Beyond the ideal: rethinking Aging in (urban) Place through the lens of vulnerability. Insights from Italian CASA Project

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Abstract
Aging in Place is increasingly central to debates on urban aging, especially in the context of demographic transitions and endless urbanization. While often framed as a desirable goal both for individuals and welfare systems, it can also expose older adults to hidden vulnerabilities. Remaining in the same setting over time may exacerbate forms of exclusion, isolation, or distress. Aging must therefore be seen as a situated and dynamic process, shaped by the evolving interaction between individuals and their environments. Reframing Aging in Place through this lens reveals the need to move beyond static, universal models. This is the premise of the CASA project, which explores how urban and housing contexts influence aging trajectories, offering tools to support more inclusive, context-sensitive policies for healthy longevity.

Keywords: Aging in place, age-friendly city, healthy longevity, empowerment, inclusion

Introduction

In the near future, cities will become the stage for a dual, epochal transformation. On one hand, the global population aged 60 and over is rapidly increasing, with projections suggesting it will double in the coming decades (WHO, 2023). On the other hand, for the first time in history, the majority of people are choosing to live in urban areas—a trend that, since 2008, has been profoundly reshaping human geography (UNFPA, 2007; UN, 2024) and, along with it, people's lifestyles.

Italy offers a clear illustration of this dual shift. The country is experiencing a dramatic decline in birth rates—reaching new historical lows—alongside a steady rise in life expectancy (ISTAT, 2024a). These trends are significantly altering the population structure, leading to an increasingly aging society, with a notable rise in the proportion of people aged 65 and over. In this context, medium-sized cities play a crucial role, acting as true pillars of Italian life and hosting a significant portion of the national population (OECD, 2014).

The Italian city of Bergamo is a perfect example of this reality: a complex and layered territory, where the historic urban fabric coexists with new expansions, and where residents over the age of 65 represent a significant proportion, higher than the national average (ISTAT, 2024b). Here, stories of urban growth, strategic connectivity, and the challenges of demographic change converge, prompting new reflections on the cities of the future.

In this scenario, it becomes essential to understand how health and the urban environment can mutually influence each other, and how population aging might transform the way we design and experience our cities. The World Health Organization (2017) calls for an integrated approach that places the well-being of older adults at the center, promoting a model of "active aging" in which health and quality of life are closely interwoven with the

urban environment.

Within this framework, the concept of Aging in Place (AIP)—growing older in one's own home and community—has emerged as a key focus in contemporary debates on aging, particularly in urban contexts. As populations age and cities evolve, scholars and policymakers increasingly promote AIP as a pathway to healthier, more independent, and economically sustainable aging (Pynoos, 2008). This model aligns closely with older adults' preferences to remain in familiar surroundings, maintaining their routines, identity, and social networks (Wiles et al., 2012). However, although the AIP paradigm holds great potential, it is not without complexities or criticisms. As noted by Golant (2015) and reaffirmed by other scholars, remaining in one's own home may, in some cases, exacerbate rather than alleviate vulnerability— effectively keeping individuals stuck in place (Cadmus et al., 2023), rather than supporting healthy longevity.

This article aims to present the reflections emerging from the analysis of these tensions within the Italian PNRR CASA Project. It begins by exploring the evolution and appeal of Aging in Place (AIP), then delves into the critiques that challenge its long-term sustainability. The discussion is framed through the multidimensional concept of vulnerability, which—rather than being viewed as a sign of failure—should be recognized as a crucial dimension to be actively addressed in AIP-related policies and practices

Toward a multidimensional understanding of aging

In today's demographic landscape, aging is no longer a marginal issue: it is one of the structural features of our time. The steady global increase in the older population marks a turning point that challenges traditional conceptions of age, productivity, and social roles. Older adults do not represent a homogeneous group, but rather a population that is increasingly diverse in social, economic, cultural, and functional terms. This complexity calls for a critical reconsideration of aging—not as a problem to be solved (Phillipson, 2013), but as a structural condition of modern societies to be addressed with foresight.

