Cities and Demographic Change: space reconsidered and the future of social housing estates in Trieste

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Abstract

Significant ageing processes are affecting many regions across Europe and are changing the social and spatial profile of cities. In Italy, the increase of the elderly population is remarkable in urban areas and specifically in council housing estates. Generally, solutions provided by planning and design oversimplify the complexity of this problem in terms of a re-orientation of public action at the local level. In Trieste, a joint initiative by the public Health Agency and the Social Housing Agency has been developing a program targeting conditions that allow people to age at home, stressing the need to redesign and reorganize the living environment as a way to oppose the institutionalization of the elderly in specialized nursing homes. Based on intensive field work and research projects, this contribution presents and discusses the original and innovative inputs that the case study is offering to the Italian and European debate on housing and urban change.

Keywords: Ageing, Council housing estates, Public action, Urban planning, Welfare policies.

Introduction

Ageing processes are affecting many regions across Europe and are significantly changing the social and spatial profile of cities. In Italy, the increase of the elderly population is highly remarkable in urban areas and especially in council housing estates. In these significant parts of our cities, the effects of those trends seem to be more visible than elsewhere in terms of growing and changing demand for social and health services and of highlighting new needs and expectations with reference to the spatial organization of indoor and outdoor living spaces.

Very often indeed the proposed solutions reveal their difficulties in tackling the complexity and extensiveness of this issue in terms of re-orientation of public action at the local level. Moreover, in the Italian context, the delay in the development of innovative solutions in the field of urban planning and spatial transformation is to be remarked. Interventions in the reorganization of urban spaces are generally defined in a very standardized way and do not provide any relevant social innovation input.
‘Mixité’: an urban and housing issue?

In this context, the case of Trieste is an exception and is definitely closer to some more frontline international experiences. Supporting the autonomy of the elderly and allowing ageing at home has been set as an objective of health policies in opposition to institutionalization in specialized nursing homes, and has generated the rise and qualification of the demands and issues that are to be strategically addressed by design interventions (Bricocoli, 2010). The arguments raised for this orientation are grounded in the impoverishment of social quality and in the reduction of individual capabilities produced by institutionalization, as well as in the excessive costs that nursery homes imply for public finance. In addition, settling the conditions that allow people to age at home has stressed the need to redesign and reorganize the living environment.

Based on intensive field work and on the outcomes of several research projects, this paper intends to contribute to the discussion through the description of the original and innovative suggestions that the case study of Trieste is offering to the Italian and European debate on housing and urban change.

Housing and the elderly: questioning institutionalization and market-led solutions

Demographic changes are among the most striking transformations that European cities will have to cope with in the next future (Hungarian Presidency of the Council of the European Union, 2011). In addition to migration and immigration trends, the reference is in particular to ageing processes. For the 27 EU member States, between 2008 and 2060, forecasts show an increase of the average age from 40.4 to 47.9 years. An increase is also to be expected in the population over 65 from 17.1% to 30% (with a growth of the absolute amount from 84.6 to 151.5 million) and in the population over 80 from 21.8 to 61.4 million (Giannakouris, 2008). The rising of the average age, associated with the decline of young and working population, will affect the profile of our societies more and more significantly, with important effects – though, in our opinion, still largely underestimated in Italy – on the arrangement of living spaces.

In several European countries, the remarkable trends of demographic decrease and ageing processes registered in suburban and rural areas are already generating relevant problems to the organization of public services in terms of accessibility by people suffering from reduced mobility. In Italy, critical situations can be recognized both in depopulation areas (such as in the mountains) and in those territories where, for example, the organization of the dispersed city has traditionally been based on everyday life patterns which strongly depend on individual car movements. As a matter of fact, these extensive settlement models require an investment in personal resources that are often not available in conditions of economic crisis and old age. Such a scenario also includes situations – as has already been pointed out in many central and northern European countries – where ageing processes in urban core areas are becoming even more pronounced also due to the large amount of elderly people leaving suburban settlements and coming back to the cities (Schüller et al., eds., 2009; Siebel, ed., 2004; Id., 2010).

In spite of the increasing urgency of a reflection on the implications that ageing processes will have in the next decades on the reorganization of urban contexts and on the dwelling conditions of the elderly, the solutions provided up to now still seem, in our opinion, largely inadequate.

Several research projects developed in Europe highlight that, in many countries, the market of nursing homes for the elderly is registering a strong growth and opening up new scenarios where the living environment is confined inside specialized structures, closed to the external context, with important effects on the reduction of individual autonomy. This trend persists although the debate on policies thwarts the spread of such structures on the basis of different assumptions.

