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## **GROWING OLD IN CITIES. COUNCIL HOUSING ESTATES IN TRIESTE AS LABORATORIES FOR NEW PERSPECTIVES IN URBAN PLANNING**

**Abstract:** Significant ageing processes are affecting many regions across Europe and are changing the social and spatial profile of cities. In Trieste, Italy, a joint initiative by the public Health Agency and the Social Housing Agency has developed a programme targeting conditions that allow people to age at home. The outcomes of the programme stress the need to redesign and reorganise the living environment as a way to oppose to the institutionalisation of older people in specialised nursing homes. Based on intensive field work, this contribution presents and discusses the original and innovative inputs that the case study is offering to the Italian and European debate.

**Key words:** ageing, council housing estates, public action, urban planning, welfare policies, Trieste, Italy.

### **1. AGEING AND URBAN CHANGE: EMERGING PATTERNS AND ISSUES**

Demographic changes are among the most striking transformations that European cities face in the near future (Hungarian Presidency of the Council of the European Union, 2011).<sup>1</sup> An increase in the average age, associated with the decline of the young and working population, will affect the profile of our societies and have important effects on the arrangement of healthcare services and the living environment.

In several European countries the trends of demographic decrease and ageing processes observed in depopulating regions (such as rural and mountainous areas)

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<sup>1</sup> For the 27 EU Member States, between 2008 and 2060, forecasts predict an increase of the average age from 40.4 to 47.9 years. An increase is also to be expected in the share of population over 65 years from 17.1% to 30% (with a growth in absolute numbers from 84.6 to 151.5 million people) and in the population over 80 from 4.4% to 12.1% (corresponding to a growth from 21.8 to 61.4 million people) (Giannakouris, 2008).

have begun to generate significant problems regarding accessibility of services, especially for people suffering from reduced mobility. Even more critical situations can currently be recognised in suburban areas. Sprawled settlements imply difficulties for an extensive provision of services. Mobility heavily depends on individual car use and the overall settlements layout turns out to be unable to meet the demands of new demographic and social structures (Beauregard, 2006; Siebel, 2010). All over Europe, the economic base which propelled suburbanisation has recently been facing a severe crisis. As some researchers have assessed (Siebel, 2004, 2010; Menzl, 2010), the new organisation of labour as well as demographic change are two of the relevant factors that make the city a more suitable environment to live in. Renewed interest in dense urban contexts as places for living is largely due to improved accessibility of services, from healthcare to culture (Schüller *et al.*, 2009; Breckner, Menzl, 2011). However, within cities, some different conditions have to be stressed. While older adults with higher incomes can afford to reorganise their housing arrangements so as to have better access to services, major challenges in terms of public policies concern those who cannot easily reorganise their housing condition and, specifically, those living in council estates where spatial decay and severe social and economic disadvantages are concentrated (Power *et al.*, 2010).

In Italian cities, as regards housing conditions for older adults, two main directions can be seen: market-led initiatives resulting in the construction of nursing homes (which nevertheless benefit from public co-funding) and public policies and programmes supporting ageing at home (Carabelli and Facchini, 2010). While across the country the market for nursing homes is registering growth, research conducted on institutionalised residential solutions for older adults stresses their effects in terms of impoverishment of social quality, reduction of individual capabilities, high costs of construction and management expenses as well as high costs borne by the users (Bifulco, 2003). As a matter of fact, a differential treatment of people's living environment also entails important factors such as strong social polarisation and exclusion of people suffering from disadvantaged economic conditions who cannot afford to access nursing homes (Hillcoat-Nallétamby *et al.*, 2010). Nevertheless, the inputs offered by critical considerations have not curbed the expansion of the profitable activity connected to the displacement of older adults to large residences (Bifulco, 2005; Bricocoli and Savoldi, 2010).