For many years, medical sciences have described aging as an "innate and immutable" process (Powell & Hendricks, 2009), contributing to the construction of a medicalized paradigm of old age. This paradigm still persists today as a deeply rooted cultural legacy, evident in everyday life through the ongoing prevalence of ageist stereotypes (Butler, 1975).

Morganti's theoretical perspective aligns with a much-needed shift in the study of aging. In her model of "Longevity as Responsibility", Morganti (2024) describes aging within a situated life course perspective—not merely as a biological process, but as a multidimensional experience influenced by personal, social, and environmental factors. As Morganti (2022) asserts, "To study aging is to accept the challenge of understanding the ultimate complexity of human beings". This vision resonates with the New Map of Life, launched by the Stanford Centre on Longevity (2022), which encourages a rethinking of life stages through a map in which the final phase remains to be drawn—not as a time of fragility and loss of self-determination, but as a space of potential.

These models help to overcome deficit-based views of aging, proposing theoretical frameworks rooted in agency, responsibility, and potential. They represent a true paradigm shift, inviting us to recognize older adults as active agents and valuable contributors, rather than passive recipients of care. At the same time, we must acknowledge the profound inequalities that shape the experience of aging. These intersect with factors such as class, gender, ethnicity, geography, and disability, producing vastly different conditions of later life. While some may experience aging as a time of freedom and fulfilment, others encounter isolation, poverty, and frailty. As Morganti (2022) reminds us, aging healthily is both a right and a responsibility. It requires personal commitment in taking responsibility for one's own aging trajectory, and at the same time, political engagement aimed at

addressing structural injustices, ensuring equitable access to resources, and safeguarding the right to age with dignity and autonomy.

The demographic transformation associated with aging is not a challenge to be feared, but an extraordinary opportunity to reconceptualize later life as a stage rich in potential (Morganti, 2022). Embracing this challenge means investing not only in healthcare and pensions, but also in social planning, policymaking, and urban design, through empowerment strategies and the promotion of active aging as a path toward healthy longevity.

Aging in Place: navigating longevity through autonomy, responsibility, and environment

The concept of Aging in Place (AIP) represents one of the most significant and concrete responses to the challenges posed by demographic aging. It is grounded in the idea that older adults should have the opportunity to continue living in their own environment—autonomously, safely, and with social integration—even in the presence of functional limitations or care needs. This perspective reflects not only a pragmatic orientation linked to the efficiency of welfare systems (Pynoos, 2008)—which tend to prioritize home-based solutions over institutionalization—but also embodies a dignified and relational vision of aging, one that values the connection to place and territory as crucial dimensions of well-being in old age.

Viewed through the theoretical lens of "Longevity as responsibility" (Morganti, 2024), AIP gains further conceptual depth. Longevity, in this framework, is not a neutral or purely biological condition, but a dynamic process that involves individuals, communities, and institutions—all of whom share responsibility for creating the conditions that support active and sustainable aging. In this sense, inhabiting one's old age means far more than simply remaining at home: it implies being embedded in a context that affirms one's right to continuity, identity, participation, and self-determination. AIP, in fact, encompasses a plurality of dimensions: physical (accessible housing, safe neighbourhoods), social (proximity networks, meaningful relationships), cultural (recognition of the role and skills of older people), and political (local services, inclusive urban planning).