The argumentations against the institutionalization of the residential offer for the elderly stress the impoverishment it creates in terms of social quality and of the reduction of individual capabilities and, on the other hand, the very high costs it generates for the construction and management of these structures. In more mature contexts, these topics have thus led to important reforms and laws addressing the elimination of special residential solutions. The reference is to experiences such as the one that, in Italy, has seen Trieste playing a leading role in the national (and international) movement supporting the law which has sanctioned, in the whole country, the closure of psychiatric hospitals...
(and, more recently, of orphanages) in a perspective of de-institutionalization and promotion of health conditions inside ordinary living contexts (Goffmann, 1961; Basaglia, 2005; de Leonardis, 1990). The same track that, as we will see, public policies developed in Trieste still follow today, in order to enforce measures and solutions that allow people to age at home. Supported by considerations focusing on the high costs for the health system, other European countries are promoting policies that move along similar lines. This is the case of England, where new programs are targeting both the reduction of hospitalization and a reorganization of living contexts in order to reinforce old people's autonomy (Hillcoat-Nallétamby et al., 2010). A similar perspective is supported even by insurance companies that are in charge of covering health services expenses and thus directly experience the economic unsustainability of special structures for assisted dwelling for the elderly. Due to the high costs, a differential treatment of living environment entails further important factors of strong social polarization and exclusion of a large number of people that suffer from disadvantaged economic conditions and do not have the necessary resources to access these structures when they are the only proposed solution.

Nevertheless, the relevant inputs offered by these critical considerations have not curbed the expansion, in several Italian regions and cities, of the profitable activity connected to the displacement of elderly population to large residences. The construction and management of these residences is all the more often assigned to private actors, whereas the economic threshold for accessing provokes – as already stressed – relevant discriminations. This is definitely the case of the model adopted in the region Lombardia where, in the name of subsidiarity and neo-liberalism, social and health policies are defining a field of public action where private subjects are in charge of the supply, through agreements, of the most part of services (Carabelli, Facchini, 2010). In this model, housing solutions for the elderly offered by the market typically consist in specialized residences that – together with those for students – can be found, for example, in many urban transformation areas in Milano.

The reference to “social mix” is often used to justify the insertion of new population in some contexts, typically inside “difficult” council housing estates but paradoxically in fact, the construction of residential specialized structures dedicated to specific users’ categories (elderly people, as well as students) produces conditions of separation, first of all for the introvert organization of these institutions which tend to create segregated environments with little or none connection with the local context and with different social groups (Bifulco, ed., 2005). All over the Country, supported by the virtues of a generic acceptance of social mix, a large number of structures already built or under construction are replicated with spatial layouts, typologies and functional organizations irrespective of social and physical local contexts (Bricocoli, Savoldi, 2010). It is therefore to be remarked how exceptional are in Italy the few cases in which, on the line of more advanced European countries, the activation of processes aimed to support the autonomy of the elderly is opposed to the institutionalization of assistance and dwelling solutions which the private market would tend to provide. Among these, the case of Trieste emerges as experimenting an innovative sort of counter-model (Monteleone, ed., 2007).

Space matters: the coupling of place and people in local public policies

The effects of social and health policies are significantly affecting the processes and the conditions in which urban coexistence and inequalities are produced. With reference to the allocation of public funding (European Commission-Economic and Financial Affairs Directorate General, 2009) and to the direction it induces in terms of spatial organization of services (being them either specialized and closed to the context or territorialized and oriented to the promotion and development of local capabilities), there is an evident need for a more sensitive consideration and analysis of the interconnections between urban transformation processes, welfare, planning and urban development policies. This perspective is even more relevant today as the availability of additional public funding new programs and projects is significantly shrinking and therefore the choice of shifting existing expenditure from traditional pillars into more innovative policy options may be considered highly strategic. The reallocation of funding from the one sector to the other may obviously produce
significant conflicts among different departments as well as among different lobbies and stakeholders, but it is a relevant option in terms of developing policies without additional funding (we may call them “zero fund policies”) and in terms of policy innovation. With reference to our key issue, this would for example be the case of converting public money spent in sanitary health care (institutionalization in hospitals plus pharmaceutical subscriptions) into investments for health promotion mainly based on the amelioration of living environments and aiming at providing more sustainable conditions for ageing at home. As we will see, this was the case in Trieste, as a strategic objective was defined in terms of re-converting resources and shifting the budget from the sanitary pillar to integrated and area-based social projects.