While ageing at home is still widely diffused in Italy, for many older adults it may be the only option, although not ensuring wellbeing when adequate services and contextual support are lacking. Moreover, due to current demographic change, fewer individuals can benefit from the support of family networks on which a weak welfare system has relied until recently (as in most southern European countries) (Allen *et al.*, 2004). The main point of discussion therefore concerns the conditions in which the home environment functions as a place which promotes autonomy (Kummerow, 1980). The actions aimed at supporting the autonomy of the older adults still focus on basic home health services. In this sense,

a lot has to be investigated to understand how joint innovation in the provision of health care services and in the redesign of the urban living environment may provide quality of life and wellbeing for those ageing at home (Hillcoat-Nallétamby *et al.*, 2010). In spite of the relevance given to these themes by European policies and programmes (European Commission, 2010a, b; AAL, 2010), the development of integrated socio-spatial policies has been limited (Laboratorio Città Pubblica, 2009). In Italy, urban studies and planning research are not yet focusing on the effects and perspectives that demographic change will have on cities in terms of the reorganisation of the built environment. Local governments, urban planning and urban design seem to highly underestimate these issues as well.<sup>2</sup>

The aim of this paper is to discuss how urban design can help to improve the conditions of people ageing at home. The hypothesis is that space-based interventions – albeit important – must be intertwined with the rethinking of public policies dedicated to community development and innovation in social and healthcare services. In reference to these issues, the case of Trieste emerges for its innovative features (Monteleone, 2007) and appears to be an interesting front-line laboratory; both at the national and international level. On the one hand, it is anticipating some demographic phenomena that will be mainstream across the nation.<sup>3</sup> On the other hand, it has been developing an extraordinary set of experiences in the promotion of health through the dislocation in the whole city of public community services, providing a highly territorialised orientation of local welfare and health policies. For these very reasons, we have been putting Trieste under observation for some years, promoting research and field work in the form of design laboratories developed in different neighbourhoods by joint initiatives of the Department of Civil Engineering and Architecture of the University of Trieste and of the Department of Architecture and Planning of the Polytechnic of Milan.<sup>4</sup>

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<sup>2</sup> Given the lack of awareness and discussion of these issues at the national policy level, it is up to the local authorities to develop concepts and policies (Ministero del Lavoro, della Salute e delle Politiche Sociali, 2009; Pennacchi, 2009). In this sense it is relevant to underline that, in Italy, health and social policies are the direct responsibility of regional governments, providing a variety of conditions and solutions across the country.

<sup>3</sup> Among the Italian provinces, Trieste displays the highest rate of older adults over 65 (30.2% of the population; the average at the national level being 20%) and the highest proportion of persons 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 in every 100 people under 15 years old: 250 in Trieste, 144 in Italy) (Istat, 2010; Mania, 2010).

<sup>4</sup> Between 2005 and 2008, ASS1 was among the partners of the University of Trieste in the national research programme *The 'Public City' as a Design Laboratory*, in the frame of which several workshops were organised in some micro-areas (Marchigiani, 2008; Laboratorio Città Pubblica, 2009). In 2008, the ASS1, the Faculty of Architecture of the University of Trieste, the School of Architecture and Society of the Polytechnic of Milano and the Faculty of Humanities of the University Cà Foscari of Venezia organised the international workshop *Living in Giarizzole* (coordinators Massimo Bricocoli and Elena Marchigiani; Bricocoli and Marchigiani, 2009). The Summer school organised in Zindis in 2010 within the EU Intensive Programme is the last event of this series.

More specifically, we will refer to the field work conducted during an international summer school promoted in September 2010 in the form of a design workshop. Investigations and design proposals have concentrated primarily on the intertwining between the dynamics of structural change in the local population, housing conditions and the living environment, and the emergence of new demands and design proposal for the reorganisation of space in council housing estates. Results show to what extent changing the spatial conditions which allow ageing at home can effectively improve people's wellbeing and counteract the growing demand for health care and specialised residential solutions.

