

Raymond, É, Grenier, A and Hanley, J. (2014). The community participation of seniors with disabilities: A matter of self-determination, inclusive environments and identity integration. *Journal of Applied and Community Psychology*, 24(1): 50-62.

## Community participation of older adults with disabilities

*Contemporary discourses on ageing promote active participation as an ideal framework from which to encourage and support older people's health, independence and life satisfaction. But is such a vision of participation meaningful and/or accessible for all older adults? This paper explores how people ageing with disabilities understand the notion of social participation, juxtaposing their accounts with key trends found in ageing policy. Insights from individual interviews and a collective writing project with older adults in Quebec who were living with lifelong disabilities (mobility, vision or hearing) reveal the tensions that exist between policy guidelines and participant narratives. Results highlight three crucial conditions with regards to the community participation of people ageing with disabilities: **self-determination, creating an inclusive environment and identity integration**. Together, these themes reveal that ageing policies on participation should be revisited in order to improve opportunities for meaningful involvement. Our discussion suggests the need to widen the definition of participation so that it can be used to validate a variety of life options, guarantee structural and cultural access to participative settings, and offer social spaces capable of supporting evolving identities, lived experiences and the collective circumstances of ageing with disabilities.*

The idea of participation occupies a prominent position in the contemporary frameworks for ageing and late life. First appearing as activity theory in the gerontological scholarship of the United States in the 1960s, and re-emerging in the 1980s with productive ageing theory, by the year 2000, the concept of participation was crystallized in international and national ageing policy frameworks as one of the leading trajectories on individual aging (Walker, 2002, 2006). In policy frameworks, such as that of the World Health Organisation (2002, 2007), active participation in society is described as a means to support older people's health, independence and life satisfaction. Within the scholarly literature, the participation of older people centres on the benefits of participation for individuals and the community in which they live. Extended remunerated work and unpaid work activities such as volunteering are suggested as highly regarded forms of participation (Zedlewski & Butrica, 2007).

This emphasis on participation represents a positive change in the perceived potential for late life, with older adults increasingly considered important social actors in community networks and settings (United Nations, 2002, 2008). However, critical questions can be raised as to whether participation should be defined and implemented as in the best interest of all, as the result of personal decision and control, and as a behaviour that may shape the experiences of older people in general (Raymond & Grenier, 2012). Are the participatory frameworks in policy discourses and academic literature truly meaningful for all older adults? Is participation simply a matter of personal will and choice or are there also structural and practical barriers to universal access? And finally, how does the encouragement of participative practices in old age impact the experiences

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and identities of older people with disabilities<sup>1</sup>? While participation holds a central position in ageing policy and research, we know less about how older adults themselves articulate and enact their participation in society, and much less from older adults who occupy more marginalised social positions.

This paper presents research findings on how people ageing with physical disabilities experience and interpret social participation in the context of the participatory policy agenda. Twelve older adults with lifelong disabilities linked to mobility, vision or hearing from Quebec, Canada, who were participating in a community-based project in the form of a photo-novel, were invited to reflect on participation. Results highlight crucial issues in self-determination, inclusive environments and the integration of identities of age and disability.

## **Literature review**

Both social gerontology and disability studies tend to overlook the experience of ageing with disabilities<sup>2</sup> (Kennedy & Minkler, 1998; Priestley & Rabiee, 2002). While lifelong disability is considered to affect the life course and is a central determinant of support needs and experiences in old age (Bigby, 2004; Jeppsson Grassman, Holme, Taghizadeh Larsson, & Whitaker, 2012; Zarb, 1991), the situations, representations, and needs of this group remain largely underexplored (Bigby, 2002).

Gerontology offers limited insight into the question of ageing with disabilities, with a few noteworthy exceptions (see Jönson & Taghizadeh Larsson, 2009; Kennedy, 2000; Kennedy & Minkler, 1998; Minkler & Fadem, 2002; Putnam, 2002). Even critical and feminist research tend to omit disability as an intersecting location of experience (Calasanti, 2004). Yet a plethora of studies exist on impairment in late life. These studies however, take a functionalist perspective (Townsend, 2007), that views impairment as a result of age-based processes of decline. Disability in late life has been considered to produce a decrease in social engagement (Mendes de Leon, Glass, & Berkman, 2003) or problematic living arrangements (Avlund, Lund, Holstein, & Due, 2004). Considerations of impairment as a socio-cultural construct and marker between health and illness in late life however, draw attention to the significance of ageing with an impairment (Gilleard & Higgs, 2010; Grenier, 2012; Grenier & Hanley, 2007).

