

## Ageing in Europe. Reclaiming a Healthy and Age-friendly City

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### Introduction

#### The new socio-demographic scenarios

As other parts of the Western world and the so-called developing countries, Europe is experiencing a progressive increase in life expectancy, a phenomenon which, along with an equally significant drop in the birth rate, sees the elderly making up a growing share of the population<sup>i</sup>.

Population ageing in Europe is a long-term trend, begun several decades ago. This trend can be observed through the changes occurred in the age composition of the population because of two different processes, known as "ageing at the top" and "ageing at the bottom" of the population pyramid, as well as the narrowing of the base of the EU population pyramids in the last year. The EU-27 estimated population as of 1<sup>st</sup> January 2019 was 446.8 million of people. Young people (0 to 14 years old) represented 15.2 per cent of the EU-27 population, while people considered to be in working age (15 to 64 years old) represented 64.6 per cent of the population. Elderly people (aged 65 or over) recorded a share of 20.3 per cent (with an increase of 0.3 percentage points over the previous year and an increase of 2.9 percentage points over the previous 10 years) (Eurostat 2020)<sup>ii</sup>.

In the last decade (2009-2019), there has been an increase of 2.9 percentage points in the population aged 65 and over for the EU-27 as a whole, with variations of 5.1 percentage points in Finland, 4.7 in Czechia and 4.5 in Malta, up to 1.1 percentage points in Germany and 0.4 in Luxembourg, with a consequential rise of the average age in EU countries, which according to estimates will rise from 43.7 in 2019 to 48.8 in 2100 (Eurostat 2020). The data showing the progressive ageing of the elderly population are the most striking among the observed changes: it is expected that the share of people aged 80 or over in the EU-27 population will increase, between 2019 and 2100, by almost ten percentage points, going up from 5.8 per cent to 14.6 per cent.

Another relevant process in the transformation of social scenarios in Europe, as worldwide, is urbanization<sup>iii</sup>. Several international reports (see, for example, the UNDESA report 2019) state that, by 2050, about 70 per cent of the world population will live in cities and, already in the next decade, at least a quarter of the population, that will likely concentrate in the central areas of cities, will be over 60.

*In brief, cities are both growing and ageing at an incredibly fast pace.* This creates a rise in demand for services, opportunities and rights, for which the urban planning and government policies appear poorly prepared.

However, this is not merely a question of numbers. The significant quantitative change matches with a substantial transformation of the elderly's social representation (Farr, Moscovici, 1984) and the meaning we assign to the condition of being elderly, which is no longer considered as residual to active adult life, but a new phase full of opportunities as well as of limits and difficulties. The potential benefits of this condition depend, however, on a particular combination of factors, including the personal and socio-material resources available to each individual. This is an important point, given that socio-economic and cultural conditions, as well as health, are influencing factors of the progressive internal diversification in relation to the growth of the elderly population (Baltes and Mayer, 1999; Lalive D'Epinay et al., 2000; Pani-Harreman et al., 2000; Cadarec, 2001; Gilteard and Higgs, 2002; Bai, 2014; Bruggencate T., Luijkx K., Sturm J., 2018).

The consolidated distinction of certain time intervals<sup>iv</sup> to be considered within the concept of "third age" testifies to how much the old-age, or better say, ageing, is not being linked to a notion of life quality based on a mere biological definition of health in the strict sense, but it has started to be interpreted through a broader definition of well-being, both perceived and experienced.

The discourse about health in the elderly has progressively shifted from a purely medical reflection to a debate concerning the social sciences, which plays now an essential role in analyzing the issue of ageing and the personal and social repercussions of its new forms (Alwin, Hofer, 2011).

While there is no doubt that ageing is a condition affecting the state of health of a body, it is also recognized that the socio-cultural conditions can profoundly influence this process. Research in social science faces, therefore, a «growing

difficulty in defining a priori the physiognomy of the transition phases. In particular, it is increasingly difficult to correlate them with precise personal data<sup>7</sup>(Facchini, Rampazi 2006), leaving aside the other variables. Old age can, paradoxically, be beyond age and, to a certain extent, beyond health. It can be a phase characterized by a sense of completion and fulfillment, by a new desire for planning and a renewed search for meaning, or conversely, by fragmentation, loss of the self, loneliness and isolation, down to marginalization and social exclusion.