Recent studies have highlighted how the desire of older adults to remain in their own homes reflects not only a practical need, but also a deep emotional and identity-based connection with the places they inhabit (Wiles et al., 2012; McGrath & Hand, 2021). The home, the neighbourhood, the community thus become spaces dense with meaning—capable of holding memories, routines, and relationships. The relational dimension of AIP is emphasized in the definition offered by the World Health Organization, which affirms that older adults should be able to "remain at home in their familiar environment and maintain relationships that are important to them" (WHO, 2020). The ability to sustain meaningful social ties—with family, friends, and neighbours—has been identified as a key protective factor against frailty, depression, and cognitive decline (Holt-Lunstad et al., 2015; Bourassa et al., 2017). At the same time, scholars have urged a more nuanced discussion of AIP—one that foregrounds place and its intersectional dimensions. Not all places are created equal: differences in accessibility, safety, and social cohesion produce uneven opportunities for quality aging in place (Greenfield, 2018; Yarker et al., 2024). This calls for a rethinking of domestic and urban space through the lens of spatial justice, with attention to disparities shaped by gender, class, ethnicity, and disability. In this light, dwelling is not a neutral act, but a negotiated and situated process that demands both political awareness and design innovation. Conceiving AIP as a "journey"—as suggested by Rogers et al. (2020)—also helps overcome a static view of both place and and the aging individual, and instead embrace a dynamic, process-oriented, and transformative view. Aging, then, becomes a trajectory marked by change, along which individuals can implement adaptive strategies to preserve their flow and well-being (Morganti, 2024).

Defining Aging in Place univocally remains a rather complex task, as many scholars observe and describe it from

different perspectives (Rogers et al., 2020). A more comprehensive understanding must reflect the heterogeneity and complexity of the concept. The theme of Aging in Place prompts significant reflection across multiple disciplines, raising important questions about the ambiguity of its definition and its implications in terms of spatial justice and inequality (Finlay et al., 2021).

Aging in place between ideals and limitations: critical perspectives and vulnerability

While the dominant discourse often tends to romanticize Aging in Place, a growing body of literature calls for a more critical perspective, raising doubts about its actual effectiveness for all individuals—particularly in the absence of adequate support systems. Golant (2008), for instance, highlights how the idealization of AIP may overlook the complexity of older adults' experiences, potentially concealing situations of isolation, neglect, and decline. Similarly, Wiles et al. (2012) question the assumption of the home as an inherently positive place, emphasizing that the experience of AIP is not universally empowering but is instead deeply contingent on context, resources, and relationships.

In this context, Aging in Place reveals its inherently ambivalent nature. On the one hand, it remains the preferred option for many older adults (Cutchin, 2003), who associate it with several benefits: environmental familiarity, a sense of control and autonomy, continuity with personal history (Golant, 1984), and the perception of home as a strategic economic asset—both as a safeguard for future health-related expenditures and as an inheritance to pass on to future generations (Di, 2003). Over the past two decades, public policies have largely reinforced these preferences, aligning with broader trends toward deinstitutionalization and home-based care. On the other hand, however, AIP can exacerbate everyday challenges such as mobility issues, limited access to healthcare services, and social isolation (Plouffe & Kalache, 2010; Thomas & Blanchard, 2009). From this perspective, AIP reveals its "dark side": while it can certainly represent an opportunity, it may also expose older individuals to forms of vulnerability that hinder the fit between person and environment (Lawton & Nahemow, 1973), negatively affecting their ability to cope with the challenges of aging.

Within this framework, vulnerability emerges as a key concept in evaluating the extent to which AIP can be considered a sustainable or problematic aging strategy. Vulnerability is a complex and multidimensional concept, often associated with terms such as "fragile," "exposed," "susceptible," or "powerless" (Schroeder & Gefenas, 2009). However, the New Oxford Dictionary defines it as "the state of being exposed to the possibility of being harmed or attacked, physically or emotionally" (Tong, 2014), suggesting a condition that can be situational and relational rather than intrinsic to the individual. Schröder-Butterfill and Marianti (2006) offer a particularly useful definition, describing vulnerability as "a high risk of negative outcomes resulting from a combination of exposure to risk, lack of resources, and an inability to cope." From this perspective, vulnerability is not an inherent characteristic of old age, but rather the result of interactions among personal, environmental, structural, and relational factors. The authors emphasize the importance of protection, attributing a central role to the concept of coping, understood as the set of personal resources used to deal with difficult or stressful situations—a crucial protective mechanism against vulnerability. Alongside individual capacities, social and support networks, as well as formal protections offered by health and social services, play a key role. Nevertheless, vulnerability is frequently conflated with frailty in much of the aging literature, where older adults are often depicted as physically, psychologically, or socially diminished (Sarvimaki & Stenbock-Hult, 2016). Schröder-Butterfill and Marianti (2006) challenge this reductive view, arguing that frailty is only one dimension among many. Exposure to external risks, the nature and severity of those risks, and an individual's adaptive capacity all contribute significantly to vulnerability in later life—regardless of physical condition.