Disability studies tends to overlook the process of ageing. While strong in a critique of ableism and access, disability studies stresses the commonality of oppression for people with

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<sup>1</sup>We use the plural form of “disabilities” to reflect the variety of disabilities that exists between individuals as well as the reality that each individual may have or acquire multiple disabilities as they age.

<sup>2</sup> A distinction is often made between lifelong disability linked to, for example, acquired spinal injury or post-polio syndrome, versus age-related disabilities like arthritis or dementia. Our interest in this paper is those who are aging with lifelong disabilities.

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impairments, obscuring variations of how disabling societies differentially affect individuals throughout their life course (Priestley, 2003). The field of disability studies converges on topics that primarily affect working age adults such as access to independent living, labour integration and consumption choices (Priestley & Rabiee, 2002; Verbrugge & Yang, 2002). On a practical level, the struggle against ageism's attention to working-age activities and emphasis on younger people's needs may unintentionally reinforce a view of impairment in late life as dependency and/or burden. However, recent publications indicate that ageing is emerging as a new focus within disability studies (Jeppsson Grassman & Witaker, 2013).

Given that the 'greying' of the population will result in a greater number of older people with disabilities, there is call for improved links between the study of social gerontology and disability studies (see the Toronto Declaration on Bridging Knowledge, Policy and Practice in Aging and Disability, Bickenbach et al., 2012). For now, the general failure to consider the implications of the participative agenda for those living at the intersections of ageing and disability can be problematic, in particular where normative expectations of participation are concerned.

## Design and Method

The results presented in this article are drawn from a case study (after Holstein & Gubrium, 2000; Yin, 2009) of a community-based writing group hosted by an organization for persons with disabilities, the *Carrefour familial des personnes handicapées*, in Quebec, Canada. This study explored how people ageing with disabilities understood and experienced participation. The overarching focus was on whether the state's participative policy agenda created opportunities or barriers for inclusion/exclusion for older adults with disabilities, and in particular those with one or more disabilities across the life course. How do people with a lifelong disability understand or give meaning to participation? What do their stories, expectations and challenges reveal about understandings and practices of participation? And to what extent do the socio-cultural constructs of ageing and disability, combined with social structures, influence participatory practices?

Spurred by the growing attention to participation in international and provincial public policy, the leaders of the *Carrefour* invited older adults with disabilities to join a collective writing project. The aim of the project was twofold: first, to allow persons who were both older and disabled to share and discuss their stories, choices and goals related to participation in late life; second, to make these voices available to policy-makers, community-based services and social movements. Twelve older adults with disabilities took part in the project. The collective writing project took the form of a creating a "photo-novel" whereby participants told and illustrated how participation is lived and embodied. Participants considered photos as an essential form of communication that helped them express the importance that different bodies and environments had in their experiences of participation. Participants met over ten group meetings to craft educational-type

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accounts that were based on their collective stories of participation in society. The collective writing was then followed by a series of photo shoots, with the participants as the main “actors”. These photos were used to illustrate selected written accounts. Nine illustrated accounts were produced. For example, in one story, the group illustrates how an older woman with disabilities is excluded from a volunteering setting because its stakeholders consider her hearing impairment as incompatible with the designated volunteer tasks. The photos of the actors are accompanied by speech bubbles as per the practice in graphic novels. Although created, each illustrated account is based on a compilation of the lived experiences of the group. This process provided rich study material for understanding participation of people aging with disabilities.

Our study on participation employed two primary data collection methods. First, observations were conducted of the ten photo-novel meetings over a period of ten months. At each meeting, the lead author took on-site field notes that were later expanded off-site. Interested in creating an “epistemology of the particular” (Stake, 1995), the lead author focused on the unique details and the complexity of participants’ accounts of participation, grounding each account in a local and political context. Second, an in-depth interview was performed with each of the twelve participants of the photo-novel project. The interview centred on the way participants defined participation, described their own participation in society, and assessed the influences that society, disability, and ageing have on their participatory practices. In accordance with our university ethics approval, all participants signed a consent form before we conducted interviews and recorded the meetings. While the participants had already made a decision to speak publicly about their experiences through photo-novel project, they were assigned pseudonyms for the purposes of this study.

