Monographic Section

Re-Locating to Intermediate Housing + Old Age Care Structures in Italy

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Abstract. In a context of huge and fast-ageing population, in Italy and in particular in Lombardy, policy makers are trying to enlarge "housing plus care" alternatives to which elderly people can turn to before being in need of complex care and eventually moving to a nursing home, in a country were caring needs are normally coped with through informal assistance given at home by family members and, increasingly, by migrant personal assistants. The article discusses the rationale of re-locating in old age to these "light" residential solutions and presents the findings of 101 face-to-face interviews with elderly persons who already moved into them in Lombardy. The main research question addressed here is to what extent people feel "in place" in these new habitats, and which are the aspects that enrich lives in old age in these new settings.

Keywords. Italian care and housing regimes; residential solutions; supported living; place making.

OLD AGE PUBLIC POLICIES IN ITALY AND THE RATIONALE OF NEW FORMS OF SUPPORTED LIVING FOR THE ELDERLY

Italy is one of the oldest countries in Europe (and in the world) and its elderly population is growing sharply (as described further on). Despite this demographic profile, policies aiming at coping with ageing consequences, specifically care plus housing needs in old age, remain quite underdeveloped (Costa 2013a; 2013b; Tacchi 2005). The scarcity of public services such as homecare and residential facilities feeds back into the traditional Italian "care responsibility culture" (Titmuss 1974), whereby it becomes very difficult for family members to opt out of caring (Costa, 2007; Lewis, 1993). An "implicit familialism" (Saraceno 2010) is in place because the welfare system assigns significant caring responsibilities to families: the State intervenes only in limited or urgent cases and this holds valid for older adult support. Residential care homes are not spread all over the country, cover only 2.2 percent of the population of 65+ (see Table 1, below), are strongly

medically-oriented and are targeted at the most dependent elders (Costa 2013a). They are considered nowadays as a "last option" to be used when all other arrangements are exhausted (Da Roit 2007; Costa 2007). Home care services are quite modest in terms of target population coverage (see again Table 1, below); they are fragmented and frequently organized to provide only a few hours per week assistance.

Families' possibility and willingness to care are, however, crucial in the Italian welfare system when old age needs come to the fore (Costa 2007; 2003). Housing arrangements are, in this context, decisive. Italy can be described as a "property-led housing regime country": more than 75 percent of households are homeowners; care and housing are, more than in other contexts, intertwined. Co-residence between parents and adult children is certainly less common than in the past as a way to share family resources, be they housing, income, and care- among family members (Poggio 2010), but empirical evidence shows that even if elders tend to live autonomously till the end of their lives, they receive help from their children on a daily or very frequent basis thanks to housing proximity, an arrangement that Cioni (1999) called "intimacy by distance". They live in different dwellings but close enough to help and be helped.

Table 1 - Take up rates of different LTC services

% of over 65 receiving:	Italy
- Social Home care (2013)	1.2
- Health Home care (2013)	4.8
- Residential care in nursing homes (2014)	2.2
- Dependency allowance (for severe dep.)	11.5
- Personal assistants	Estimated at 10%

Notes: 1) the figures of social home care (run by local authorities) and nursing home care (run by the NHS) cannot be simply added together because they partially refer to the same beneficiaries; 2) all the data related to long term care needs and welfare provisions have not been updated in official statistics.
Source: Barbabella *et alii* (2017).