As previously discussed, acknowledging the broad heterogeneity of aging is essential. This involves taking into

account the psychological dimensions that characterize this stage of life (Morganti, 2022) and resisting ageist assumptions that homogenize older adults into a single, vulnerable group. The World Health Organization has echoed this imperative through its 2016 global campaign to combat ageism (WHO, 2021), and more recently via the endorsement of an international "Charter on Ageism in Healthcare" signed by leading scholars worldwide (Ungar et al., 2024).

The study of vulnerability in older adults can be approached from multiple perspectives, as highlighted by Channer (2020), given the wide array of contributing factors. To fully capture its complexity, it is helpful to distinguish between various categories of vulnerability, even though they often overlap and interact. For example, psychological aspects can influence physical vulnerability: it has been demonstrated that negative self-perceptions of aging predict adverse outcomes in performing daily living activities (Moser et al., 2011). Similarly, economic vulnerability, particularly low income, has been consistently identified in cross-sectional studies as a key factor in older adults' exposure to disadvantage (Smeeding et al., 2008; Stewart et al., 2011; Allan et al., 2011; Clarke & Gallagher, 2013). According to Allan and colleagues (2011), economic conditions are central to any comprehensive assessment of vulnerability in old age. Some studies highlight the interplay between economic and social or relational vulnerabilities. For example, older adults experiencing financial hardship are more likely to face mobility restrictions (Ryser & Halseth, 2012), which can lead to increased social isolation. Scholars agree that this subgroup is particularly susceptible to negative outcomes (Clarke & Gallagher, 2013; Dong et al., 2012).

Since social vulnerability is contextually shaped rather than innate, it can also be exacerbated by medical conditions: physical impairments may restrict mobility, impede social interaction, and intensify feelings of isolation (Rapaport et al., 2015). Given its dynamic nature, social vulnerability is not limited to economic poverty, but includes events and conditions that undermine social, cultural, political, and economic relationships (Cruz et al., 2019).

Environmental vulnerability, by contrast, concerns the relationship between the older adults and the physical environment in which they live. It emerges from the interaction between population characteristics, access to services, and infrastructure. Due to its complexity, the study of vulnerability in urban life allows for a deeper understanding of the "causes of the causes"—that is, the social determinants that shape a vulnerable urban population (Marmot & Wilkinson, 2006). Understanding this form of vulnerability requires multi-level interventions that address not only the physical, social, and economic environment, but also the institutional and regulatory frameworks that shape everyday life.

Among individual vulnerabilities, we must consider not only potential declines in health, but also in mobility or cognitive functioning, as well as mood disorders—often exacerbated by social isolation. Individual vulnerabilities become critical when they interact with the environment—when people perceive physical or psychological barriers in their surroundings, leading them to feel restricted in their everyday lives. These factors can, in turn, undermine safety and independence, increasing exposure to the risk of aging trajectories marked by frailty (such as falls, illness, or isolation).

As previously discussed, economic vulnerability intersects with environmental factors in significant ways: when older adults lack the financial means to maintain or modify their homes, access home-based care, or meet basic living expenses, they are at heightened risk of housing insecurity, which can generate chronic instability and anxiety, thereby reducing quality of life and reinforcing pathways toward frailty. Social and relational vulnerability, resulting from the loss of meaningful relationships, withdrawal from community life, or absence of informal support networks, may require an Aging in Place approach supported by strong social infrastructures—such as

community centres, accessible transportation, and intergenerational initiatives—capable of promoting active aging and, above all, fostering a cultural shift toward the assumption of personal responsibility in the aging process. As outlined previously, the risks of isolation and loneliness can have significant negative consequences for mental health (Nicholson, 2009).