As noted above, there can be many factors affecting this process. Individual factors include characteristics such as the state of health and the degree of autonomy of the subject, but also her economic capital, the quality of her relational network, her subjective representation of being elderly. Social and contextual factors include the social perception of the Elderly, the provision of generic and targeted social and health services, accessible both to the wider public and to this specific group, the opportunities offered by the cities' urban-architectural features in terms of proximity, cultural development, leisure and socializing. These factors are not only strongly interconnected, but also interdependent, as they act onto each other in a circular way, thus influencing the life of the Elderly through their vicious or virtuous circles.

Undoubtedly, being elderly nowadays is a very different experience from that of even just twenty years ago, and it is still changing. The meaning of age is socially constructed (Settersen jr, Angel 2011), and age can be, paradoxically, transcended in terms of the way in which this condition is experienced. Elderly people perceive themselves in different, somehow, unprecedented ways, claiming for themselves a right to the city, to live it fully and to find in it the fulfillment not only of their needs, but also of their desires. In other words, by seeking the conditions and the possibility of a new range of experiences, they seek a different city (Lefebvre 1967), which does not exist yet, but could be the outcome of a different and shared urban project.

The Elderly become, therefore, increasingly important stakeholders of urban life, bearers of a social, political and economic demand, which is both complex and diversified – *orspecific*, to recall a term used by Wright Mills (1959) – ,and addresses, mainly, the city.

The definition of silver panthers, initially referred to the *young Elderly* in the United States, can now be extended to many elderly subjects, who experience their third age as "a time that is finally free to be filled with long unfulfilled desires" (Amendola 2016),and look for opportunities and spaces to live their new status.

Their desire to buy and consume is a clear example of their plans for a full life, for experiences leading to existential completeness. Their needs have been promptly recognized by the market, which capitalizes the high purchasing power, the great vitality and desire for experiences and sociability of the Elderly, addressing them with specific products' offers and services, specifically designed to meet their characteristics<sup>v</sup>.

### **From health to well-being. Building the city of the Elderly**

For some time now, the concept of health has been defined as "a state of complete physical, mental and social well-being, and not simply the absence of disease and infirmity" (WHO 1948). Yet, this representation has struggled to consolidate itself on a broader cultural and social level, meeting the resistance of some elderly subjects themselves. This conception, however, is gradually gaining ground and pushing territorial institutions, at all levels, to act as important stakeholders and give effective responses to new needs. In other words, the Elderly are breaking free from a vision that saw ageing as related only to health needs and the care of children and grandchildren. In contrast, the awareness is growing that their well-being exceeds health issues in the strict sense and involves life plans linked to cultural and social opportunities. If some authors almost exclusively refer to the demand for efficient health facilities and a social security system that prevents the living conditions of the Elderly from worsening<sup>vi</sup>, others raise more complex questions in relation to city life, which include, in addition to health needs, those of sociability, culture and leisure.

This new representation of the Elderly as active subjects is also evidenced by a widespread anti-ageing speech, in which expressions such as "old" and even "elderly" are replaced with terms that lessen the sense of "old" and highlight the possibility of a *successful ageing* (Settersen jr, Angel, 2011).

Furthermore, from this standpoint, health in its broadest sense appears as a social objective, an urban issue that must be the focus of a political reflection as well as of social, architectural and urban planning. A healthy and age-friendly city is not just one with efficient health facilities.

It must be able to promote the well-being of all citizens, especially the Elderly and the most vulnerable, whose quality of life depends to a greater extent on multiple urban features and its welfare. It can be helpful to see the theme of opportunities in relation to Ralf Dahrendorf's writings (1985), which concerned, however, the material conditions

created in the urban space. The characteristics of the city (Marra, 2017; Venturi, Scott Brown et al., 2018; Fattorini, 2019), the quality of its services and the opportunities it offers are essential factors to understand citizens' lifestyles and the way they change in response to their more or less explicit requests, in terms of services, sociality, consumption and experiences.