In spite of the relevance gained by these themes in the design of European policies and programs (European Commission, 2010a, b), Italian experiences are still very limited as is the research over the effects and perspectives that demographic change will have on cities in terms of reorganization of the built environment, housing and welfare policies. Moreover, the position of the Italian Government, discussed in 2009 in the White book on the future of the social model, explicitly supports the reduction of collective responsibility in favor of an individualization and of a privatization process in which the role of institutional orientation and guidance is increasingly reduced in many fields of public action (as is the case, for example, of housing and social policies). As far as health and welfare policies are concerned, the national White book strongly emphasizes the personalization and the supposed freedom of choice that the individual can express in a context in which welfare services are provided within competitive markets. A main issue within this policy orientation thus refers to the position of the citizens. As several research projects have already underlined, in spite of a growing rhetoric on the “freedom of choice” (in contrast to the image of a standardized provision of services) and on the expression of “active citizenship”, the contractualization of service relationships offers a fertile ground to discuss how far active citizenship opens up dynamics of discipline and exclusion (LaboratorioCittàPubblica, 2010). The main critical point being the position of (active) citizens as recipients or providers of services and the necessary conditions required for supporting the active exercise of citizens’ rights (de Leonardis, 2011). The Italian national policy document is in many parts contradictory: while it affirms that integration between social and health services is to be assumed as central and declares the necessity of a switch «from a welfare producing dependence to a welfare based on shared responsibilities», the orientation to the market seems to be the main drive (Ministero del Lavoro, della Salute e delle Politiche Sociali, 2009, pp. 34-35, 50-51). No consideration is given to the evaluation of the quality and effectiveness of existing public services or of the side effects in terms of growing discrimination and inequalities which may result from selling out to the market notable components of the Italian welfare. We cannot forget that, in a country like Italy, welfare services are not a perfectly functioning market, and that public services still provide convenient solutions to distortions and criticalities in the provision guaranteed by non public providers (Granaglia, 2001; Pennacchi, 2009). In the face of the significant demographic changes public action will have to cope with, it is necessary to question the social and economic sustainability of the growing orientation of the private market towards the investment in specialized residential solutions (nursery homes) and specialized services for the elderly. This orientation bears the risk not only of an impoverishment of social quality in cities and the incapacitation of individuals, but also of the exclusion of the latter from the urban scene (Rubinstein, Parmelee, 1992). A exclusion which prevents from seeing the emergence of new needs and demands that the design and organization of urban space should on the contrary try to give answer to.

In the lack of awareness and discussion at the national policy level, it is up to the local authorities to develop concepts and policies capable of identifying different perspectives. In this sense it is relevant to underline that, in Italy, health and social policies are under the direct responsibility of regional governments. This has provided a variety of conditions and solutions across the country, whereby major cities are regarded as a sort of laboratories in which to observe different policies in action and their impacts.

So far, social housing estates have been the most relevant contexts to analyze ageing trends and social marginalization dynamics (Cremași, ed., 2008; Laboratoriocittàpubblica, 2009; Zajczyk et al.,
The inequalities produced by recent changes in the design and provision of welfare policies are here more visible and remarkable. In the “public city”, in fact, the social and economic composition of the population results from the rules used for the allocation of dwellings. Given the systematic shortage and, at the same time, the high demand of low-cost housing for rent, housing policies – though inspired by social justice – tend to concentrate in these areas the most disadvantaged social groups (Bifulco, Bricocoli, 2010). Further contradictions result from the mismanagement of council housing estates, which very rarely allows a good matching between the personal need of housing and the available units. Many elderly, for example, live in a flat which is not suitable to their needs but cannot be easily swapped; others are newcomers who are allocated dwellings without considering the proximity to social and family networks that could support them in a situation of low mobility.

The observation of council housing estates characterized by high rates of elderly tenants nonetheless also provides an opportunity to rethink the provision of services and the spatial layouts of living environments. These features, while targeting old people, should also produce more extended benefits for the whole local community. This is a very relevant point of discussion in the face of the already mentioned tendency of (market-driven) design solutions which tend to be standardized on a univocal model of ageing and a standardized image of the elderly. On the contrary, field work and research projects show that differences, rather than reducing, often increase in the second half of life. This evidence forces to reconsider the offer of houses and public spaces in relation to the needs of a diverse population (Huber, ed., 2008). The emergence of diversified demands concerning the urban environment, as well as mobility and transportation and open spaces, induces a shift of attention on the quality of services and places in the public realm (and not only in the private dimension of dwelling), and thus calls for a re-definition of design and urban policies with reference to a plurality of users and life styles.