In the last two decades, Italian families have been widely supported by migrants that work as personal assistants recruited in the private market, commonly called "badanti". They are mainly women coming from less developed countries to care for elderly people in a co-residential regime. The spread and diffusion of this solution is the only innovative element of the inertial Italian care regime in the last years (Costa 2013a); the take up rate of this solution is around 10 percent in the population of 65+ (Costa 2013b). The growth of this private market is due to many different factors: the availability of a large immigrant female labour force and its social legitimation (Cordini and Ranci 2017), the scarcity of public personal care services, the traditional preference for caring at home, the will of elderly people to stay in their original homes as long as possible[1], the increase in female employment rate in the country (meaning fewer familial carers available) and, finally, the availability of an adequate income amid a significant proportion of the current generation of Italian pensioners (Da Roit 2007; Spanò 2006). The big "success" of migrant personal assistants in Italian welfare is also connected to the fact that most elders own their homes and have some space to host a personal assistant who works almost on a full-time basis; the personal assistants gain by being provided with shelter (a home to live in) and do not need to spend money on rent, at least in the first phase of their migration experience (Costa 2013a; 2013b).

Some phenomena are threatening the afore-described status quo, pushing for solutions that couple housing with care activities: First of all, the numbers of elders are growing faster. According to Istat (2017), the 65+ population is the 22 percent of total population, a value that grew by 38 percent in the last 20 years and almost doubled in less than fifty years. More and more elderly people have to take care of their partners until a very old age. As a second problematic aspect, it is important to note that the caring capacity of families is shrinking. Even if families are "still

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[1] In line with the existing extensive academic literature and empirical evidence from all over the world, see for example Gilleard *et alii* (2012) and De Decker *et alii* (2012).

there", caring activities have clearly decreased in quantity (Istat 2011; 2017). Limitations are due mainly to the diminished available time of women who have entered the labour market in large numbers, and to the reduced number of potential caregivers in the family network (Costa 2013a). Moreover, it is increasingly difficult to guarantee that family caregivers can support their elderly members in need of care thanks to the fact that they live near each other. Proximity cannot be taken for granted due to the relative viscosity of the real estate market (Costa *et alii* 2006). The third element that threatens the status quo relates to the rising costs of care. Long-term care needs have been identified as the second cause of households' impoverishment after unemployment (Centre for Economic and International Studies 2009) in Italy, not only because of out-of-pocket spending (to buy private services or to co-pay for public ones), but also due to costly family re-arrangements to cater for care needs. Co-payments in nursing homes are very high and less affordable to older adults as well as to their families who are, in the Italian system, obliged to economically assist their relatives. Furthermore, the "private way" to caring needs could prove no longer sustainable now and in the future.

In Italy, intermediate residential solutions have been developed much less than in other countries: the elderly in Italy resettle quite rarely in new or adapted homes, residences or supported living facilities, because there are very few such options available and they are rarely part of the formal publicly-funded services provision. They frequently stay in their homes even if they are no longer appropriate for their needs, in a context of persisting scarcity of in-kind public services able to support their "ageing in place" (Houben 2001), because of a general low residential mobility culture and the support provided by the informal networks in case of loss of autonomy. But all the aforementioned factors have urged (at least in some parts of the country) a reflection on how to design policies that are able to pluralize the forms of living – staying neither in original homes alone or with a private personal assistant, nor in nursing homes- for those who are getting older, and how to cope with multiple needs that arise with age, be they personal care, health care, housing support and so on. More in general, if relocation and "to move or not to move" strategies and policies are part of the aging in place debate around the world (Oswald and Rowles 2006), in Italy this issue is incipient even if it is entering the public (and research) agenda.

All the above mentioned factors draw some attention towards the development of alternative residential solutions for those who are in old age and do not need intensive care but need some degree of support, be they single or with their partner. The existing gap in services provision, as well as budget constraints and needs pressures, are factors urging innovation in this field, bridging traditionally separated policy areas such as care and housing. One possible way to innovate in that direction is pluralizing elderly's ways of living, developing new habitats that overcome the dichotomy of living alone at home or being placed in a nursing home. These solutions

> can also integrate health services, but their primary objective is to guard the delicate border between independence and personal care. This border is protected by combining housing with personalized levels of personal assistance and health care. The focus is on everyday life and the target consists in fully or partially independent seniors, who, in order to maintain their independence, may need proportionate help in the three dimensions: life organization, supervision, limited assistance. (Giunco 2014: 31)

