to a flow-based approach -- 2.3.2. Changing the interpretative framework: from the center to the thresholds of organizations -- 2.3.3. Ecological and ecosystemic approaches to organizations -- 2.4. Conclusion: inclusion via thresholds? -- 2.4.1. Norm hybridization -- 2.4.2. The polysemy of organizations -- 2.4.3. From rationality to complexity.

2.5. References -- Chapter 3. Living Independently and Institutions -- 3.1. Introduction -- 3.2. Experiences of autonomy and institutionalization -- 3.2.1. Accounts of domination and loss of autonomy in institutions -- 3.2.2. Not giving up on autonomy -- 3.2.3. Autonomy and emancipation in institutional care -- 3.3. Discussion -- 3.3.1. Instituting Living Independently -- 3.3.2. Autonomy as an instituting force -- 3.4. Conclusion -- 3.5. References -- Chapter 4. Managing Social Impact in Innovative Healthcare Organizations -- 4.1. Introduction -- 4.2. The need for social impact assessment in the health sector -- 4.2.1. Social innovation in the health sector -- 4.2.2. Assessing social impact in the health sector -- 4.3. Three conditions for using social impact assessment as a strategic management tool in healthcare innovation -- 4.3.1. Condition no. 1: initiate social impact assessment as early as possible (preferably in the design phase) -- 4.3.2. Condition no. 2: implement a change-management plan -- 4.3.3. Condition no. 3: operationalize a management tool and evaluate impact for maximization -- 4.4. Conclusion -- 4.5. References -- Part 2. Support for Inclusion -- Introduction to Part 2 -- Chapter 5. Reintegrating Children with Disabilities into Schools -- 5.1. Introduction -- 5.2. Theoretical framework -- 5.2.1. Defining inclusion -- 5.2.2. From inclusive schooling to "inclusive schools" -- 5.2.3. ESMS choice for modulated inclusion -- 5.3. Methodology and case study -- 5.4. Results -- 5.4.1. Organizational shifts: from isolation to a commitment to comprehensive inclusion -- 5.4.2. Regulating inclusive schooling: institutionalization and deinstitutionalization -- 5.4.3. Synthesis of results: discursive decision-making -- 5.5. Discussion -- 5.6. Conclusion -- 5.7. Glossary -- 5.8. References -- Chapter 6. Climate for Inclusion in the Workplace. 6.1. Introduction -- 6.2. Theoretical framework: workplace inclusion -- 6.2.1. Workforce diversity -- 6.2.2. Inclusion in the workplace -- 6.2.3. From managing workplace diversity to climate for inclusion -- 6.3. Presentation of the study -- 6.4. Results -- 6.4.1. Fair employment practices -- 6.4.2. Integrating individual differences -- 6.4.3. Including workers in decision-making -- 6.5. Conclusion -- 6.6. References -- Chapter 7. Evolving Modalities of Support and Assistance: The Case of Peer Support -- 7.1. Introduction -- 7.2. The evolution of peer support from an ancient form of caregiving -- 7.3. Methodology -- 7.4. The challenges of peer support as a new mode of assistance -- 7.4.1. Benefits of peer support for people with disabilities and professionals -- 7.4.2. Knowledge, recognition and mutual power issues -- 7.4.3. Perceptions and responses to peer support -- 7.4.4. The need for accessible training and paid employment -- 7.5. Conclusion -- 7.6. References -- Chapter 8. The Rights of Persons with Disabilities in Primary Care -- 8.1. Developing a Healthcare Democracy for equal opportunity -- 8.2. Part 1: patients' and persons with disabilities' needs of healthcare actors -- 8.2.1. Recognizing and acknowledging lived experience -- 8.2.2. Optimizing user independence through adapted care -- 8.3. Part 2: the practices of primary care providers -- 8.3.1. Challenging conventional practices -- 8.3.2. Tools for transforming attitudes and structures in healthcare to meet disabled individuals' needs -- 8.4. References -- Legal and regulatory instruments --