From a Bronfenbrennerian ecological perspective (Bronfenbrenner, 1979), environmental vulnerability can be located at the mesosystem level, where the individual interacts with settings immediately outside of their proximal networks. From there, it extends across further levels, up to the macrosystem, which includes cultural, institutional, and regulatory contexts. Institutional vulnerability, for instance, can stem from inadequate public policies: fragmented, expensive, or inaccessible services can expose older adults to trajectories of frailty. A lack of coordination among health care, housing, and local welfare systems represents a significant risk. This ecological framework enables a multidimensional interpretation of vulnerability—one shaped by dynamic interactions between the individual, the environment, and wider societal systems.

Recent research conceptualizes advantages and disadvantages in later life—including in health, social connectedness, and financial stability—as cumulative outcomes of life course processes. Over time, these processes lead to growing heterogeneity among older adults, with vulnerability unevenly distributed and associated with highly diverse outcomes (Cihlar et al., 2023). In line with this view, Shin et al. (2021) analysed vulnerability as a multidimensional concept, identifying six distinct profiles based on four dimensions: material, physical, mental, and social. Among these, the combination of health and social vulnerability had the most significant negative impact on subjective well-being, followed by profiles that also included material vulnerability. The results support the notion that vulnerability, in relation to perceived well-being, must be approached from a multidimensional perspective. Cihlar et al. (2023) further reinforce this perspective, showing that social support can significantly buffer the negative impact of vulnerability on quality of life. From this multidimensional and ecological standpoint, aging appears not as a fixed condition but as a process shaped by the accumulation of heterogeneous changes over time, across multiple life domains and environmental contexts (Cihlar et al., 2023). Given this complexity, Aging in Place cannot be regarded as a one-size-fits-all solution or as universally desirable. Rather, it is an option that requires a context-sensitive understanding of both individual and environmental characteristics in order to be sustainable. The balance between personal capabilities and environmental demands must be dynamically monitored, with a view to preventing vulnerability and promoting autonomy, in support of active and responsible aging, and ultimately of healthy longevity.

The thin space between people and places in "Aging in Place" studies:
In light of the reflections proposed thus far, we argue that Aging in Place can no longer be considered solely as a linear process or merely as the outcome of individual choices driven by the desire to remain in one's own home. Instead, it is necessary to place this phenomenon within a broader theoretical framework, capable of capturing the interplay between individual characteristics, environmental dimensions, and cultural factors that influence both its experience and feasibility. Aging, in this sense, emerges as a relational and situated process, unfolding within a system of affordances—opportunities for action—that both reflect and influence individuals' ability to act, dwell, and participate in social life. The home and the neighbourhood thus become much more than physical containers; they are transformed into lived and symbolic spaces, contributing to identity construction, biographical continuity, and a sense of belonging.

This approach calls for a paradigm shift. The question is no longer merely whether an environment is accessible or meets specific standards, but rather whether and how that environment supports, sustains, or inhibits the possibility of aging well. From this perspective, affordances—as defined in Gibson's (1977) ecological theory—are

neither objective properties of environments nor purely subjective perceptions but instead emerge in the thin space between individual and context (Butti & Morganti, under review), particularly within their dynamic interaction. Each space, therefore, is not neutral: it becomes meaningful to the extent that it can be used and interpreted by those who inhabit it. Urban spaces offer potential and limitations to older adults not through their architectural features alone, but through the embodied and situated interactions between those features and the individuals engaging with them. Consequently, the design of aging-related policies cannot ignore an integrated analysis of the characteristics of places and the people who live in them, of social networks, cultural norms, and everyday practices.