## **2. WELLBEING AND AGEING AT HOME: A QUEST FOR INTEGRATION IN LOCAL PUBLIC POLICIES**

Devices oriented to promote ageing at home are too often formulated on the basis of two separate perspectives. On the one hand, efforts are made to develop solutions for the refurbishment and upgrading of flats according to ergonomic layouts and home automation techniques (Huber, 2008). On the other hand, the focus is on health and social assistance to individuals, without any concern for the role that community networks and a good living environment play for the wellbeing of the older adults (AAL, 2010). However, the assumption that the urban and living environment are 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 wellbeing in other terms than the limited measure of GDP (Bauman, 2008; *The Economist*, 2010). The purpose of creating conditions that allow ageing at home as long as possible is actually and urgently calling for new ideas on how the reorganisation of the physical urban environment may support the innovation of the provision of social and health services in the community, as well as the promotion of policies supporting social innovation and targeting the reduction of inequalities (Barton *et al.*, 2003; Mac Callum *et al.*, 2009; Tornaghi and Vicari Haddock, 2009).

The conditions producing urban coexistence are in fact significantly influenced by the spatial effects of social and health policies. Services can be either specialised and closed to the context or territorialised and oriented to the development of local capabilities (Sen, 1985). This strongly depends on policy design and on the allocation of public funding (European Commission – Directorate General for Economic and Financial Affairs, 2009). In terms of the spatial organisation of services, there is an evident need for a more careful consideration and analysis of the interconnections between urban transformation processes, welfare, planning and urban development policies (Borlini and Memo, 2008; Cremaschi and Eckardt, 2011). This perspective is even more relevant today as

the availability of public economic resources is shrinking. Therefore, the choice of shifting existing expenditure from traditional pillars into more innovative policy options is to be considered highly strategic by the state (Power *et al.*, 2010). The reallocation of funding from one sector to another may obviously produce significant conflicts among different departments as well as among different lobbies and stakeholders, but it is an important option in terms of developing new policies without additional funding. An example of what could be called ‘zero fund policies’ is the case of converting public money spent in sanitary health care (institutionalisation in hospitals plus pharmaceutical subscriptions) into investments for health promotion mainly aimed at providing sustainable conditions for ageing at home.

All over Europe, the urgency of overcoming ordinary and sectoral approaches in favour of a more integrated public action has been particularly stressed in the case of council housing estates. In social housing neighbourhoods the design and provision of welfare policies are more visible and have often produced social, economic and environmental marginalisation (Barton *et al.*, 2003; Power *et al.*, 2010) but neighbourhoods also performed as laboratories in which social innovation and community development have been fostered (Moulaert *et al.*, 2010).

### **2.1. The Focus on Council Housing Estates**

In Italy these large parts of the ‘public city’ have been the most relevant contexts so far to analyse the wellbeing of people ageing at home and social marginalisation dynamics (Cremaschi and Eckardt, 2011; Laboratorio Città Pubblica, 2009; Zajczyk and Mugnano, 2005). Here, in fact, the social and economic composition of the population is a result of the rules for the allocation of dwellings. Given the systematic shortage of and, at the same time, the high demand for low-cost housing for rent, housing policies tend to concentrate on the most disadvantaged social groups in these areas (Bifulco and Bricocoli, 2010). Further, contradictions result from the mismanagement of council housing estates, which very rarely allows a good matching between the housing need and the available units. Many older adults, for example, live in flats which are not suited 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.

Research on council housing estates characterised by high rates of older adult tenants also provides an opportunity to rethink the provision of services and the spatial layouts of the living environment which would benefit the whole local community.