Nonetheless, in most cases these themes in the public city of council housing estates still tend to be dealt with in oversimplified ways, in connection with a notion of welfare that is often expressed by de-contextualized and inadequate solutions. To overcome this notion, it is necessary to reconsider the terms and conditions that allow space and its quality to act as relevant factors for the promotion of health and well-being (Munarin, Tosi, eds., 2009). The assumption of urban and living space as relevant and concrete ingredients of welfare policies has to be viewed in the frame of a more general reinterpretation of the set of values that define well-being in other terms than the limited measure of GDP (Bauman, 2008), as it is currently discussed in several research projects and policy orientations (The Economist, 2010). The purpose to create conditions to age as long as possible at home is actually and urgently calling for new reflections on how the reorganization of physical urban environment may support the innovation of the provision of social and health services in the community, as well as on the promotion of policies targeting the reduction of inequalities (Barton et al., 2003; Hillcoat Nallétamby et al., 2010). How can policies define integrated interventions on housing and urban environment while recognizing the relevance of the different ways of living and the diverse uses and practices in public spaces? The coexistence of diverse populations and age groups implies tensions and conflicts, a wide and various range of collective infrastructures, projects and services aimed to support the autonomy of individuals who are often affected by poverty and disadvantage. The latter are relevant factors that find a peculiar concentration in council housing estates and that prevent the elderly from actively intervening in the adaptation of their dwelling and living contexts to their new needs.

**Trieste: a frontline laboratory for social innovation**

In the context of a serious delay of the Italian urban planning research and practice in exploring and tackling issues of demographic change (and specifically of ageing and the city), since some years we have been putting under observation the case study of Trieste. In this context, we have been promoting research and field work with graduate students within joint initiatives of the Department of Architecture and Engineering of the University of Trieste and the Department of Architecture and Planning of the Polytechnic of Milano. Our investigations have concentrated primarily on the
intertwining between the dynamics of structural change in the local population, housing conditions and living contexts, and the emergence of new demands for the reorganization of space in council housing estates.

For different reasons, Trieste is an interesting frontline laboratory. On the one side, it has been developing along the years an extraordinary set of experiences in the promotion of health through the dislocation in the whole city of a series of community services, providing a highly territorialized orientation of local welfare and health policies. Moreover, Trieste is an urban laboratory anticipating some peculiar phenomena that will be mainstream across the nation.

Among the Italian provinces, Trieste displays the highest rate of elderly over 65 (30.2% of the population; the average at the national level being 20%) and the highest proportion of over 80 (11.2% against an average of 6% at the national level). Equally relevant is the gap between other indicators such as the ageing index (the number of over 65 every 100 people under 15 years old: 250 in Trieste, 144 in Italy) (Istat, 2010; Mania, 2010). Data are even more remarkable when the focus is on council housing estates: a large stock of housing managed by the Social Housing Agency called Azienda Territoriale per l'Edilizia Residenziale-ATER, where the number of tenants currently covers 9% of the population in the whole Province (about 21,000 people) and 36% of people living in a rented flat. Moreover, 33% of tenants in council housing estates is over 65 (out of which 50% is over 75); 47% of this population has an income at the lowest level and mainly consists of singles (Azienda Territoriale per l'Edilizia Residenziale della provincia di Trieste, 2010).

In these large parts of the public city, high concentrations of elderly people, loneliness, urban and environmental decay and poverty are all factors that explain the growing demands of care which have been more and more addressed to health and welfare services, not only in cases of acuteness and emergency, but mainly for long-term care and assistance. Here, as in other contexts characterized by high ageing rates, the massive increase of chronic pathologies is one of the main challenges for the health system, and sets the evidence of a crisis in terms of economic sustainability and effectiveness of interventions and services mostly tuned on medical interventions provided by specialized institutions or agencies. The strategic decision of addressing this issue as a main drive to re-design the local welfare system represents a major point of interest of the Trieste case study also for an international audience (Bifulco et al., 2008; Bricocoli, 2010; Bricocoli, Breckner, 2010).