The growing presence of elderly people and their pressing and diversified demand for full citizenship has also pushed cities' governor towards different priorities: focusing on protected residential structures, albeit adapted to the new demands of these subjects; building *ad hoc* places, real single-generation cities located in regions with a mild climate and territorial services of good quality; making age-friendly interventions both on the level of private housing and, above all, in the public space. These choices come, essentially, from two different urban philosophies, although they can be often combined: in one case, specific places are designed and reserved for the Elderly outside the city, in the other, the cities are modified and regenerated to continue to accommodate the Elderly, in a way that is functional to their changed needs.

It has been mentioned before that one of the possible strategies is that of creating protected residences (the disturbing term of "rest home" has been re-placed with a variety of euphemisms that cannot, however, change the fundamentally medical, enclosed nature of the structure). This strategy has proven to be advantageous only for the high profits it is able to generate, while the overall social quality has been so poor that some countries, like France for example, have explicitly dismissed it. The main reason why other and more effective pathways are being pursued is, however, not so much the psychological stress caused to elderly people uprooted from their relational context, but rather, the economic cost of hospitalization.

Another mentioned strategy is that of single-generation cities. Here, the idea of a "second life" offered to residents is clearly visible in the architectural project.

In countries where the space for urbanization is still ample, there has been a special effort on designing the new context, not just in terms of new buildings, but also, in an ever-increasing number of cases, in terms of new communities. In the United States, where first pension plans and insurances sustained a high demand, heavy investments have been made in the so-called 'sun-belt' to build entire villages for the Elderly, defined as "senior citizens", in regions with a mild climate, from Florida to California or Arizona. France and Spain have moved in the same direction, attracting pensioners from other countries, like Germany, Great Britain and the Netherlands, to the Mediterranean coasts. The economies of some Mediterranean areas, like the Andalusian Costa del Sol and the Catalan Costa Brava, the French Riviera and the nearby Provence or the Ligurian Riviera, largely depend on the stable presence of entire communities of elderly people, who provide a constant flow of economic resources, even in the winter months. Japan, where the wealth of the over 50s population is enormous (70 per cent of the 1,400 trillion yen of private savings is in their hands), started in the same years a policy to reallocate its elderly people abroad, buying large plots of land in Australia to build new one-generation towns (Campbell 1992). The "sun belt strategy", based on a sort of registry zoning (territorial specialization not by function but by age), has many advantages, among these the possibility to design and build *ad hoc* houses to respond to the specific needs of elderly residents. What made this strategy successful was the opportunity, for the Elderly, to find in these purposely built villages not only a home, but a community.

Similarly, there is a distinctive feature in the European offer of housing in small villages to these new consumers of cities and communities. For example, places like Emilia Romagna, in Italy, provide the Elderly with the opportunity to recover the conditions of proximity within the city. Elderly subjects buy a house with the savings of a lifetime - their dream house - and expectations that are influenced by an identity, which is partly related to the previous working life, and partly to aspirations and desires. What they are, thus, buying is not just a tailor-made house, but also a tailor-made city and world, as suggested by the title of the recent volume *The Promise of Paradise. Recreational and Retirement Communities in United States since 1950*. These cities offer safety, eternal spring, intense social life, medical assistance, shopping opportunities; it is the perfect world described by the film *Cocoon*, where young people appear episodically, only as children and grandchildren or members of the large group of service staff.

### **The right to ageing in place. Building inclusive, healthy and age-friendly cities**

From a completely different perspective, the idea has also emerged of the right of elderly subjects to ageing in the place where they grew up and lived, thus counteracting the loss of social identity that can accompany the ageing by preserving relational networks.

The city renews itself to become the suitable place for its older citizens; both public and private places are being re-imagined to respond to specific changing needs of these subjects. Ageing in place is becoming, therefore, increasingly common as the objective of new both public and private housing policies, especially in Europe.