As a matter of fact, in many western countries different models of supported housing have grown enormously, in some cases surpassing the endowment of traditional forms of residential care (Wilson 2007). These forms have been developed to

> guarantee the necessary protection for frail or vulnerable elders with residual autonomies, well integrated with traditional home care services, capable of enhancing private care work and containing inappropriate recourse to hospitalization or institutionalization. (Guaita and Trabucchi 2017: 141)

Giunco (2014), tracing the history of housing + care solutions around the world, points out that the terminology used to refer to them is very confused and that models are hardly comparable. He explains that in the 90's, the difference between "independent life" and "assisted life" became more solid in the literature and that distinction in elderly needs has been translated into the introduction in 2010 of the definitions of "independent living" and "independent living facilities" (Wilson 2007). They refer to housing or community accommodation oriented to value independence and self-determination.

LIGHT HOUSING + CARE SOLUTIONS FOR THE ELDERLY IN LOMBARDY

Given the outlined national panorama, my focus now will be on part of the findings of a research project called *Abitare Leggero* (*Light Living*) in which I took part as a researcher in 2013-2015, financed by Fondazione Cariplo[2] and led by Fondazione Housing Sociale and by Cooperativa Sociale La Meridiana, two organizations that are trying to innovate housing-plus-care for the elderly solutions. This project explored the existing "light" solutions for the elderly in Lombardy and analysed how and why new initiatives are spreading, for whom, in which context, and responding to which needs. Its aim was also to inform and orient regional policy makers to enrich, re-organize and extend services in kind for the elderly. The research has been done at a moment when Regional authorities were looking for more appropriate and less costly solutions for the aged unable or unwilling to living in their original homes, but not dependent enough to be inserted in nursing homes, which are, in any case, too expensive (for the public welfare, and for users and their families through co-payments).

Lombardy elderly services infrastructure, albeit much more developed than in most of the other Italian regions, is still quite traditional and modest in terms of take up rates (see Table 1, above). In addition, those that access the services are mainly very old people with severe disabilities. In the last 10 years, many elderly non-standard residential facilities have been created to cope with existing needs unfulfilled by the existing services. According to a mapping done in 2008 and to the findings of the *Light Living* project, light solutions have spread to some extent in Lombardy outside proper regulation and without incentives designed to support them. As observed in other countries and in other research projects (van Blised and Hamers 2008; Börsch-Supan *et alii* 2005; Wilson 2007; Predazzi and Vercauteren 2001), in Lombardy there is a wide terminology to refer to these "alternative" residential solutions as well as a high fragmentation in their structures and management models, costs and insertion in the services net[3]. Currently, the only housing + care solutions for elderly people recognized and regulated by the Region[4], are the so-called "alloggi protetti" (literally "protected dwellings", instituted in 2008) and the "comunità alloggio sociale per anziani" (literally "community social dwelling for elder people", instituted in 2018), for which standards have been defined. There are no clear estimations about their absolute number, as they have not been fully surveyed yet (Guaita and Trabucchi 2017).

The *Light Living* project started with a recognition and an analysis of the international literature on housing + care experiences and models adopted in different parts of the globe, mostly in Europe, Canada and the United States, in search of solutions that could fit the Lombardy context and for elements that could be useful for local planning and local policies. It then proceeded with the realization of 4 focus groups with managers of existing non-standard residential solutions, academics, architects and professional consultants, to grasp some crucial aspects of the functioning of residential solutions, their genesis, their initiators, their ordinary activities, problems and criticisms, as well as their positioning in local contexts and services. Afterwards, 52 existing non-standard housing solutions spread in 9 Lombardy provinces have been analysed in terms of their adopted archi-

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[2] Fondazione Cariplo is the largest Italian Foundation. It derives from the 1991 law that defined a specific model for foundations with a bank origin. It is one of the most important actors in the regional policy-making supporting social innovations in the field of personal services. The principal investigator of the project was Fabrizio Giunco.