These are relevant points of discussion in the face of the already mentioned tendency (market-driven) to design standardised solutions based on a uniform model of ageing and of the older adults. Field work and research projects show

that differences often increase in the second half of life (Huber, 2008). This evidence forces a rethinking of the way in which houses and public spaces are organised in relation to the needs of a diverse population. The emergence of diversified demands concerning the urban environment, as well as mobility and transportation and open spaces, induces a shift of attention towards the quality of services and places in the public realm (not only in the private dimension of dwelling), and thus calls for a redefinition of design and urban policies with reference to a plurality of users and life styles at the neighbourhood level (Moulaert *et al.*, 2010; Cremaschi and Eckardt, 2011).

### 3. TRIESTE: A FRONT-LINE FOR SOCIAL INNOVATION

As far as the redesign of health care is concerned, the case of Trieste can be recognised as particularly advanced. For some years reconverting resources and shifting budgets from the sanitary pillar to integrated and area-based social projects have been set as strategic objectives for the regeneration of council housing estates.<sup>5</sup> In the estates owned and managed by the Public Housing Agency (Azienda Territoriale per l'Edilizia Residenziale – ATER) high concentrations of older adult people,<sup>6</sup> loneliness and poverty are often combined with urban and environmental decay and low quality of public spaces. Growing demands in the provision of care have been the responsibility of the 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 characterised 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 specialised institutions or agencies. The public Local Health Agency of Trieste (Azienda per i Servizi Sanitari n° 1 Triestina – ASS1) recognised, after the first survey in 2005, that the focus on healthcare could also be reconsidered in terms of creating conditions for wellbeing. The strategic decision of addressing this issue as a main drive to redesign the local welfare system may represent a point of interest concerning the Trieste case study for an international audience (Bifulco *et al.*, 2008; Bricocoli, 2010; Breckner and Bricocoli, 2010).

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<sup>5</sup> The stock of council housing in Trieste is significantly larger than the average in Italy: the number of tenants currently corresponds to 9% of the population in the whole Province (about 21,000 people) and to 36% of the people living in rented flats.

<sup>6</sup> In council housing estates 33% of the tenants are over 65 (of which 50% are over 75); 47% of this population has an income at the lowest level and mainly consists of single women (ATER, 2010).

The preconditions for this innovative impulse to reset health and welfare policies in Trieste can be traced back to the pioneering process which led to the closure of the psychiatric hospital. Starting in 1971, the Trieste movement for de-institutionalisation succeeded in the final closure of the hospital, as well as in the design and approval in 1978 of the national reform of mental health (Law 180, the so called 'Basaglia law'<sup>7</sup>) (Basaglia, 2005). This reform stated that no psychiatric asylum should exist in Italy and introduced the reference to a territorial health care system. Rejecting the concept of the mental hospital as a closed institution (Goffman, 1961) called for the construction of new institutions. Over the years this has implied the activation of alternative territorial services, organising homes, job opportunities, places for leisure activities, social life and health care. The involvement of a multiplicity of different institutional and non institutional actors called for intense interdisciplinary work in many different places and organisations in the city (Rotelli, 1999; Breckner and Bricocoli, 2011). At the same time, the de-institutionalisation project marked the shift from a sanitary attitude in curing (not only mental) illness to a focus on social and spatial determinants of health (de Leonardis, 1990). The intervention on the social habitat was therefore recognised as a decisive element for building strategies aimed to promote health and social wellbeing, and created concrete conditions for the shift from 'places of care-taking' to 'taking care of places' (de Leonardis and Monteleone, 2007).

#### 4. THE HABITAT-MICROAREAS PROGRAMME

In Trieste, the organisation of a territorialised health system embedded in the different city districts is actually providing guidance for a whole set of services – alternative to hospitalisation – concerning the health of citizens. The focus on the living environment as the most important setting of social and health practices has become a major reference for public action.