In the first place, it is essential to rethink the functionality of living spaces in view of the changed abilities and needs of the elderly person through modifications that allow her to remain in her own home and live in the best possible way, thus granting both the bond with one's home as a place of affection and, also, the network of social relationships deriving from it.

One of the most effective answers to this problem is the use of new discrete technologies, mainly digital, which make the home smart. The smart home is a home that, thanks to its performance features, can compensate, at least in routine activities, part of the motor, sensory and cognitive deficits of the Elderly, allowing them to live an autonomous and safe life in their own home. Nowadays, planning for the Elderly is a field in which the contribution of psychologists, sociologists and doctors is greatest alongside that of architects. The idea of "Design with user in mind", which attracted the world of architects in the 70s without practical results, seems to have finally found a first concrete application in the creation of a habitat for the Elderly designed around users' specific questions. Currently, high-tech companies are the most attentive to this market and most active in terms of research. A paradigmatic example is that of Intel, which has promoted, in collaboration with the American Association of Homes and Services for the Ageing (AAHSA), the Center for Ageing Services Technologies (CAST), whose goal is to develop awareness and technologies for services to the Elderly<sup>vii</sup>.

There are complex and interesting examples of a design model based on the creative and dedicated application of widely available technologies. The experiments conducted in Bagnolet and Marseille, France, with self-managed TV control systems - the so-called *coveillance* - showed that the requests for security interventions coming from Elderly living alone in the neighborhood were driven more by a socialization deficit than a real danger. In these cases, the number of calls for police interventions coming from the Elderly was a reliable indicator of the perceived sense of insecurity, which decreased only thanks to a remote surveillance system that allowed the residents not only to control their own territory directly and without intermediaries, but also to interact with each other, for example, to talk about the images caught on the cameras. Thus, thanks to the existing broadband cabling of the building, it was possible to establish an effective network of neighborhood relationships.

An interesting line of action, in many respects complementary to the design and technological one, aims to strengthen the Elderly's ties with the family and the peer group. In this sense, the building regulations of many US cities are being modified to allow house extensions, even when in derogation to current regulations, to accommodate an elderly family member who returns to live with their children. In Europe, work is underway on the so-called intergenerational dwelling. The French "Maisons intergénérationnelles" are modular expansion homes that can adapt to different stages and life cycles, from the formation of the domestic unit (the home for the young couple) to the return home for the old parent. The first results of these experiments seem positive<sup>viii</sup>.

Other important forms of housing include cohousing<sup>ix</sup> and the new house blocks built on the model of *beguinage* (in Dutch, *begijnhof*). This latter refers to the autonomous community of *beguines*<sup>x</sup>, who lived in a group of integrated buildings, typical of Northern Europe, usually built around a tree-lined courtyard, and including not only the domestic and monastic structures, but also the laboratories used by the community and an infirmary.

In this case, the city becomes a physical and symbolic frame of experience in which the life quality designed especially, but not only, for the Elderly can take shape. A wider urban and social dimension can enrich the understanding of the right to housing as a right to a quality habitat that fully supports the Elderly as citizens of inclusive, healthy and age-friendly city.

The focus of the housing policy shifts, therefore, from individual choices and lifestyles to the provision of city structures, infrastructures and services, measured by two fundamental principles: social justice and territorial democracy.

The first principle brings to the fore again the issue of public space and its essential role in offering opportunities for socializing especially to those whose economic status prevents them to pay for cultural or social events.

While higher income subjects can, in fact, join several clubs, attend theaters and cinemas, go on cruises and trips, for all the others the city is the only option. For the lower income subjects, the access to quality public services is the only way to have their right to a quality life granted and, thus, to see their demand, not always explicit, for cultural, leisure and socialization opportunities, satisfied.

On the other hand, the second principle regarding the right to live in quality urban spaces concerns the provision of services and opportunities regardless of the specific city portion in which one lives. The limit to overcome, here, is that of a segmentation of the city into privileged and quality areas, from one side – generally the city center or centers with a

high offer of territorial services –, and deprived areas (generally the suburbs), from the other side, whose residents are forced to travel to those services or give them up.