Moreover, acknowledging that affordances also include relational dimensions—such as the availability of support, social interactions, and mutual recognition—implies recognizing that well-being in old age is intimately tied to the quality of community life. Designing age-friendly spaces cannot be reduced to the removal of architectural barriers or the expansion of service provision. Rather, it requires the adoption of a systemic vision, one that considers the multiple layers of context—as proposed by Bronfenbrenner's ecological model of human development (1979)—as well as the diverse roles that older individuals occupy in daily life, beyond the passivizing lens often perpetuated by ageist stereotypes (Butler, 1975).

The adoption of a complexity epistemology proves, within this framework, not only desirable but indispensable. A reductionist approach, which isolates variables and produces generic models, cannot account for the heterogeneity of the aging experience nor adequately respond to its challenges. Instead, it is necessary to recognize that aging is always a singular experience, rooted in specific places and times, mediated by cultural representations, individual resources, and social constraints. Consequently, any intervention aimed at promoting Aging in Place must be calibrated on the basis of contextual and participatory analyses, capable of listening to the narratives of older people and reflecting their complexity.

In this scenario, it becomes essential to develop research and design practices that place the voices of older adults at the centre, actively involving them in the definition of the spaces in which they live. Autonomy, a sense of control, identity continuity, and the possibility of participating in community life cannot be guaranteed by top-down measures but must emerge from co-constructive processes that recognize older adults as active agents in the production of their living environment. This perspective also helps counter homogenizing logics that treat older adults as an undifferentiated category, instead fostering a personalized approach attentive to differences in gender, class, culture, health, and individual history.

Conclusions

Drawing from the considerations discussed, the need to overcome simplistic and universalizing views of aging and Aging in Place becomes evident. Studies on AIP should embrace a complex epistemological approach, capable of capturing the dynamic interaction between people and places, between evolving subjectivities and specific urban and cultural contexts. Aging is not a uniform process but a unique and situated journey, constructed through continuous interaction with the affordances offered by the environment and the meanings individuals attribute to the places of their daily life. For this reason, it is urgent to recognize older adults as active actors capable of influencing their own life trajectory. Promoting empowerment, awareness, and self-determination among older people also means combating ageist stereotypes and valuing the plurality of experiences. The integration of Bronfenbrenner's ecological model of development offers a useful tool to analyse AIP through multiple levels of interaction, from micro to macro, thereby restoring complexity and depth to the phenomenon of aging.

In Italy, the debate on AIP remains limited and often dominated by sectorial perspectives, with little attention

to the experiential and relational dimensions of aging. For this reason, we consider it fundamental to initiate multidisciplinary and contextually situated research paths, capable of enhancing local experiences, dialoguing with the culture of living and dwelling, and recognizing the subjectivity of older adults as a central element in the construction of inclusive urban environments.

It is within this theoretical horizon that the PNRR CASA project is situated, aiming to deepen the relationship between housing conditions, urban space, and aging trajectories in medium-sized Italian cities. The project adopts a multidimensional and multilevel approach to analyse how specific urban configurations can support or hinder healthy aging pathways, taking the city of Bergamo as a case study—a territorial reality paradigmatic for its spatial, social, and institutional characteristics. Through the integration of data from institutional and territorial sources at the neighbourhood level, it seeks to capture different forms of urban and housing vulnerability, as well as the potentials of contexts to promote autonomy, participation, and well-being among older adults. The ultimate goal is to develop a model, applicable to other medium-sized Italian cities, able to provide a vulnerability index of the over-65 population.

In line with the assumptions of Aging in Place and inspired by complexity epistemology, CASA aims to overcome reductive views of aging by promoting a situated and relational reading of interactions between individuals and environments. In this sense, the project aspires to provide knowledge tools useful for defining more inclusive and aware urban policies, capable of addressing the challenges posed by population aging in an equitable and sustainable manner.

We believe that only through this paradigm shift will it be possible to design cities and policies that support aging with full responsibility and promote healthy and active longevity.

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