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REVIEW ARTICLE

Women not ageing in place: managing feelings of security, social safeness and emotional wellbeing

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Abstract
The concept of security, with its various dimensions, is fundamental to the field of ageing literature. However, feeling safe does not always equate to feeling at ease or being comfortable with people and places. Building on these premises, this article presents and analyses the factors involved in the perception of security and social safeness among women ageing in a top-down co-housing project and a nursing home in Italy. This country has one of Europe's oldest populations, and the ageing population phenomenon is particularly notable in the Veneto region. In response to changing demographics, the search for alternative housing solutions and associated innovative paradigms of care and support has been gaining ground in recent years. Our study analysed data gathered from women who decided not to age in place. Fieldwork was carried out in one of the most densely populated provinces in the Veneto region during 2022 and 2023. The methodology was qualitative and consisted of in-depth interviews, a focus group and a workshop. Participants were 11 self-sufficient older women, aged 75 and over, living in these facilities. Among the elements that contribute to the perception of social safeness, the following stood out: material and structural factors, physical and emotional factors, relational factors and factors linked to independence and autonomy. Finally, the article stresses the need to study social safeness in greater depth, as it could become a new line of social science research capable of providing relevant information on the housing needs of older adults.

Keywords: ageing in place; feeling of security; gender; social safeness; top-down co-housing

Introduction

This article analyses the factors involved in the perception of security, and in particular social safeness (Gilbert, 2009; Gilbert *et al.*, 2008), among women who are living

in a nursing home and a top-down co-housing. The concept of top-down co-housing refers to a type of care facility where the main decisions on group formation, participatory planning, legal assistance and the construction of the community and its rules are mediated by the institution, which guides and supervises the constitution of the co-housing (Bianchi and Roberto, 2016; Riccò *et al.,* 2024). The label 'top-down' refers to an institution-driven co-housing model comparable to sheltered housing in which the service provider plays a mediating role in community dynamics and offers a range of care and social services. The article shows, from a gender perspective, how much the socio-economic and emotional circumstances in which women are ageing influence their decision to relocate in search of better conditions of social safeness and wellbeing.

Increased life expectancy is a demographic trend impacting the European population (Eurostat, 2023) in general. According to the European Commission (2023), this phenomenon should be addressed through a global-range intervention aimed at reorganizing multiple aspects of our societies (from employment to education, through health, green and digital transitions). Moreover, it highlights the urgency to act to empower the older generations and sustain their welfare. In this regard, the EU seeks to stimulate participative initiatives and projects that involve citizens in the co-design and co-creation of services through a bottom-up approach (James and Buffel, 2023; Denis *et al.,* 2019; Lu *et al.,* 2017; Riccò *et al.,* 2021). While increased life expectancy reflects more widespread wellbeing, it also poses challenges related to the quality of ageing and its social and economic impact. Indeed, longevity seems to be associated with an increase in chronic diseases, which in turn entail increased demand for care and support and, therefore, higher social expenditure in the near future (European Commission, 2023).

This scenario has led to an increasing drive to support active and healthy ageing, and towards the adoption of a proactive and person-centred approach to health care based on prevention and customization. Similarly, recent policies advocate increasing the proportion of long-term care in the home care setting, and encourage alternative solutions to institutionalization and residential care (European Commission, 2016). The goal is to enable older people to age in place, that is, to remain in their own homes and familiar neighbourhoods, without being dependent on their children, even when they become increasingly frail (Genet *et al.,* 2011). This emphasis has also been supported and advocated in the academic literature on the priorities of older people, who prefer ageing in their own home, as Melchiorre *et al.,* (2022) showed in a study that explored these aspects in Italy. However, factors such as the cost of home care, accessibility and health problems, loneliness, as well as weak public policies, can lead to unwanted institutionalization (Comas-d'Argemir and Bofill-Poch 2022). It is interesting, in this context, to consider alternative formulas (co-housing, housing with services, etc.) that respond to the demands of older adults and help them to cope with ageing in a safe environment. One option that is attracting growing interest is senior co-housing. However, it is important to note that in Italy public agencies have often used this concept to link housing and social policies (Bifulco 2011) without paying much attention to its definition (*e.g.* accommodation for groups such as students or immigrants has sometimes been defined as co-housing). Consequently, the concept of co-housing has turned into an umbrella term that covers a wide variety of formulas (Durante 2011).