When not shaped after these two principles, the urban policies run the risk of failing to meet conditions of urban well-being, and the city itself will, then, appear as a problematic environment, especially for elderly citizens who, paradoxically, are considered as a marginal group despite their growing number. An age-friendly city is one in which the very close link must be recognized between physical health and an active, quality life based on relational well-being and socio-cultural opportunities. This is, also, necessary to counteract the risk of isolation of the Elderly. A reflection on the “city of proximity” appears, therefore, particularly useful, eventually to go beyond the European model of the “15 minutes” cities – more focused on services – and support an account of social proximity embodied by places of sociality, structured meeting opportunities, a safe quality space.

A healthy city is not only made of functional houses, but indeed of public space, including streets, squares, gardens, entire districts, which are re-designed from a social, architectural and urban perspective to ensure elderly people the possibility of an active ageing. In response to the fundamental demand for socialization, the choice of creating protected, accessible and equipped spaces<sup>xi</sup>, in a way that is suitable for the specific needs of this type of citizens, is particularly interesting. An example, in this sense, is the temporary park created in the poor suburbs of some large American cities, such as Boston and Baltimore, and entrusted to neighborhood groups with the aim of stopping the vicious circles of urban decay by acting positively on the image of the neighborhood. These parks are, in fact, important spaces of socialization, in particular for the Elderly, who find an active role in the community and opportunities for socialization, including intergenerational ones, by taking care of flower beds and gardens. This is the reason why these parks are often called ‘silver temporary parks’ (Amendola 2016).

For public spaces to be lived-in places, basic interventions are also important. These must ensure the walkability of streets and spaces, not only in central areas of the city, both to allow the Elderly to go out, rather than being “prisoners” of their homes, and to facilitate meeting opportunities, thus strengthening social relations in the neighborhood (Slughter Brown 2017).

Within this re-designing of public space, the opportunities offered by the notion of ‘third space’<sup>xii</sup> (Carrera 2015; 2020) can be important, for the Elderly as well as for other socially weak categories. The third spaces take shape in a plurality of minute, almost interstitial, built or regenerated places scattered around the city, which point to a range of possibilities for encounter and social inclusion, even for the Elderly<sup>xiii</sup>.

These apparently minimal and almost interstitial interventions are virtuous examples of urban acupuncture<sup>xiv</sup>, that is, low costs measures spread all over the territory, with a potentially great impact in terms of life quality and citizens’ well-being, especially for those attached to their place of residence, like older people.

To ensure the usability of those spaces, it is important to have in place safety policies able to act not only on the dangerousness of public spaces, but also on the perception that subjects have of it. Fear, indeed, is a feeling that strongly affects the public perception of the city and prevents people from choosing to dwell in public spaces. Cities’ inhabitants, especially the most vulnerable, such as women, children and, in fact, the Elderly, feel at risk, and their daily life is marked by a constant feeling of danger that leads them to lock up their homes and leave them only under certain conditions. Since fear is widespread and liquid (Bauman 2005; 2008), perceived insecurity is high. The geography of fear ends up re-defining the city’s borders and paths, thus limiting the experience that could be achieved in it.

We can now see the reasons why it is possible to argue that the right to the city is being denied, as it entails the right both to participate in the planning of urban space and to make full use of the city, starting from its public spaces (Lefebvre 1967). The increased demand for security has to be read, therefore, as an increased demand for an experience of the city without limits of time, place, gender and age.

## Conclusion

The quality of life, especially for senior citizens, has been profoundly affected by several changes, among these are the dispersion of increasingly nuclear families, the crisis of traditional communities and neighborhood networks, especially in large urban centers, the design of urban structure mostly for vehicular mobility, the gentrification, in some countries, of historic centers<sup>xv</sup>.

Urban welfare, traditionally conceived to respond to the needs and requirements of these subjects, is being challenged in a way that is hard to address. This is a dangerous limit to the recognition of the very close link between physical health and quality of life, mentioned before. Reflecting on the characteristics of the urban habitat (Marson 1996; Venturi,

Brown 2018; Fattorini 2019) becomes a central point in understanding the processes of change and the Elderly's lifestyles. These can only take shape in a city, which is able to meet the requests addressed, more or less explicitly, to it as a provider of services, a field of sociality, a space of consumption and experiences.