Some preconditions for this innovative impulse to re-set health and welfare policies in Trieste are to be tracked back to the pioneering process which led to the closure of the psychiatric hospital and to the activation of alternative territorial services. After seven years of intensive work, the Trieste movement for de-institutionalization succeeded in the final closure of the hospital, as well as in the design and approval of a national reform of mental health (law 180, so called “Basaglia law”, 1978). This reform stated that no psychiatric asylum would be functioning in Italy and introduced the reference to a territorial health care system. Moreover, the mental health system of Trieste was designated as a “pilot area” by the World Health Organization. Over the years, further work has produced the transfer and extension of this approach to the whole set of health policies, through the promotion of area-based programs aimed to target social and urban determinants of health, also with concern to the reorganization of housing estates and living environments.

Along the de-institutionalization process, it became evident that closing a total institution required physical, social and symbolic interventions aimed to open minds and practices inside and outside its walls, as well as to perform a sort of complex “reset” of the city. Rejecting the concept of the mental hospital as a closed institution called for the construction of new institutions. It meant organizing homes, job opportunities, and places for leisure activities, social life and health care. The involvement of a multiplicity of different institutional and non institutional actors implied an intense interdisciplinary work in many different places and organizations in the city. The de-institutionalization project, in fact, mainly had to deal with the reconstruction of the complexity of the object that the old institutions had simplified (Rotelli, 1999). It marked the shift from a “sanitary” attitude in curing illness to a focus on health promotion assessing the relevance of social and spatial determinants of (not only mental) health. In this sense, the health policy approach developed in Trieste is deeply “urban” and states the relevance of the urban context as a main domain of action for the
promotion of health. To transform the mental hospital, the city must be transformed: this was the guiding vision orienting the experience performed in this city from the very beginning. In other words, it was the widening of the perimeter of de-institutionalization to the whole city to be at stake, and it gave course to actions that put in tension and solicited change in the physical and symbolic spaces of collective life. The intervention on the social habitat was recognized as a decisive element for building strategies aimed to promote health and social well-being, and created concrete conditions for the shift from «places of care-taking» to «taking care of places» (de Leonardis, Monteleone, 2007).

Today, the organization of a territorialized system rooted in the different city districts is providing a guidance for the whole set of services – alternative to hospitalization – concerning the health of citizens, whereas the focus on life contexts as the privileged setting of social and health practices becomes a major reference for public action (Bifulco, Bricocoli, 2010). According to the World Health Organization’s orientations, health is not intended as lack of disease but as a comprehensive condition of physical, mental and social well-being, while disease is to be considered in a complex perspective and has to be treated in a proactive way. This involves working at the same time on and with persons, keeping in mind their social relations, the places where they live. This very approach has recently driven the Health Agency of Trieste (Azienda per i servizi Sanitari n. 1 “Triestina”-ASS1) in the implementation of a specific project targeting the effects of the ongoing “demographic revolution” and of ageing processes.

In 2005, focusing the attention on territorial conditions that contribute to feed a growing demand for health care supported the activation of the experimental program called Habitat-Microaree. Health and development of the community, promoted by ASS1 with ATER and the Municipality. This program covered at first ten “micro-areas” (today they are fourteen and a further development is foreseen): parts of the city of Trieste, with an average population of 1.000 inhabitants (mostly elderly people), characterized by a significant presence of council housing estates and of particularly high levels of health and social problems. The decision to combine and integrate the work of public institutions usually in charge of supplying sectoral services was taken on the basis of different strategic objectives. These mainly revolved on the need to optimize actions aimed to allow people ageing at home and to support their autonomy, in order to reduce social and economic costs generated by a prolonged stay in hospitals and nursery homes. In this sense, Habitat-Microaree offered to the institutions involved a relevant opportunity to re-think their organizational structure and everyday practices, thus promoting a re-orientation of welfare policies in a situation of absolute lack of extraordinary funds and of a strong request for reducing public expenditure.

Today, the program has its own reference point in each micro-area, usually in a flat owned by ATER, where the presence of different actors (not only institutional ones) allows a stronger collaboration. Here, a referent for ASS1 (usually a nurse), personnel from social cooperatives paid by ATER and Municipality, teams of volunteers and inhabitants work together on the territory, in direct contact with the people that live there.

To meet a demand for health services which is potentially without limits, Habitat-Microaree has adopted a radical change of perspective: the citizen is no longer seen as a mere passive consumer of services, but as a carrier of resources that can be activated in the construction of his/her own plan of well-being. In this sense, bringing services inside the neighborhoods and near their inhabitants has allowed the unfolding of a capillary work of direct contact and knowledge of health conditions and needs. On the basis of this work it has been possible to articulate a system made of different forms of intervention, to coordinate various services acting both on the individual and the family and on the redevelopment and management of physical space, to enable opportunities for interaction and socialization designed to recognize and enhance the capacities available in each context.