The research took place in one of the most densely populated provinces in the Veneto region, Italy. Eurostat (2023) estimates that Italy has one of the oldest

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populations in Europe, with 21.4 per cent of its citizens over 65 years of age, of whom 7.7 per cent are aged over 80 (ISTAT 2022). At the national level, the Veneto region has an average age of 45.4 years, slightly higher than that for the whole country (45.2), and is ageing at a faster rate than the national average (ISTAT 2021). Although it is not the oldest population in the region, this province has seen a progressive increment in residents aged 65 years and over, and particularly in the over-85 age group (ISTAT 2023).

Potential critical aspects of ageing in place

The literature on ageing in place defines this concept in relation to the opportunity for older people to remain in their own home for as long as possible, without having to move to a residential institution (Grimmer *et al.,* 2015), as well as highlighting its positive aspects in meeting their needs and supporting them to live independently – or with some assistance – to the maximum extent (Horner and Boldy 2008). The key explanatory themes for ageing in place are generally considered to be place, place attachment, social networks, supportive technologies and personal characteristics (Pani-Harreman *et al.,* 2020). However, it should also be noted that the model of ageing in place can perpetuate the moral systems of care associated with the family, and specifically with women (Cárdenas 2021; Comas-d'Argemir 2019; Pani-Harreman *et al.,* 2020), who are the main providers of social protection. This situation is becoming more complicated owing to demographic and family changes that have diminished the potential of families (when they exist) to take charge. In addition, the precariousness of public policies and the scarcity of resources have led to a situation in which social protection resources for ageing in place are fragmented across a diverse landscape of market, community and state agents (Soronellas-Masdeu *et al.,* 2021). This heterogeneous landscape is constantly in tension with the model of ageing in place actively and successfully. Reality, therefore, casts doubt on this model since it is a paradigm grounded in ideal scenarios with a strong class component (Chirinos-Medina *et al.,* 2025). On the one hand, many people's homes do not meet decent housing standards (Bäumker *et al.,* 2012) and the design features of the environments in which they live can affect their quality of life and wellbeing (Barnes *et al.,* 2012). On the other hand, as people age, their ability to perform activities of daily living declines and the possibility of continuing to live at home is threatened. To ensure that this does not become a gender-related burden, the literature calls for investment in resources and care policies to equitably redistribute care so that all people, regardless of social class and purchasing power, can age their own homes in stable conditions (Comas-d'Argemir 2019; Chapman 2004; Thomas 1993; Durán 1988). The literature also advocates promoting alternative housing solutions that enable personalized care in homely environments and help people to maintain the identity and lifestyle they had in their own homes (Pasveer *et al.,* 2020).

Ageing, security and social safeness

The literature on ageing shows that feeling safe is crucial to older people's wellbeing and autonomy (Petersson *et al.,* 2012), and emphasizes the importance of security from a

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physical, material and emotional point of view. Fleury *et al.,* (2022) argue that feeling safe is based on learnt cues, associated with protection against threat. These cues can be found in familiar patterns that provide coherence, as well as in trusted close relationships and connections that are predictable and offer protection, comfort and calm (Brosschot *et al.,* 2018).

According to Petersson *et al.,* (2012), feeling safe in the everyday life of an older person is based on three prerequisites: feeling healthy, having someone to confide in and feeling at home. The first is related to the ability to satisfactorily manage the activities of daily living. The second is about having a family member, as well as certain close contacts, on whom one can rely for help when necessary or who will simply be attentive to any setback. This is what is known as 'caring about' someone,[1] in the sense of being aware of someone, which represents the intangible and subjective dimension of care and involves willingness, concern, and emotional and relational care (Conlon *et al.,* 2014; Thomas 1993). Knowing that someone would help if needed is one of the most important prerequisites for feeling safe in everyday life. Therefore, access to just anyone is not enough; it must be someone you can and want to trust. Finally, feeling at home alludes to the places where people live and that are of great importance to them. It encompasses safety and security, and is related to aspects such as having control over time and space: from preventing extraordinary events to knowing the exact location of one's belongings.

Feeling safe refers to being able to carry out activities of daily living both inside and outside home with a sense of security: knowing that the space through which you walk is familiar, free of stress and violence (Petersson *et al.,* 2012). The concept of safety has different dimensions, but feeling safe does not always imply feeling at ease or being comfortable with people and the place. We can feel safe in our home, which is our place of reference, where our belongings and memories are, but after the death of our partner, with whom we have shared many years in this house, we may no longer feel completely comfortable there (Shenk *et al.,* 2002).