[3] The denominations (title of the service or of the structure) given to the light housing + care facilities mapped within the project are more than 40: "mini-alloggi protetti" (protected mini lodging), "Casa famiglia" (Family house), "Comunità alloggio" (Lodging community), "Casa di accoglienza" (Hosting home), "Appartamenti in condivisione" (Shared apartments), "Centro polifunzionale" (Multi-function Center), "Alloggio" (Lodging), "Mini residence", "Residenza per anziani" (Elderly residence), "Appartamenti con servizi" (Apartments with services), "Casa" (Home), "Complesso residenziale" (Residential compound), "Campus", "Cantous", "Istituto" (Institute), "Alloggio protetto" (Protected lodging), "Monolocali" (Studios), "Residenza protetta" (protected residence), "Centro socio-residenziale" (Socio-residential centre), "Hotel", and others still (for the whole description, see Giunco 2014). The project mapped very different-sized structures, from small solutions for 5 to 6 residents, to rather large ones with 80 to 120 guests. In the latter, the degree of personalization is quite modest and the hospitality offered is pretty similar to that proposed by traditional nursing homes. Among the studied solutions, the more frequent arrangement sees the aggregation of no more than 20 places/beds supported by a light organization model, well integrated in the wider environment and community.

[4] In Italy, Regions are responsible for regulating all the services for the elderly.

tectural and design principles, their economic performance, their organizational choices and so on. About 300 residents have been assessed through their medical records using a multi-dimensional assessment tool (see Giunco 2014) in order to verify the appropriateness of their actual housing arrangement. The last research step, on whose findings this paper is focused, consisted in the realization of 101 face-to-face interviews to residents of 19 existing light housing + care solutions using a semi-structured questionnaire and "in place" observation techniques, as will be explained further on.

In order to simplify the analysis and be able to suggest to regional legislators a coherent (and comprehensible) typology, the intermediate structures mapped in the project have been classified as "housing-based" or "community-based". This typology, even if very simplified, is consistent with what we can find in the international literature (Wilson 2007) and with the distinction between the so-called "independent living facilities" and "assisted living facilities" mentioned before. Settings where elderly people were living in an apartment have been attributed to the "housing based" category, those where residents were lodged in single rooms or in rooms with two beds, have been labelled as "community-based". Normally, different organizational models characterize them. In "housing-based" solutions, the resident lives in a flat located in a compound. Residents pay a fee (not a rent) that normally includes shelter and basic services, such as concierge service, 24 hours phone availability and cleaning of common areas, which can be upgraded with domestic work within the unit, transportation or other personal services (such as physiotherapy). Flats may be customized, are free of architectural barriers, and often have a fully equipped kitchen or kitchenette. "Community-based" facilities offer, instead, professional personal services (personal hygiene, moving around, transfer from bed to chair) on a regular basis. Meals are provided by the structure itself and are served to all the guests normally at the same time; room cleaning is under the responsibility of the structure. In both housing and community-based arrangements, residents are at least potentially attended to by primary public care services, social and health public homecare as well by general practitioners (normally the same for all the residents living in the same facility) (Giunco 2014).

A QUALITATIVE RESEARCH: RELOCATION, LIVING, AGEING (AND DYING) IN A LIGHT HOUSING + CARE STRUCTURE

Face-to-face interviews aimed at understanding how people already re-settled in old age live after this decision, how they lived before, who took the decision to relocate, to what extent relocation is considered an important event and which meanings are associated to it, which is the role of families in supporting those who moved, as well as the importance of "place making" (Marcus 2005) in these new housing arrangements. The main research question of this part of the *Light Living* project concerned the extent to which people "feel in place" in these new habitats and which are the aspects connected with it, which are the aspects that enrich lives in old age after relocation.