In 2005, focusing the attention on conditions that contribute to feeding a growing demand for health care supported the activation of the experimental programme *Habitat-Microareas. Health and Community Development*, promoted by ASS1 with ATER and the Municipality. This programme first covered ten 'micro-areas' (today they are fourteen): parts of the city of Trieste, with an average population of 1,000 inhabitants, characterised 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

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<sup>7</sup> Named after Franco Basaglia, the director of the Trieste psychiatric hospital who has been leading the movement.



supplying sectoral services was taken on the basis of different strategic objectives. These mainly revolved around the need to optimise actions aimed to allow people to age at home and to support their autonomy, in order to reduce social and economic costs generated by a prolonged stay in hospitals or nursing homes. In this sense, Habitat-Microareas offered the institutions involved a relevant opportunity to revise their organizational structure and everyday practices, thus promoting a reorientation of welfare policies in a situation of absolute lack of extraordinary funds and shrinking public funding.

Today, the programme has its own on-site reference point in each micro-area, usually in a flat owned by ATER, where the presence of different actors allows a stronger collaboration. Here, a referent for ASS1 (usually a nurse), personnel from social cooperatives paid by ATER and Municipality, teams of volunteers work on site with the inhabitants.

In order to meet a demand for health services which is potentially limitless, Habitat-Microareas 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 wellbeing. In this sense, bringing services inside the neighbourhoods 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 was possible to articulate different forms of intervention, to coordinate various services acting on the individual and the family, to better manage and maintain public open spaces, to enable opportunities for interaction and socialisation and to recognise the capabilities available in each context (Sen, 1985; Appadurai, 2004). For example, the programme promoted the conversion of standard individual physiotherapy treatments into gym groups led by a specialised professional, to self-organised exercising in open air community spaces and then to aspire to an adequate space which could be used as a gym all the year round. According to a similar approach, the daily home delivery of individual lunch packages was partially substituted by the support to shared cooking and self-organised collective dinners.

Targeting more equity in access to health care and social assistance has therefore resulted in the construction of highly customised paths that, avoiding standardised and universalising modes of service delivery, primarily focus on increasing the quality of everyday life of people with higher frailty, such as the older adults. 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. Available data assess the effectiveness and the efficiency of the activation of a large and diverse set of alternative treatments at home, made possible by the reorientation of medical costs (also induced by the inappropriate consumption of drugs) towards interventions for community development and improvement of the living environment.



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## 5. REFLECTIONS ON THE SPECIFIC CASE OF THE BORGO ZINDIS COUNCIL ESTATE

The Habitat-Microareas programme developed in Trieste has helped to strengthen the awareness that the wellbeing of those ageing at home does not only depend on their physical health and the proximity to care services, but also on the spatial configuration of flats, buildings and even the entire neighbourhood (Barton *et al.*, 2003). Within the actions promoted by ASS1, taking care of places has become a real leitmotif. It highlights the strategic role of constructing intersections between welfare policies and the redesign of the living environment, working on the material dimension of space as a key ingredient for the development of people's capabilities (Appadurai, 2004; Bohn, 2008).

In the last years, the motivation to further investigate the practical implications that these issues have on the reorganisation of urban space led to the promotion of joint initiatives in which ASS1 and universities worked together in micro-areas and actively involved the inhabitants. Research activities were structured through an exchange between the knowledge of different institutions and disciplines, as a way of supporting and testing public action's approaches to the construction of new spaces for health and social services. Field work was often organised in the form of design 'laboratories', in which qualitative interviews, surveys, extensive photo reportage and mapping of social practices in the use of private and common spaces were joint with design oriented activities aiming at a redesign of private and public spaces which would support the improvement of everyday living conditions. In the framework of these activities, the most recent is a design workshop organised within an international summer school, held in 2010 and specifically dedicated to investigate the relationships linking processes of ageing, transformations of living environment and spatial reorganisation of services. As part of the three-year programme *Demochange Cities* funded by the EU,<sup>8</sup> the summer school identified its context of analysis and design in the council housing estate named Borgo Zindis located in the outskirts of Muggia (Trieste), where the activation of the Habitat-Microareas programme is scheduled. For two weeks, in collaboration with ASS1 and the local Municipality, 30 students (organised in five different multidisciplinary teams) and 5 professors of sociology, architecture and urban planning from the Universities of Milan, Trieste, Vienna, Cluj-Napoca, Hamburg and Nicosia have been involved in the development of surveys, qualitative interviews, focus groups and meetings with the residents. The