In this context, the concept of social safeness is relevant. Social safeness refers to the state generated when a person's soothing system is activated and is related to a set of sensations of warmth, affability and connection, generally experienced with close and trusted people (Gilbert 2009; Gilbert *et al.,* 2008). The concept arose within the framework of psychology and has been used mainly in quantitative studies focused on mental health and wellbeing (Alavi 2021; Kelly *et al.,* 2012; Nguyen *et al.,* 2022). However, we consider it particularly appropriate for this study, not from a clinical point of view but rather as a significant analytical category from a more qualitative perspective, since it evidences the emotional aspect of safeness and other elements that affect the decision to age in a care facility.

Finally, we consider that the gender perspective must be emphasized in senior co-housing research. Beyond highlighting how the feminization of ageing in Western societies is reproduced in the percentages of the population by sex in co-housing (Keller and Ezquerra 2021; López and Estrada 2016; Mogollón and Fernández 2019), the specialized literature has mainly focused on analysing the reasons why women, to a greater extent than men, are the driving force behind the development of these community housing initiatives (Labit 2015). One of the most common explanations is that women have taken responsibility for the care of their parents, and they do not want

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to put their children in the same position (López and Estrada 2016), which motivates their decision to move. Other women without children, or who are divorced, widowed or single, with lower pensions than men, see co-housing and mutual assistance as a way to age better (Labit 2015), seek security or avoid loneliness (Jung-Shin and Jae-Soon 2006).

Historically, the issue of equal responsibilities between men and women for household chores has also been a determining factor (Chapman 2004; Durán 1988; Vestbro and Horelli 2012) since one of the main attractions of community life for women is the collectivization of domestic work (Labit 2015) and care. More recent research on care facility projects shows that cohabitation, both in mixed and in same-sex housing, is less patriarchal because its social and physical design encourages more egalitarian and visible divisions of labour, shared domestic responsibilities and reproductive roles extended to men (Fernández-Arrigoitia and West 2021). However, in many of the projects analysed, the issue of who should assume these responsibilities is not questioned, either because the community of residents decides to outsource and commodify domestic and care work or because the accommodation already offers services that include these benefits. In cases where residents live as couples, traditional gender roles are perpetuated, as it is more likely that women will take on the caregiving responsibility (Keller and Ezquerra 2021; Mogollón and Fernández 2019).

Research setting

The senior co-housing project considered in this article is intended to offer an alternative solution that combines a high level of autonomy with forms of soft support and protection provided by the organization, aimed at older people (aged between 65 and 80) who are still self-sufficient (Riccò *et al.,* 2024). Because of its characteristics, this senior co-housing experience stands at the intersection between the implementation of active and healthy ageing-inspired policies and the mitigation of frailty, which, with mild but steady monitoring and support, can be intercepted early and managed through tailored solutions, thus preventing and/or delaying as much as possible the onset of severe pathologies and the loss of autonomy. Similarly, the nursing home provides a specific form of care that differs from traditional care in that it accommodates older people who are at risk of frailty or who present minor impairments but remain self-sufficient. The care delivered here is therefore designed to enable and respect the older person's autonomy (residents have an independent living environment and enjoy complete freedom to leave and enter the facility, and entertain friends and relatives), while providing services and multi-disciplinary professional staff to guarantee constant care, support and monitoring. A holistic approach to care and support is adopted in the two facilities, focusing on the older person not as a patient but as a complex individual, with the aim of prolonging autonomy and helping them to cope better with psycho-physical decline. The co-housing and the nursing home are located in the same neighbourhood and are managed by the same professional coordination staff. In addition, both provide accommodation for older people who are still autonomous (although residents in the nursing home can be defined as more prone to frailty for

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reasons related to age, health conditions and specific life circumstances) and who have chosen to move into a caring environment that offers living solutions that differ from those of traditional institutional settings. In addition, the two facilities share a common involvement in a process of 'community-building' that aims not only to strengthen the relationship and proximity between them but also to gradually open them up to the surrounding urban and social fabric.

Methodology and methods

The findings reported in this article are drawn from the authors' direct participation in a broader research-action project designed to understand the needs and the foundations for promoting the idea of a caring community and its implementation. Our objective in the study is to analyse the factors involved in the perception of security and social safeness among older women ageing in a top-down co-housing project and a nursing home. The project ran for one year (June 2022–May 2023).

This article reports findings from qualitative research to explore the construction of reality and the interpretation of meaning according to the perceptions and social interactions of the study participants (Leavy 2014; Taylor and Bogdan 1984). An emic perspective was used as it allowed us to capture the personal experiences and cultural contexts of the older people who participated in the study, fostering a deeper understanding of their subjectivity, beliefs, decisions, perceptions, feeling of security and community interactions from their own point of view.

Participants were 11 self-sufficient older women, over 75 years old, living in a top-down co-housing and a nursing home, as shown in Table 1.