Interviews have been conducted with a mixed questionnaire composed by a semi-structured part, narrative windows to permit the expression of leanings, opinions, feelings and thoughts, an observation grid, and a page for free and personal comments provided by the interviewers[5]. It allowed «depth to be achieved by providing the opportunity on the part of the interviewer to probe and expand the interviewee's responses» (Rubin, Rubin 2005: 88) and capture non-verbal cues like body language, emotions and, above all, the level of possible discomfort with the proposed questions. Behavioural and physical aspects have been traced by interviewers (the three of them were females in their forties or fifties to better put the elderly at ease), such as the general mood of the elderly or the level of space personalization. Interviewers were trained by me to deal with fragile elders and to try to mitigate what we know from Hammersley and Gomm (2008: 100)

> What people say in an interview will indeed be shaped, to some degree, by the questions they are asked; the conventions about what can be spoken about; [...] by what time they think the interviewer wants; by what they believe he/she would approve or disapprove of.

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[5] I designed the research tools of this part of the project and I tested the interview questionnaire before starting the fieldwork.

The interviews mean duration has been 55 minutes; when possible, they were recorded. Interviews have been made in natural settings, that is, where the elderly lived on a long-term or on a short-term basis. They have been interviewed in the places where they moved to, some of them many years ago, others just a few months before being interviewed. They have been recruited with the support of the managers of the single structures who explained them the aim of the research and the role of researchers in order not to generate ambiguous expectations. Among the 101 interviewees, 39 were hosted in "housing-based" and 62 in "community-based" structures. This imbalance is related to the fact that our aim was to equally represent the two typologies of housing solutions, pluralizing the physical settings and their geographical location. Participants resided in 19 different light structures. The elderly were quite heterogeneous in terms of age, educational level, status, and paths to relocation; in the content analysis of all the qualitative material gathered during the fieldwork, I tried to look for divergences and convergences in their accounts using also some findings of the quantitative parts of the data.

MOVING - THE PAST

In "housing-based" facilities the hosted elders were aged 77 in average when interviewed, and were 74 when relocated. They were often lonely or had a poor family network, they had a very low educational level, and had low incomes. Most of them lived on modest pension benefits, had a long history of uncomfortable and precarious housing, and quite seldom have been homeowners (just 5 percent). A consistent number of interviewees used to live in inadequate apartments (in terms of size or features) and/or in disadvantaged neighbourhoods. Few of them have experienced very critical situations like homelessness (due to a separation or to a prolonged lack of occupation and income). Residents were normally in search of security, social engagement and comfort against their loneliness. The functional evaluation of those living in housing-based facilities showed that most of them were affected by a surging (or increasing) fragility. Before moving to their actual residential solution, they managed their care needs with no help in 50 percent of cases, the other half with the help of their children or other relatives, or more rarely, with the support of a personal assistant. The role of public services (homecare services and general practitioner assistance) was quite modest. The decision to move was for them mainly a personal choice or one advised by local social services; it was quite seldom the result of family members' pressure or decision.

Those living in "community-based" structures showed a different profile. The average relocation age was higher, about 83 years old (87 years old at the time of interviews). Also for them the family network is quite rarefied. In most cases, they were homeowners and still owned a dwelling. One third of these residents decided to move because of their family demands, holidays or caregivers respite for those who were hosted on a temporary basis, and family conflicts due to overburdened caregivers for those who moved on a long-term basis. In many cases, the new arrangements have been made in an attempt to lighten their children[6]:

> I came here for my daughter's quiet life. My son-in-law is a bit violent, I lived with them in recent years, after the death of my husband. My stay created problems and I then preferred to leave. Now they are better and I'm fine here... Of course, if my daughter would remain a widow I would gladly go back to live with her... (F 90)

> My children love me very much, but I prefer to leave them free. (F 92)

The incidence of disability or chronic illnesses is twice among these residents than among those who live in independent living facilities. Housing problems are however strictly connected to impairments; their own dwelling no longer ensured security in case of falls, problems of mobility, fear of personal accidents or sudden illness with no mean of calling for help. For this reason, relocation has been decided in three cases out of four with or by children, relatives or volunteers. In most cases, respondents did not know or had only heard about the structure into which they moved, there were no trial periods, and no other alternatives have been looked for. The placement has

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[6] Interview quotations report the codified gender (M = male, F = female) and age of the interviewed person.

been accepted. Prior knowledge of the context in which the person would move to has been, however, an element that reassured the process of leaving home. As a matter of fact, building familiarity (Peled and Schwartz 1999) increased the chances of good adaptation by the elderly to the new environment.