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<sup>8</sup> The EU Intensive Programme *Demochange Cities* is coordinated by Massimo Bricocoli; the summer school held in Trieste in 2010 was coordinated by Elena Marchigiani. The other partner universities are represented by: Ingrid Breckner (HafenCity University Hamburg), Rudolf Poledna (University of Cluj), Alessandra Swiny (University of Nicosia), Gesa Witthoef (Vienna University of Technology).

aim of the field work was to explore in practice how to redesign collective open spaces to make them more suitable to concretely support the wellbeing of the older adults. Even though many other issues and spatial components could be considered (in particular the redesign of the interiors of flats and the thresholds between buildings and plots), the target has been identified in the reorganisation of public open spaces. The first draft concepts developed by the students were discussed in two major public meetings with representatives from the different institutions and a large group of inhabitants. The intense debate provided reactions and suggestions for the development of five different proposals which were validated in a final meeting. The aim was to provide new inputs for integrating work of the Habitat-Microareas programme and the upgrading of collective areas that ATER is going to start in the frame of an EU Italy-Slovenia cross-border cooperation project.

During the field work, the direct contact with the inhabitants and their daily lives made the need to revise some commonplace and cultural *clichés* that reduce the processes of ageing to rigid categorisations very clear. A main insight concerned a deeper understanding of the various situations, demands and resources that are hidden behind the standard use of the category 'older adults'. The probability of reaching the end of the phase of active and self-sufficient life cannot be simplistically reduced to a generalised age line. It rather must be seen in the biography of each person and be contextualised.

Even in situations characterised by a high concentration of older people, such considerations put into evidence how the organisation of spaces and services cannot be reduced to providing solutions specifically geared to the treatment of the cases judged to be more extreme. Nonetheless, the latter attitude still seems predominant in interventions conceived 'to the size of the older adults'. As the general standards used in the design of flats and public spaces generally continue to refer to conditions of normality according to the parameters of an ideal image of user (male, adult and healthy), so those applied to the design of the living environment for the older adults 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 to the mobility of another ideal user (this time, old and, therefore, disabled).

The direct contact with the neighbourhood highlighted a variety of requests. While the older adults did express some specific needs, the wider discussion with the inhabitants insisted on the design of spaces appropriate to the needs of all, able to accommodate people of different ages, physical and mental health, gender, life styles, and income levels (Sandercock, 2000; Paba, 2010). In rethinking the large green areas of Borgo Zindis (which are seen by residents – particularly older ones – as a factor qualifying the neighbourhood) the task was thus to abandon discriminatory approaches. Urban public spaces were considered with reference

to their relational identity (World Health Organisation, 2007); in the proposals for design intervention they were reorganised as places where people can deploy life outside their flats and whose real performances may support community development the activation of the capabilities of the inhabitants. The final public meeting aimed at discussing the design proposals definitely validated this re-interpretation as an aspiration of many inhabitants.

The photo reportage and the mapping of the uses and practices of space (de Certeau, 1980) developed in the first part of the field work also revealed that, beyond the standard public spaces, a whole set of smaller and less visible spaces are used and arranged for specific activities mostly by the older adults. That was the case of a dark cellar re-adapted for gatherings and playing cards, as well as of the informal appropriation of little portions of public space for private gardening, or of the several 'open-air sitting rooms' arranged with old furniture. While these informal practices represent a specific and implicit call for a change in the organisation of open spaces, they raise more general issues in the context of a council housing estate. Tailoring the redesign of common spaces to the aspirations of some tenants has in fact to face the requirements of the general and public purpose of the housing complex. The inhabitants, through their creative practices, stress the inadequateness of a standardised and in-differentiated design of open spaces. On the other side, the necessity to overcome individual appropriation of public space and of supporting collective management emerges as a task for innovative neighbourhood policies (Moulaert *et al.*, 2010).