The analysis of observation notes and interviews consisted of a series of overlapping and iterative analytical circles including: data management and organizing; in-depth review of transcripts; extensive description, classification and interpretation of data; and representation of results (Creswell, 2007). Material was examined on an individual basis, and then comparatively, in order to determine how participation was understood and enacted by the participants (Stake, 2008; Yin, 2009). Second, individual micro-level actions were connected with an understanding of macro-level structures and social processes (Kreuger & Neuman, 2006), comparing participants’ accounts with our analysis of ageing policies and arrangements regarding participation (Raymond & Grenier, 2012, 2013). Three strategies were used to improve the trustworthiness of the results (Padgett, 2008; Stake, 2010). First, we maintained prolonged involvement with the participants of the photo-novel project and developed relationships of trust with members– a practice considered to reduce the researcher’s influence over the direction of the process and to improve the reliability of results. Second, we triangulated methods, using observations of the process and group meetings, as well as individual interviews, to examine the question of participation. Such strategies were useful in identifying possible inconsistencies and contradictions in the data. Third, we organized member checking sessions with research participants in order to share preliminary

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results and collect their comments and corrections, a means to minimize inaccuracies of interpretation and to bring out new insights not seen by the researcher.

## Results

In total, twelve people ageing with disabilities shared their experiences of participation. The majority of the participants lived their lives with one or more disabilities before coming to be considered 'older people'. In Table 1, we highlight that, beyond the common ground of disability, participants were highly diverse in the nature of their disability as well as other aspects of their lives.

**TABLE 1**      **Socio-demographic characteristics of research participants**

<b>Participant (Male or Female)</b>	<b>Age in 2012</b>	<b>Nature of disability</b>	<b>Professional status</b>	<b>Civil status</b>
Armand <sup>3</sup> (M)	71	Paraplegic, car accident, early adulthood	Unemployed	Widower, two children
Charles (M)	60	Quadriplegic, car accident, early adulthood	Civil servant, still working	Single
Clovis (M)	68	Paraplegic, car accident, early adulthood	Executive, retired	Divorced, common-law partner, four children
Florence (F)	57	Hearing impairment, early adulthood	Non-profit sector employee, still working	Divorced, two children
Georges (M)	66	Hearing impairment, from birth	Civil servant, retired	Married, one child
Line (F)	67	Hearing impairment, from birth	Assistant nurse, retired	Divorced, common-law partner, two children
Manon (F)	64	Walking impairment, work accident, early adulthood	Unemployed	Single
Nathan (M)	72	Visual impairment, from birth Hearing impairment, early 60s	Technician, retired	Divorced, common-law partner
Rita (F)	61	Hearing impairment, early 40s	Civil servant, retired	Single

<sup>3</sup> These are pseudonyms.

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Participant (Male or Female)	Age in 2012	Nature of disability	Professional status	Civil status
René (M)	56	Visual and hearing impairment, early adulthood	Community worker, still working	Widower
Tania (F)	72	Cerebral paralysis, from birth	Civil servant, retired	Single
Théodore (M)	67	Paraplegic, from birth	Civil servant, retired	Married, one child

Three key themes emerged from the data. First, participants expressed their need to have participatory practices rooted in self-determination, not judged according to an external agenda. Second, they criticized the lack of symbolic and physical access to participative settings for older people with disabilities. Third, participants were eager for their participation to permit an integration of their various identities, allowing them to transcend disability identifications to include existential reflections and aspirations. Together, the three themes demonstrate that, far from being a consensual and unchallenged discourse about old age, participation is a disputed terrain where a plurality of expectations, needs and stories convene.

### Self-determination

The notion of *self-determination* – the freedom to make life decisions from a variety of reasonable alternatives – was prevalent in the group members' accounts of participation in late life. Research participants organized their accounts around the idea of personal choices and options. Here, their participation was not only framed as 'success', 'independence' or 'fulfillment', as contemporary discourses may suggest, but the possibility to make choices regarding the way they want to participate in society. This included the way they would like to be supported according to their needs: "I want to do things by myself. Sometimes I hire an interpreter, but if I have a friend with me, she will help me. I choose the places I want to go and for me, this is social participation. (...) There is no obligation" (Line).