The objective to be gradually achieved, and not to be taken for granted, as in the trap of the design determinism<sup>xvi</sup> (Gans 1968), is to build a high-quality urban habitat. This starts with shared spaces that offer opportunities for prolonged encounters and can, progressively, acquire meaning for residents and visitors, in other words, become places for the experience of a shared identity. A strong research effort and financial investment is needed in systemic and multi-perspective visions, which focus on the setting and offer of what can be defined *local collectives competitive goods* (Crouch, Le Gales, Trigilia, Voelzkow, 2001). These types of goods can become real assets to increase the quality of the territory and the citizens' social, economic and political life, beyond the narrow economic logic of attracting investments and businesses through effective territorial marketing strategies.

Even with respect to the goal of building a healthy and age-friendly city, it is necessary to encourage gentle and responsible logics of intervention<sup>xvii</sup>. These must be able to set up virtuous processes, with a gradual impact and an underlying prospective vision of the directions of change, of the importance to invest in citizens' learning ability and responsibility (Belli 2014). These are interventions that aim at laying down roots to build the permanent conditions for a truly smart<sup>xviii</sup> and inclusive city.

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<sup>i</sup>It has been estimated that in 2050 the over-60s will exceed, internationally, 2 billion of people, against the current 900 million, and will be concentrated mainly in the north of the world. The number of people aged 80 and over will triple from 126,500,000 in 2015 to 446,600,000 in 2050. Over the next 35 years, in some Asian countries, such as Japan, which is already among the oldest, and in Latin America, the percentage of over 80s could quadruple.

<sup>ii</sup> In all EU-27 member states, the highest share of young people in the total population in 2019 was that of in Ireland (20.5%), France (18.0%) Sweden (17.8%), while the lowest shares were recorded in Italy (13.2%), Germany (13.6%), Malta and Portugal (both 13.7%). the highest shares of people aged 65 or over within the total population were those of Italy (22.8%), Greece (22.0%), Portugal and Finland (both 21.8%), while Ireland (14.1%) and Luxembourg (14.4%) had the lowest shares (Eurostat 2020).

<sup>iii</sup> In the near future, the majority of the world population will be concentrated in cities: according to Unicef, in 2030 the urban population will make up about 60% of the whole population, in 2050 the figure could be around 70%. All the urbanization indexes, despite geographical differences, will rise up to around 86% in the more industrialized regions and 66% in the less ones.

<sup>iv</sup>The expression "young elderly" refers to the age group 65-74, the notion of "elderly" is used for the age group 75-84, and that of "old elderly" for those aged 85 and over.

<sup>v</sup>Products designed to compensate the 'sagging' of the body, such as dental and hearing prostheses, protein energizers, mobility aids, and so on, are to be seen as responding to a deep desire of vitality, rather than as the sign of fragility.

<sup>vi</sup>Duane Alwin (2011) argues that within the elderly population the number of people with disabilities and needs is significantly increasing. Thus, people live longer, but this life is often accompanied by chronic diseases and disabilities, a scenario that had already led Vanpel and Jasin to talk about *failure of success* (1985).

<sup>vii</sup>Intel is one of the most active companies in research aimed at creating a tailor-made smart home for the Elderly through the use of new technologies. They do this both directly through their research centers in Berkeley, Seattle and, above all, the state-of-the-art Proactive Health Lab, and through the network of universities funded by the Research Council of the same corporation.

<sup>viii</sup>Maybe inspired by the long house of the Iroquois, the multi-generational house is designed to accommodate, in a manner appropriate to her needs, even the elderly parent who would like to enjoy, thanks to a series of design solutions, both contact with the family and autonomy.