What did it mean to leave the home of origin, sometimes the one where many years of one's existence were spent? The interviews returned very varied visions. For those who have lived in several places before moving, the impact seems to have been less harsh, in line with what has been highlighted by the literature (Rowles and Watkins 2003). The vast majority of respondents, in both typologies of structures and regardless of when they move, declared that the most difficult aspect was to adapt to narrower spaces, to a tiny apartment or to a room, where it is difficult to invite friends of family members with privacy.

STAYING - THE PRESENT

Even if most of the respondents had a small family network, its members continued to take care of them or be present after relocation, renewing the aforementioned typical Italian way of caring, "intimacy within distance" (Cioni 1999): Family members participate in daily routines, sometimes stay all day long with their elders, give support and assure their presence for day-to-day activities (shopping, eating together, etc.) in a familiar atmosphere. Family members do not withdraw when their elders move to a light, intermediate structure. On the contrary, they are more present and no crowding out effects occur. The vast majority of respondents say that they are more helped after re-settling than before, because they can count on a wider mix of helpers. Most of them report negative experiences they had with migrant personal assistants who supported them before moving; mainly difficulties faced due to too close a co-habitation with them.

How do old people live in these residential solutions? Are the passing of time and adaptations important to characterize their experience? In this sense, we did not try to measure residents' general satisfaction level. Rather, we posed questions about which specific services were useful in the new setting and, following the international literature that addresses the move from ordinary dwellings to nursing homes in old age (Fay and Owen 2012; Schillmeier and Heinlein 2009), whether or not such aspects as safety, privacy, place-making, feeling at home[7], were applicable from their point of view.

More than 95 percent of participants declared that "they feel well" where they are now, and expression that recurs in all the narratives and is not, in my opinion, related to compliance effects. This feeling is directly associated with the sensation of "feeling safe" for 90 percent of the respondents, the most frequent quality category pointed out among participants when asked about what they value in the relocation settings, without any distinction between the two groups. In general terms, questions about security and support have being answered with rather detailed opinions. Safety and support/protection perceptions are attributed to the possibility of being able to count on a reliable and gentle staff, on available phones at hand in order to ask for help in case of need, but mostly to a warm environment that creates, using frequent spoken words during our research, a kind of "protected freedom":

I feel secure over here, I'm afraid of the dark but I feel secure because I'm not alone when I go to bed... I feel protected, somebody always helps me if I'm ill. (F 92)

You never feel alone, even inside your apartment. (M 81)

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[7] It is important to notice that in Italian the word "casa" means both home and house/dwelling which makes it somewhat difficult to grasp all the nuances that are related to this fundamental distinction (Mallett 2004). In the words of Paolo Boccagni (2017: 4-5), «by way of definition, home should first of all be distinguished from dwelling and house. [...] home can hardly be applied as a simple marker of a place, without entailing some judgement or emotional reaction to it. And, contrary to house or dwelling, it does not necessarily evoke rootedness. Rather, it refers to a set of social practices, values and symbols that, while setting-specific, can be transferred and reproduced into different settings over time». Specific questions have been posed to understand it from the interviewees' viewpoint.