The aim of promoting equity in access to health care and social assistance has resulted in the construction of highly customized paths that, avoiding standardized and "universalizing" modes of service delivery, primarily focus on increasing the quality of everyday life of persons with higher frailty, just as the elderly. Moreover, these innovative paths have given voice to inhabitants' demands...
for transformation and reorganization of spaces (both inside and outside dwellings) that appear very qualified in respect to the average and standardized nature of ordinary design solutions.

For the public actor, positive results have proved to be particularly evident not only in terms of improving general health, but also of reducing some important sections of public expenditure. In micro-areas, between 2005 and 2008, while the mortality rate showed a slight deflection (compared to the invariance of the data in the city), the hospitalization rate registered a much sharper decline (-9%; the city-wide data is -5%). This decline, together with the decrease in the number of days in hospital, gives space to the hypothesis that the strong drop in hospital admissions of the elderly can be attributed to a decrease in an inappropriate (and tough very common) use of hospitalization as a measure providing relief and temporary solution to problems that are not strictly sanitary and that may be dealt with in terms of social support on site. The data seem to assess the effectiveness as well as the efficiency of the activation of a large and diverse set of alternative treatments at home, made possible by the reorientation of medical costs and by the saving induced by the reduction of inappropriate consumption of drugs and of the resources invested in enhancing the capabilities of the community in setting the path for the improvement of the living environments.

No city for old people

The many skills and experiences developed by Habitat-Microarea in the council housing estates of Trieste have helped to strengthen the awareness that the possibility to extend the stay of the elderly people at home does not depend only on their physical health and on the proximity of care services, but also on the spatial configuration of flats, of buildings, of the entire neighborhood. Within the actions promoted by ASS1, taking care of places has become a real leitmotif, which highlights the strategic role and importance of constructing intersections between welfare policies and interventions aimed to redesign the contexts of life, working on the material dimension of space as a key ingredient in the development of inclusive projects. Projects that allow the capacitation of the many resources that the elderly (more and more active and proactive) are often willing to stake can be developed if they are supported by a network of territorial forms of care and assistance.

In the last years, the desire to reflect more deeply on the practical implications that these issues can have on the reorganization of urban space has thus addressed the creation of a series of research opportunities where ASS1 and universities worked together, in micro-areas and with people1. The research was structured through a sequence of shared activities, facing a prolonged exchange between institutions and different disciplinary knowledge as a way to support public action focused on the testing of innovative and incremental approaches to the construction of new spaces for health and social services. In the frame of these opportunities for theoretical and operational reflection, the most recent is an international summer school, held in the summer of 2010 and specifically dedicated to investigate some of the relationships that link processes of ageing, transformations of life environments, spatial reorganization of services. The summer school identified its context of analysis and design in the council housing estate named Borgo Zindis located on the outskirts of Muggia (Trieste), where the activation of a new reference point for Habitat-Microarea program is scheduled. As part of a broader three-year project entitled Demochange Cities and funded by EU as an intensive training program, the workshop was organized in the form of an action research. For two weeks, in collaboration with ASS1, students and professors of sociology, architecture and urban planning from the Universities of Milano, Trieste, Vienna, Cluj-Napoca, Hamburg and Nicosia have been involved in the development of surveys, practices of interaction with residents, project ideas aimed to explore what it means, in practice, to design collective open spaces able to give concrete answers to the needs

1 Between 2005 and 2008, ASS1 was among the partners of the University of Trieste in the national research program The "public city" as a design laboratory: The production of guidelines for the sustainable redevelopment of urban peripheries, in the frame of which several neighborhood laboratories have been set in some micro-areas (coordinator Elena Marchigiani; Marchigiani, 2008; LaboratorioCittàPubblica, 2009). In 2008, ASS1, Faculty of Architecture of the University of Trieste, Faculty of Architecture of the Politecnico di Milano, Faculty of Humanities of the University Cà Foscari of Venice organized the international workshop Living Giarizzole (coordinators Massimo Bricocoli, Elena Marchigiani; Bricocoli, Marchigiani, 2009).
of the elderly. Even though we are aware that there are many other issues and spatial components to be considered (in particular the redesign of the interiors of flats and the thresholds between buildings and plots), the summer school has chosen to focus on the reorganization of public open spaces, in order to support a stronger integration between the future work of the Habitat-Microarea program and the upgrading of collective areas that ATER is soon going to start in the frame of a EU Italy-Slovenia cross-border cooperation project.