In this sense, the discussions held with local actors and inhabitants made evident the potentials of an action matching the improvement and redesign of open spaces with the reorganisation of healthcare services at the community level. Moreover, new suggestions for design interventions emerged from the work on Borgo Zindis; they refer to issues that are too often ignored by projects on public spaces. It is the case of actions improving the sense of orientation in urban space and the recognition of single blocks of flat, whereas the aim of making people feel more autonomous and safer in their movements was joint with that of facilitating the arrival at destination of friends and visitors. Equally important turned out to be the reorganisation of a network of pedestrian walkways, designed to connect the stops of the public transport to the most significant places and equipments inside the neighbourhood. Such interventions can have a significant impact on the ability and willingness of people to move out of their houses. Along the walkways, the creation of spaces where to relax outdoors – preferably in the shade and on comfortable seats – was discussed and proposed as an opportunity for social relations also based on chance encounters.

The intensive field work and the interactions with the tenants finally produced a general qualification of the demands of 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 of Borgo Zindis raised

a quest for higher quality and variety of open spaces suitable for everyday individual and collective practices, as well as for exceptional and entertaining events.

Another remarkable need was that of spaces for collective uses as the support to new forms of community welfare. Considering that flats are often small and inadequate, the redesign of ground floor spaces may allow to carry out different activities, co- and self-organised by tenants: meeting friends, organising parties, dancing, gardening, cooking and eating together. These activities can contribute to break the isolation of people and, with the support of the operators of the Habitat-Microareas programme, may further evolve in the construction of forms of association and of initiatives of mutual help.

## **6. TOWARDS THE DESIGN OF NEW WELFARE SPACES**

As witnessed elsewhere in Europe, the public policies and activities performed in the council housing estates of Trieste display significant relationships between the regeneration of spatial and social environments, the personalisation within those contexts of care services, the improvement of health conditions, the decrease of the costs for hospitalisation. These experiences offer therefore a concrete possibility to understand and evaluate the innovation perspectives that policies and projects can develop to face the challenges of ageing processes (Moulaert *et al.*, 2010; Huber, 2008).

In terms of the reorganisation of social and health services and with a view to strengthening their connections with the transformation of housing environments, the Habitat-Microareas programme is testing the sustainability (also in economic terms) of a new approach to public action. This approach invests in the territorialisation and specialisation 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 counter position of welfare state and market (de Leonardis, 2011). From a public action perspective, it is also to be underlined that, in Trieste, the transformation in the provision of social and health services was not simply based on the self-organisation capacity of individuals and families. On the contrary, it occurred within the guidance of a very sensitive leadership which managed the convergence of different actors and actions (top down and bottom up, public and private). On the one hand, 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; on the other, the micro-areas were developed as intermediate bodies between citizens and institutions, as permanent laboratories and learning contexts for innovation.

As the design workshop school in Borgo Zindis showed, 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. Standing on the frontline of urban and housing research, these challenges highlight issues that, at least in Italy, appear still largely unexplored. An issue that is often not taken into consideration in the design of spaces for older people is, for instance, the demand for places for spending time together. These demands appear to be strongly related to the inhabitants' biographies, as well as to the specific features of the context and to the social asset of the neighbourhood, stressing the limits of standardised and top-down solutions too simply based on age discrimination. Working on the multiple and contextual relations between space and people, the reflections and experiences developed in Trieste clearly show how the challenges set by the current demographic change require further context related investigations in order to provide more articulated and effective solutions in the reorganisation of the living environment and valuable alternatives to institutionalisation.

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