You are helped even when you don't ask for help. (F 83)

I don't have to worry if someone worries about me. (F 90)

Just few relocated elders in community-based structures openly declared that they did not want to stay where they were, due to the fact that they were obliged to move by their children or because they were away from their previous territorial context:

I don't want to stay here but my children brought me as I could no longer walk. I would like to see my home again... but I know that I will die here ...
I would not come here but in Milan there are no structures like this one! My son brought me saying that the air here was very healthy and good for my lungs and that here I would be cared for all the time... I'm not bad here, but... (F 92)

For the vast majority of respondents (in both typologies of intermediate solutions), the switch from their prior dwellings to the new one is not felt as a disruptive event. Differences emerged in what concerns "feeling at home" (Boccagni 2017). Around 50 percent of those who were placed in community-based settings declared that they felt "at home" as opposed to two thirds of those in housing-based settings. Previous dwellings *and* homes are remembered but without painful or negative feelings:

My home is in my mind all the time, but I am all right here. (F 92)

Feeling at home implies to some extent the capacity of "place making" (Marcus 2005) and "being in place" in the sense indicated by Rowles (1991), a state of existence often characterized by feeling comfortable, in one's environment, that is part of an ever going process (Fay and Owen 2012). Those who stated that they felt at home attributed this feeling to a plurality of positive aspects, all of them consistent with the four interwoven elements (history, habit, heart, and hearth) that, according to Rowles and Watkins (2003), are related to the art of place making, a skill that evolves over one's lifetime. The prevalent motivations for those living in a community-based structure can be summarized as "being known by everybody" and/or "being part of a big family", in some way reinterpreting the notion of family and its association with the idea of home itself (for a literature overview on this relationship, see Mallett 2004). Residents of housing-based facilities pointed out elements such as the possibility to keep their own habits, e.g. shopping, in the same shops as before moving, visiting friends or simply being surrounded by own and beloved furniture and objects, even if something had to be left behind:

It is very beautiful here, we can do what we want! One cannot compare it with one's house, it is smaller... but I brought my home here, my books... even if I had to discard many of them... (F 84)

Maintaining links with places of the past involved, according to the interviewees and in line with Rowles and Watkins (2003), transferring artefacts including photographs and memorabilia that serve as cues to personal history and provide an on-going sense of identity (Degnen 2016). Those who lived in housing-based settings also stated that privacy, having their own room or apartment, following their own rhythms, being free to leave without having to report to somebody about their movements, were important place-making factors. The question of what contributes to feeling uneasy and not at home- was asked. Answers related to the fact of being forced to conform to unusual ways of doing things, such as having meals "like if we are in a student canteen", to share a room and/or a bathroom, but mainly "to be surrounded by old people", as younger interviewees frequently complained, arguing that such condition is not natural, it is imposed and is not connected with their life "time-table" (Adam 1995; Costa 2007). "Living as a senior among seniors", however, gathered conflicting positions. In fact, not a few appreciated precisely the fact of living with other seniors, of being "peers". Others suffered from sharing spaces and times of life with peers and being subtracted from the liveliness of multigenerational environments. Among the elderly who have had the experience of going to boarding schools at a very young age, living in elderly community settings

can be very hard because it implies a failure. Most of the people interviewed, however, did not report particular difficulties in having to live with others, a somewhat surprising finding. Similarly, some people did not feel at home because they were not allowed to move around freely as they could before relocating (it is the case of those who were more dependent on staff help in community settings) or because they felt "under arrest" being far from good transportation (it is the case of those who live in compounds or buildings far from the city centre):

We are isolated here, not a bus stop, not a drugstore... nothing. (F 75)

One of the most striking findings of the research is that most of the respondents declared that even if they felt at home, this feeling was not so important at that stage of their lives even if they did not move to an "un-homey place" per se, like a nursing home (Schillmeier and Heinlein 2009). The vast majority of them valued much more the fact of feeling safe and/or supported/protected, as stated before.