During this experience, the direct contact with the territory, with the inhabitants and their daily life, with the representatives of institutions responsible for the management of housing and social welfare policies, first of all urged us to criticize some commonplaces, some cultural cliché that, trying to reduce the processes of ageing to rigid categorizations, show little grip on reality. A main learning from the field work concerns the concrete understanding of the various situations, demands and resources that are hidden behind the category generally used in a standard sense: ‘elderly’ contains a world of plural situations. In the second half of life (from 65 to 80 years and beyond) economic, social, health differences tend to increase, drawing an extremely articulate scenario of expectations and perspectives on life. The probability of reaching the end of the phase of "active" and “self-sufficient” life cannot be simplistically reduced to a specific and generalized age line; they rather must be seen in the biography of each person. The same applies to the demands for treatment and care, for the ways in which elderly people interact with their living environment.

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Even in situations characterized by a high concentration of old people, such considerations put into evidence how the organization of spaces and services cannot be flattened only on providing solutions specifically geared to the treatment of the cases judged to be more extreme (from the point of view of health, self-sufficiency, mobility conditions). Nonetheless, the latter attitude still seems predominant in the design of spaces conceived “to the size of the elderly”. As the general standards used in the design of flats and public spaces generally continue to refer to conditions of “normality” qualitatively parameterized according to an ideal image of user (male, adult and "healthy"), so those applied to the design of living environments for the elderly are very much guided by a so called geronto-functionalism (Auer, 2008). An approach which translates into solutions – again developed according to a merely quantitative and technical perspective – exclusively oriented towards the removal of the physical barriers that avoid the mobility of another ideal user (this time, however, male, old and, therefore, disabled). But the fatigue caused by many living spaces of our cities not only affects the elderly. Being in situations of disability is not their exclusive prerogative. Nor, again, the health status of people can be treated as a variable which is independent from the features (more or less debilitating) of their environment (Bohn, 2008).

In rethinking the large green areas Zindis is rich of – areas that, despite a highly rugged topography, are seen by residents (particularly older ones) as a factor strongly qualifying the neighborhood – we tried to abandon “to the size” discriminatory approaches. Designing spaces tailored to the needs of elderly people means designing spaces appropriate to the needs of all; it means planning for a city of differences, able to accommodate bodies of different ages, physical and mental health, gender, life styles, income levels... (Sandecoreck, 2000; Paba, 2010). But, above all, it means reorganizing the spaces in which people deploy life outside their flats (albeit in various ways to "stay in public") as places that contribute to providing conditions for well-being. Places that support the activation of inhabitants’ resources and capacities; that, with their quality and adequacy, stimulate social activities and collective relationships, help to reduce the risk of segregation of people in their homes, create the opportunities for their involvement in the creation of innovative services. This is not an appeal to a renovated environmental determinism; it is just an invitation to responsibly reflect not only on technical requirements, but also and above all on the real performance of the physical layout of space and on its capacity to give real answers to users’ needs and expectations (World Health Organization, 2007).

The suggestions for design interventions which emerged from the field research and from the dialogue with the inhabitants of Borgo Zindis appear as simple as too often ignored by projects focusing on the...
upgrading of public spaces. They refer to the implementation of actions aimed at improving the sense of direction in urban space and the recognition of single blocks of flats (from a differentiated coloring of buildings and urban furniture, to the placement of signs and maps inside the neighborhood), in order to make people feel safer in their movements, also facilitating the arrival at destination of visits and outside help. Equally important is the reorganization of a network of pedestrian walkways, designed to connect the stops of the public transport to the most significant places and equipments inside the neighborhood; these interventions impact significantly on the ability and willingness of people to move autonomously out of their houses. Along the walkways, the creation of spaces where to relax outdoors – preferably in the shade and on comfortable seats – provides an opportunity for social relations that can also be based on chance encounters, on a daily exchange of greetings. But moreover, the intensive field work and the interactions with a plurality of different conditions, produced a general ‘qualification’ of the demands on spatial intervention. Far beyond the standard image of “a circle of benches under the shadow of a beautiful tree”, just to quote one of the most stereotyped visions, the inhabitants in Zindis have been raising a quest for quality in the redesign and re-organization of spaces, aiming at spaces that can enrich and support everyday practices as well as exceptional and entertaining events. The interaction with others, the intensity of living in contact with different people, however, should be the result of a decision and not of an imposition. Hence the importance of articulating the design of open and green areas in different environments, where various practices can be carried out individually or in groups more or less large and heterogeneous.