<sup>ix</sup> In Rome, for example, co-housing has been practiced for some time as the sharing of an apartment between economically disadvantaged people. Under the supervision of the Community of Sant'Egidio, six elderly people can find themselves under the same roof to share the costs and maintenance of an apartment provided by the community. In Milan, the Province and the association 'Meglio Milano' promoted the initiative "Take a student at home": thanks to

this idea, young students looking for low-cost accommodation and lone elderly people have the opportunity to share a flat and its expenses.

<sup>x</sup> These are lay brotherhoods founded by Catholic women mostly in the 13<sup>th</sup> century in Northern Europe, and particularly in the Netherlands.

<sup>xi</sup> Alongside a greater offer of green spaces, it is essential to structure these spaces differently - e.g., benches facing each other to facilitate conversation and play tables, easy paths, accessible toilets are among the things that attract the Elderly.

<sup>xii</sup> The notion of third space should not be understood beyond the antimony between *agorà* and *oikos*, as it remains a public space. However, it points to a third option because of its specific physical, practical, symbolic and cultural features. These urban spaces become places full of meaning, and with a shared sense of belonging, when they start to have a meaning for those who live in and experience them.

<sup>xiii</sup> Edward Soja draws upon Bhabha's (1990; 2001) reflections on the spaces of symbolic representation to re-conceptualize the concept of Third Space as one of the key features of postmodern culture. It refers to a horizon of new, somehow liminal, interstitial spaces that allow the construction and deconstruction of radical changes and creative responses to changes occurring into or involving the urban space (Soja 1996; 2007).

<sup>xiv</sup> The so-called "urban acupuncture", born in the Scandinavian countries, has spread incredibly fast all over the world, especially in large cities. These are small-scale and low-cost urban-architectural interventions concerning public spaces that can improve the urban areas with more livability, functionality and beauty, and encourage similar actions throughout the city (Galdini 2017). These can be painting exhibitions, outdoor concerts and cinemas, vegetable gardens or temporary gardens, different kinds of cultural experiences, events with children, craft markets. Some authors also connect acupuncture to tactical urbanism, and put this in contrast with the usual, bombastic strategic urbanism or DIY urbanism ("Do It Yourself"), without waiting for top-down interventions.

<sup>xv</sup> In historic centers, gentrification as well as urban planning restrictions and architectural constraints accelerate the processes of expulsion of the Elderly, whereby the old inhabitants are replaced by a population, which not only has greater purchasing power, but also different urban needs and practices, often incompatible with those of the Elderly. Just consider the almost impossible task of building elevators in the narrow vertical houses of Italian medieval historic centers, due to the inaccessibility of domestic spaces, resulting in the house to be abandoned by elderly people, who are no longer able to go up the steep stairs, since staying would mean to be trapped, to give up social life (Amendola 2010).

<sup>xvi</sup> This points to the necessarily dialectical and non-deterministic relationship between the potential space outlined within the project and its translation into actual space, which takes shape through the choices and logics of the use inhabitants make of the place. "Between the physical environment and empirically observable human behavior, there is a social system and a set of cultural norms that define and evaluate portions of the physical environment relevant to the lives of the people involved and structure how people will use (and will react to) this environment in daily life. (...) the objective environment must be perceived subjectively before it influences behavior" (Gans, 1968).

<sup>xvii</sup> A collection of good practices. First edition. European Innovation Partnership on Active and Healthy Aging", European Committee, 2013. The Action Group "Innovation for Age-Friendly Buildings, Cities and Environments" worked at innovative solutions to develop more age-appropriate environments and promote an active and healthy life. The multidisciplinary team is working at regional and local level, as well as with the EU, to support integrated approaches to urban design, housing, business services and explore new ways to promote active and healthy aging. The action group brings together regional and local authorities from across the EU, European NGOs, technology providers, universities, research and centers, SMEs and other stakeholders.

<sup>xviii</sup> The concept of a 'smart city' refers, here, to Ben Green's book "The Smart Enough City" (2019), published by MIT Press, the Institute of the University of Boston universally considered as the greatest producer of technological innovations. Green highlights the limits of the hopes created by the smart city and relates its partial failure to a definition of "smart" which emphasizes and overestimates the importance of technology.

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