IN PLACE TILL THE END - THE FUTURE

As illustrated, the vast majority of respondents declared that "they felt well" where they were and that moving had been a right choice for themselves and their families. Of course, some of them could not adapt to the new context, failing to give continuity to their existence, an important aspect to going on to give meaning to life (Micheli 2002). The possibility of imagining and planning a continuity in life is crucial also for the future. Some "sensitive topics" (Lee 1993) and questions about the future have also been posed during the interviews, normally at the very end of them. We asked what the interviewees would do in case of losing physical (residual) autonomy, where they expect to live in the future, and also where they would like to die. The vast majority of interviewees just said that they would like to stay where they were "forever", in a kind of extended present. They also affirmed that they would like to die where they actually lived showing that perhaps "dying in place" should be considered as a specific declination of the two concepts, "ageing in place"[8] and "being in place", at least in old age:

I think I'm going to die here. Maybe, if I'm sick, I'll will recruit a personal assistant to come and live here. (M 83)

Those who are more reflexive and able to think about their own physical and mental decline very seldom think that they will go to a nursing home. The typical answer is: «I will never go to a nursing home, you just see a lot of insane people there». They declare that they trust having some additional help where they are and that they would not want to move again. In fact, asking people to think about their own future has highlighted one of the most positive aspects of being in a structure that lends some protection and support: «it allows you not to have to worry about your future too much».

Moreover, those who were still independent but lived in structures that have built solutions for those who lose the ability to look after themselves by designing services that ensure continuity of care, clearly said that knowing that they would not need to move again in case of needing continuous care was, in the present, a well-being factor:

I'm better here than anywhere else. I'm free and if I need anything I can call the staff... I really like the context. It's different from those who are in the first floor. They need assistance, I'm better placed than in an apartment, but if tomorrow I'm no longer self-sufficient, I just go downstairs to the community family home. (M 81)

The older ones and the less autonomous among those living in community settings preferred to ignore the future despite their awareness of decline in the years to come and appeal to elusive strategies as those described by

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[8] As stated by Oswald and Wahl (2005: 21), «although a considerable body of research has been published on the meaning of home among elders, the literature is still plagued by pronounced conceptual and empirical diversity». This limitation also applies to the concept of "ageing in place" in my view.

Lazarus and Folkman (1984) as testified by the following words:

> I don't want to think about it, this is my home. I'm fine and if I won't be well enough to stay here any longer, someone will put me in another place. (F 86)

CONCLUSIONS

In Italy, public services are scarce, fragmented and do not respond to actual needs of elderly people and their families (Costa 2013a). "Ageing in place" in this context means that the elderly mostly live in original homes alone or with their partner, with the support of family members, plus (eventually) the help of migrant personal assistants. Some phenomena are threatening this status quo as family members are less and less available to take care of their frail members, residential proximity strategies turn out to be sometimes very difficult to implement, and care costs are rising. Because of this, relocation (and downsizing) in old age start to enter the public agenda, at least in parts of the country that aim to better cope with elderly needs. In Lombardy, there have been some attempts at innovation in filling the gaps in the existing services provision, bridging traditionally separated policy areas such as care and housing, trying to pluralize elderly's ways of living and developing new habitats that overcome the dichotomy of living alone at home or being placed in a nursing home. Numbers are still modest, but the findings of the *Light Living* research show that even if moving in old age is not part of the Italian culture, elderly people who *did* move are quite satisfied with their actual housing and caring arrangements, even if to different degrees in "housing-based" or "community-based" settings. They feel safe and protected, which is more important than feeling at home: most elderly people have a high degree of adaptability and their attachment to original houses is not so strong as to impede a good way of living where they are. Place attachment emerges in these settings. Families continue to care and support their elderly members after relocation. Sharing daily living spaces with others who are not family members, a kind of taboo in Italian "familialistic" anthropological tradition, can be possible and even pleasant in old age. Having the opportunity to grasp relocated elders' points of view showed that "place making" and "being in place" are skills that are part of all our lives. Furthermore, findings show that moving in old age has to be analysed in a life-course perspective, because it is also functional to the last years of life and to the process that leads to death. Once relocated to new facilities that support (at least to some extent) place making, older adults desire to stay there till the end.

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