Another remarkable interest was targeting the creation – inside single buildings or in places in the service of the entire district – of spaces that can be used according to new forms of communal living. Giving themselves as a sort of extension of flats whose spaces are often small and inadequate, these sites offer the opportunity to carry out different activities, co-and self-organized by residents: from the meeting of friends, to the organization of parties, dancing, gardening, cooking and eating together. These activities contribute to break the isolation of people and, with the support of the operators of the Habitat-Microaree program, may further evolve in the construction of forms of association and of initiatives of self and mutual help.

Towards new welfare spaces

As witnessed elsewhere in Europe, the programs performed in the council housing estates of Trieste display significant correlations between the decrease of the costs for hospitalization, the improvement of health conditions, the regeneration of spatial and social contexts, the personalization – within those contexts – of care services. These experiences offer a concrete possibility to understand and evaluate the innovation perspectives for policies and projects that public action shall develop to face the challenges of ageing processes. In terms of reorganization of social and health programs and with a view to strengthening their connections with the transformation of housing and living environments, the experiences developed by Habitat-Microaree program are testing the sustainability (also in economic terms) of an approach to public action that invests in the territorialization and spatialization of services in order to support the activation of local communities in the design and development of public policies, as an alternative to a mere counterposition of welfare state and market. With reference to the elderly, through the activation and mobilization of resources from the civil society, these experiences offer the opportunity to explore a wide spectrum of alternatives to institutionalization that allow a growing number of people to age at home.

It is also to be underlined that, in Trieste, the transformation in the provision of social and health services, while involving local communities, was not simply based on the self organization capacity of individuals and families. On the contrary, it occurred within the guidance of a very sensitive leadership which managed the convergence of a set of different actors and actions (top down and bottom up, public and private). The leadership was mainly expressed in terms of clear identification of strategic objectives to be deeply rooted in the routines of the everyday life of people and services. The micro-areas were developed as permanent laboratories, as intermediate bodies between citizens and institutions, as learning contexts for temporary and experimental activities (such as the workshops and research projects developed by our universities). All a variety of different events were seen as chances
to combat the threat of institutionalization, to refuse a treatment of health issues according to standard practices. Beyond ordinary services, the public Health Agency has been supporting diversified ways and conditions of welfare provision, stimulating citizens in defending their rights of living in a city which can allow autonomy and ageing at home.

Not less interesting are the challenges that ageing at home offers to the redesign of urban spaces and to the regeneration of council housing estates. Challenges that are very much on the frontline of urban and housing research, highlighting issues that, at least in Italy, appear still largely unexplored.

In Trieste the orientation of Habitat-Microaree is offering a terrain in which elderly people demands and needs can be explored in the perspective of communal, multigenerational, assisted living, whereas this site specific program offers a large variety of inputs for the development of diverse and innovative solutions for the design of collective housing and of “spaces for the public”. Solutions that should be addressed not only to elderly people, but also to the experimentation of new forms of supportive cohabitation with young individuals and families. With reference to council housing estates, while a greater awareness of the variety of needs and expectations related to the living environment urges an enhancement of ageing at home, it is also a condition to provide diversity and mix in districts which were conceived and designed according to standard typologies of family in an industrial society. In supporting such a process, the redesign of spatial layout plays a strategic role. And again a territorialized program like Habitat-Microaree offers the opportunity to better understand the needs of elderly people and to set aside too simple recipes. In the different neighborhoods where we have been working in the last years the elderly presented a huge variety of demands for physical transformation. Demands that too often are not taken into consideration in the design of spaces for people in the second half of life, such as places for dancing and spending time together. In other cases the request was for places for gardening and cultivating, or for spaces dedicated to the development of self-organized activities. Each time these demands appeared very deeply rooted in the inhabitants' biographies, as well as in the specific features of the context and in the social asset of the neighborhood, stressing the outdateness and poor effectiveness of standardized and top-down solutions too simply based on age discrimination.

Such a reflection on the multiple and contextual relations between space and people clearly shows how the challenges set by the current demographic change require much more adequate and context related investigations in order to provide more articulated and effective solutions in the re-organization of living environments. And this request for critical thinking and new experimentations cannot continue to be ignored and underestimated by politics, policies, urban planning and design.

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