Being able to choose their retirement activities was seen as a driving concern for group members, as the continuity of a lifelong struggle for self-government in a disabling society quick to bridle disabled people's independence. A wide range of activities were considered as participation, and were not only the commonly used "productive" or "useful" behaviours. While Georges and Nathan<sup>4</sup> highlighted that they need "*to be busy*" to feel satisfied with their life, other participants expressed a thirst for tranquillity and more contemplative activities: "*I am beginning to be less interested by activity. To be more interested in observing, feeling good, welcoming. And I do not hear seniors talking about that. Seniors say: 'She is 81 years old and she is still active!' "*" (Gina).

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<sup>4</sup> All names are pseudonyms and quotations have been translated from French to English by the authors.

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Research participants' definitions and patterns of participation reflected the desire to define their ways of being over models of participation that were activity and contribution based.

Participants' accounts also described how structural and organizational barriers could limit their participation by making it passive in nature, and/or threatening their right to choose. Similar obstacles were seen as more important than their actual disability in limiting their options to participate. This is entirely consistent with social models of disability, which subvert the biomedical view of impairment, and demonstrate that disability is not due to physical, psychological or intellectual impairment itself, but to society's incapacity or lack of will to accommodate the needs of people with such impairments (Fougeyrollas & Gaucher, 2013; Oliver, 1990). In many cases, participants' willingness to initiate or pursue an activity was hampered by the lack of required additional assistance. For example, consider the case of René, who, unable to obtain an appropriate form of accompaniment, stopped attending large musical events because his abrupt decline in vision resulted in feeling unsafe in a crowd. Other obstacles to self-determination are less tangible. For instance, for frequent users of health and home care services, the issue of choice and participation frequently conflicted with the authority and responses given by professionals: "This is very important: they see people with disabilities as people with an intellectual disability, unable to participate in decisions that affect them. This is a major problem in the care system."

Drawing on the evidence, one could argue that the older people in this study treated participation as comprehensive personal decision-making. Their accounts demonstrate that they do not just want *to do* social activities; they want *to be* social actors. For research participants, participating in society goes far beyond being involved in community activities, even if this kind of engagement was often included within their vision of participation. The leading concern here was about a genuine involvement in all crucial choices relating to present and future practical arrangements, especially about housing and end-of-life options. For example, they spoke of the choice to enter a residential facility or stay in their home, as well as entered into the debates on 'dying with dignity' and the 'right to die'. Research participants also resisted a vision that disability diminishes how participation is experienced— participation was considered to exist as long as the opportunity for choice was retained.

Given that contemporary imagery surrounding older adults praises their independence and personal fulfilment, it seems a reasonable aspiration for older adults with disabilities to select where and how to participate in society. Not surprisingly, research participants strived to achieve the promises of "new" or "modern" forms of ageing (Katz, 2005) such as being "active", having "projects" or being involved in volunteering "by choice". They also however, strongly articulated self-determination in a context where social involvement in late life is primarily geared toward older adults who are considered "healthy" (Kennedy & Minkler, 1998; Minkler & Fadem, 2002), and more importantly, challenge the idea that persons with disabilities or impairments are classified not as participants, but as individuals at risk and in need of care (Grenier, 2012; Grenier

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& Hanley, 2007). Here, the accounts of the research participants in this study confront the current logic of participation as a social contribution or independent productive state with one of an ethic of autonomous choice.

### **Inclusive environments**

Participants raised access to participative community settings as key to both satisfactory participation and overall well-being. Nevertheless, their accounts outlined numerous disruptive life experiences related to taken-for-granted accessibility on physical, symbolic and interpersonal levels.

Participants discussed how their disability altered the possibilities for access and integration into participatory spaces outside of the disability movement. Access to senior or citizen participation settings for older adults with disabilities almost always required special requests such as: switching the location of a meeting because it was not accessible to people in wheelchair; using playing cards adapted to people with a visual impairment; or installing a special sound system with which hearing impaired people can connect (especially in religious institutions). In addition to being time-consuming, these claims are not always welcome and are potentially humiliating. René spoke to this injustice when he said: *"It is just not accepted. We are being told to stay in our [disability] associations"*. Even when requests are acknowledged, they seldom lead to permanent or efficient solutions. Consider Georges' account: *"I am a member of the board and I tell them, 'I am deaf.' They answer me, 'No problem, we will be careful.' But after five minutes, they forget, they chat between themselves and I am left out. Sometimes I feel frustrated but, as we say, this is part of our life as disabled people"*. In sum, universal or easy access to participative settings is far from being the norm for older people with disabilities. Sometimes, they manage to participate in an 'anonymous' way, going as far as hiding their disability to avoid stigmatization. Sooner or later, however, the inadequacy of environmental arrangements increases the risk of their exclusion.