Chapter 9. Shared Housing: The Simon de Cyrène Association -- 9.1. Introduction -- 9.2. Research methodology -- 9.3. Context: inclusive housing in France and the SdC model -- 9.3.1. SdC shared housing -- 9.3.2. The emergence of a new regulatory category: inclusive housing. 9.4. The first SdC shared housing project: an entrepreneurial initiative with institutional scope -- 9.4.1. Collective institutional entrepreneurship (CIE) -- 9.4.2. The first SdC shared housing project at Vanves: creating a new institution -- 9.4.3. Lessons -- 9.5. The SdC Federation and spin-off projects -- 9.5.1. The meta-organizational model -- 9.5.2. The SdC Federation -- 9.5.3. Lessons -- 9.6. Conclusion: inventing "our second wave" -- 9.7. References -- Part 3. Engaging Territories for Inclusion -- Introduction to Part 3 -- Chapter 10. Aging in Place: Maillage Living Lab Case Study -- 10.1. Introduction -- 10.2. Framework -- 10.2.1. "Aging in place" and theoretical considerations -- 10.2.2. Maillage living lab methodology -- 10.3. Strategies supporting target communities' participation in the living lab ecosystem -- 10.3.1. Senior participants' contributions to the Maillage living lab and processes of co-construction -- 10.4. Promoting older adults' participation: implications for the Maillage living lab's operations and stakeholders -- 10.4.1. Power dynamics -- 10.4.2. Articulating the different temporalities and positions of research and action -- 10.5. Conclusion -- 10.6. References -- Chapter 11. The Fight Against Loneliness: Social Experiments and Innovations -- 11.1. Introduction -- 11.2. Is living in our "natural" home a tenable model? -- 11.2.1. The cost of personal and digital health services -- 11.2.2. Adapted housing -- 11.3. Tackling aging and frailties through intergenerational living -- 11.3.1. An interim model: intergenerational housing/co-housing -- 11.3.2. A promising model: intergenerational "neighborhoods" -- 11.4. Conclusion -- 11.5. References -- Chapter 12. Cross-Sector Collaboration in Healthcare: A New Paradigm for a Preventative and Inclusive Approach -- 12.1. Introduction. 12.1.1. Challenges of Quebec's aging population -- 12.1.2. The Fondation AGES -- 12.2. Theoretical framework -- 12.2.1. Cross-sector partnerships and collaboration -- 12.2.2. Cross-sector partnerships for systemic change -- 12.3. Case study of a social geriatrics program: the Fondation AGES -- 12.3.1. Mechanisms and components of the social geriatrics program -- 12.4. The importance of the social mission for a preventative approach to healthcare -- 12.4.1. Types of created value -- 12.5. Conclusion -- 12.6. Appendix: example social geriatrics detection tool -- 12.7. References -- Chapter 13. Co-Designing a Web Platform for Older Adults' Social Participation in Quebec -- 13.1. Context -- 13.2. Theoretical framework -- 13.3. Method: action research -- 13.3.1. Steps 1 and 2: define the current situation and that desired by stakeholders to support the sharing and implementation of promising social participation initiatives -- 13.3.2. Step 3: formulate and implement a plan for the co-design of the collaborative platform on social participation initiatives -- 13.4. Results -- 13.4.1. Platform objectives, functionalities and content -- 13.4.2. Information, interface, and navigation design and aesthetic considerations -- 13.5. Discussion -- 13.5.1. Reflecting on the action research and co-design processes -- 13.6. Conclusion -- 13.7. Acknowledgments -- 13.8. References -- List of Authors -- Index -- Other titles from ISTE in Innovation, Entrepreneurship and Management -- EULA.

strengthening people's participation in the decisions and activities that concern them, whether they live in an institution, in their ordinary environment, or in respect to their habits and life projects. The aim is to achieve social participation by considering the people we support as partners in our organizations, as genuine professional and institutional players who contribute to this transformation of the healthcare system. This book brings together contributions from over 40 researchers from different countries (notably French-speaking and Canadian), as well as patients involved in research, experimentation or associations. These contributions examine the terminological and legal foundations of a more inclusive society - the different mechanisms, innovative forms of housing and ways of supporting the public and professionals in favor of inclusion - and the different models for animating territories, therefore fostering the community commitment of favoring inclusion.