The experiences of people ageing with disabilities highlight the issue of responsibility where access to participation is concerned. It also raises the importance of shifting responsibility toward society for inclusive practices, rather than relying on people with disabilities themselves. Still, some research participants felt that they held the primary responsibility for their integration. Finding "good" places to participate in society was seen as the expression of personal strength or merit. Tania said: *"I have been privileged, but you can attract privileges"*, while Alain said: *"People realized that since Alain is a very involved and active member, his [accommodation needs] deserve to be considered"*. This raises a paradox: has the importance given to individual responsibility and attitudes for participation led to problematic hierarchies and inequities whereby certain people



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are better accommodated? Or is this insistence on individual responsibility an expression of participants' sense of agency and power over the participative options offered them? Such comments serve to challenge the monolithic understanding of an "us" (people with disabilities) versus "them" (people without disabilities) interpretation, and draw attention to the heterogeneity of people living at the intersections of old age and disability.

Within international ageing policy, participation is mainly approached as a personal expression of individualism: the claim is made that older people wanting to participate simply have to take advantage of the existing opportunities (AGE, 2007). The cultural or organisational arrangements that would be required for all older people to be or feel welcome in such settings are hardly discussed, with the exception of issues related to physical accessibility (World Health Organization, 2007). Nonetheless, tensions are clear if we compare the limited consideration for global access to participation in ageing policy to the realities of older adults with disabilities who are trying to access participative spaces.

### **Identity integration**

In addition to the interconnected concepts of self-determination and inclusive environments, research participants' interpretations of participation convey the desire that participative practices be an occasion to bridge the various facets of their identity. Participants alluded to at least three identity postures grounded in the connexion of ageing and disability: that of older citizens who are equal to others; that of long-term activists struggling for social justice; and that of living the tensions between ageing and ageing with a disability.

In one sense, participants discussed themselves amongst the ranks of those growing older. According to participants, social participation in old age appeared to be the continuity of an average or regular life. René says: *"There is nothing extraordinary about that. He made a success of his life, he lived almost like other people and it is quite OK like that"* (René). Participation was articulated as a practice where their disability simply figured as one personal characteristic amongst others. They discussed their lives and contributions in employment and social activities as markers of an "ordinary life": *"I take pride in the fact that I have been a full-fledged citizen and a good taxpayer like everyone else. I have not been dependent on society"* (Clovis). Yet, while similar to older people, their realities as people with lifelong disabilities meant that were acutely aware of the ways in which their lives, experiences and identities could be abruptly transformed by the worsening of their existing impairment(s) or the acquisition of new impairments in late life.

In another sense, participants identified as activists for social justice. All members of this study devoted a part of their social participation to involvement in the disability movement, with many considering this as a long-term engagement, despite the fact that some only became involved after retirement. In all cases, engagement in the disability movement marked a step in the

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recognition of their impairment, and a form of acceptance of the 'mirror' that disability was considered to reflect. For some, this involved confronting their own stereotypes about having a disability. For example, Tania says, *"I did not even want to go to the IRDPQ<sup>5</sup> pool activities twenty years ago because people in wheelchairs troubled me. And God knows that I knew very well [I was expected to end up in a wheelchair myself]"*. Throughout the accounts, participation in the disability movement was described as helpful, especially where resolving practical issues and feelings of belonging were concerned. Nathan comments on this need: *"a milieu where I can find people like me, who aspire to the same wellbeing and have similar impairments to mine"*. Throughout this study, involvement was discussed as a means to defy social inequalities and share mutual support with others who experience the realities and difficulties of living with disabilities in later life.

Finally, a complex and emotional rift between being disabled versus growing older was observed in participants' accounts. Several participants, mainly those using wheelchairs, felt that they were experiencing a particular trajectory of ageing that differed from that of others: *"Normal people, non-disabled people, lose a little bit of independence when they age. But when you already only have half of this independence, this half ends up being lost, too"* (Alain). In many cases, this loss was discussed as following a lifetime of working harder than everybody else for the level of independence achieved. And now, while participants clearly identified their experiences of discrimination and being treated differently throughout the life course, their accounts also suggested that ageing erased some differences as a higher proportion of people become affected by impairment. In some cases, this merger toward a more middle ground was experienced as a relief. Consider the case of George, who explained how being a senior makes it easier for him to identify himself as a person who is hard of hearing, and the ways in which this makes him feel less alone and less different. These accounts reveal how ageing with a disability requires further investigation where the goal of participation is concerned.

The identities of contemporary older people are influenced by models of both self-realization and social contribution (Raymond & Grenier, 2013). They may be constructed as autonomous participants in civil society (Biggs, 2001), productive active agents (Katz, 2000) and/or as consumers driving an individualized path of resistance to growing old (Blaikie, 2004). However, just as policy discourses create expectations and models for selfhood, social actors must also forge multiple identity paths (Ray, 2007), such as those sketched in participants' stories of ageing with a disability. The point here is not to collect and organize the diversity of possible identities in old age but rather to develop programs and settings able to invite participation without prefiguring or imposing normative constructs or identities.

## **Discussion/Conclusion**

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<sup>5</sup> Quebec Institute for Readaptation for Physical Disabilities

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Our investigation of how participation is experienced by people ageing with disabilities reveals that self-determination, inclusive environments and identity integration are among their leading concerns. Study participants' reflections on these three themes clarify that an all-encompassing operationalization of older people's community participation has yet to become a reality.

First, the accounts of research participants in this Quebec study challenge the ethic of 'active living' that currently guides ageing research and policy (United Nations, 2005; Walker, 2002). In this model, older adults' 'natural' inclination for participation and activity is taken for granted and nurtures the idea that participation is linked to new identity and status. Yet, the people interviewed in this study describe participation in society not as part of a new morality of late life, but as the continuation of a lifelong process of self-determination. Their accounts poignantly reveal how participation covers a number of choices that extend beyond social activities and inclusive living conditions. Participation is being 'in' the society as much as doing something 'for' the society. It is defined within a personal range of meanings and goals and is susceptible to change as a result of multiple transitions and circumstances, including those linked to the evolution of disability.

Second, the analysis of participants' accounts illuminates the issue of inclusive participative environments, a multidimensional phenomenon profoundly anchored in aesthetic, cultural and political considerations (Siebers, 2003). In other words, the process of decision-making underlying access is connected not only to practical matters, but also to symbolic patterns that are fixed in a covert ableism. The problematic access of older adults with disabilities to "official" participative forms could perhaps be considered the most discernible pitfall of the participation policy agenda. In this case, the "duty to age well" (Rudman, 2011) designates the norms to observe in order to be granted favourable status and recognition in old age. The fact that entire groups of older adults cannot access participative settings, whether physically or symbolically, reveals the limitations of the participation policy framework and the division created from the outset between those who are located *within* and those who are located *outside* of the standards.

Third, the call for participation in late life sounds strange to research participants when it addresses only one aspect of their lives, most notably either their ageing self, or their background of living with a disability. Now in their sixties or seventies, the twelve participants feel a positive potential for their future. During the project, their stories of privilege and of oppression about their lives and their participation in society created a dynamic that can be described as narrative citizenship (Baldwin & Bradford Dementia Group, 2008). In this process, they contested and reinvented discourses about what ageing, disability and many other issues, like social justice and intergenerational relationships, meant to them (Minkler & Holstein, 2008). Together, they demonstrated how they have long managed to handle significant impairments and mastered effective coping strategies, showing that participation and autonomy are possible even for people who have extensive support needs (Jeppsson Grassman et al., 2012). A focus only on independent

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locations of ageing or disability, however, as suggested in current discourses and practices, would seem to marginalize the complex aspects of their experiences and identities.

Together, the results of this study demonstrate that the call for community participation addressed to older adults can be a vector of both social inclusion and exclusion for people ageing with a physical disability. Such conclusions were made possible in our study because our approach fits within the emancipatory framework called for by Oliver (2002) and Boucher (2003), making the participation of people with a disability more than just rhetoric and integrating it as a methodological and political tool. In sum, the issues identified by the participants of this study provide guidance to community settings striving towards more welcoming and empowering practices. Broadening our understanding of participation to include a variety of choices and situations, guaranteeing structural and symbolic access to all older adults, and embracing evolving identities, are all likely to increase the popular appeal of participation in old age and bridge ageing discourses with notions of equality and solidarity.

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