The main criteria for participants' inclusion were to have been living in one of the facilities for at least 1 year, to be at least 75 years old and to have expressed interest in participating in the project. To select the participants, 13 residents from both facilities completed a preliminary open questionnaire to gather general information related to the places they frequent in the neighbourhood, their support networks and their willingness to be interviewed. After this process, 11 residents agreed to participate.

Data collection methods

Prior to gathering the data, the researchers reviewed the literature related to the main variables of study to gain a deeper understanding of the key theoretical issues in order to design the fieldwork techniques and for the further analysis. Fieldwork was carried out over five months (December 2022–April 2023) at the premises of a service provider for older people located in the Veneto region. The research methods used were considered the most appropriate to meet the objective. Semi-structured interviews, a focus group and a workshop were designed and conducted with the 11 participants from both the nursing home and the co-housing project. Some of them participated in more than one data-gathering activity (see Table 1).

Six **semi-structured** interviews were conducted to explore the subjective dimension of security, their perceptions of social safeness and the reasons why they came to live there. The duration of each interview was approximately one hour. The interviews took

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Table 1. Participants' main characteristics

Pseudonym	Age	Place of living/ service provider's facility	Time living at service provider's facility	Activity
Paola	80	Co-housing	More than 5 years	Interview and focus group
Giuliana	86	Nursing home	2.5 years	Interview, focus group and workshop
Zaira	75	Co-housing	4 years	Interview and workshop
Vittoria	79	Co-housing	2.5 years	Interview, focus group and workshop
Ursula	81	Co-housing	1 year	Interview, focus group and workshop
Teresa	75	Co-housing	3 years	Workshop
Lorella	84	Nursing home	2 years	Focus group and workshop
Lucia	90	Nursing home	10.5 years	Focus group
Flora	80	Nursing home	6 years	Focus group and workshop
Renata	86	Nursing home	3 years	Interview, focus group and workshop
Greta	84	Nursing home	1 year	Focus group and workshop

place at the homes of the women living in the co-housing and in the private rooms of those living in the nursing home. The interviews were carried out by one of the authors who is employed by the service provider and who had some previous contact with the residents. This was an advantage as the interviewees felt confident to talk to someone who was not a total stranger to them.

A **focus group** was set up with eight of the women and lasted two hours. The main objective was to find out what contributes to a feeling of wellbeing and what makes participants feel safe and comfortable, and to discuss which factors are perceived as a potential source of unsafeness and discomfort. It was conducted by the two authors (one of whom also conducted the interviews) and took place at the nursing home.

A **workshop** was held with nine of the women, also at the nursing home and lasting two hours. In order to identify and classify their principal relationships as factors of social safeness, participants were invited to draw a relational map consisting of three concentric circles. They placed themselves in the centre of the circle; in the middle circle they noted the people and relationships they considered to be fundamental; and in the outermost circle, those equally important but more distant. The two authors who conducted the focus group also ran this activity.

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Ethical considerations

The research was conducted in accordance with the Declaration of Helsinki for human research of the World Medical Association. All information collected was digitally audio-recorded for later analysis. Participation was voluntary and participants were previously informed about the purposes of the study by one of the authors employed by the service provider who had some previous contact with the residents. The participation of this author was key to gaining the confidence of the participants. All participants signed an informed consent form developed especially for the research by the organization's institutional data protection officer. The data collected were anonymized to protect their identity.

Method of analysis

For the data analysis, categories were constructed according to the concept of social safeness to meet the objective of the study. An inductive analysis of the information was carried out by all four authors through meetings and cross-checks to ensure consistency. One of the authors had previously constructed the categories according to whether the elements that enhance social safeness were material, structural, physical or relational, or factors that enabled autonomy. Following Saldaña's (2009) approach, which emphasizes coding as a foundational step in qualitative data analysis, this author pre-coded the narratives by selecting quotations that were related to the main research objective, thereby identifying patterns and similar experiences and opinions. Then the other authors gave their feedback, and a second cycle of coding was performed to collectively produce a conceptual framework for further analysis. This method of analysis enabled us to compare perceptions, identify relevant issues and obtain a comprehensive understanding of the data.

Triangulation of the three data collection techniques already described allowed a deeper understanding of the problem studied. To perform it (the triangulation), the researchers independently analysed and compared the data from each data set. The data sets were then compared with each other following the same procedure. Information was collected, transcribed in Italian, translated into Spanish, organized and coded (Leavy 2014; Taylor and Bogdan 1984). The quotations used have been translated into English for this article. It is worth mentioning that the main author, who is bilingual in Italian and Spanish, oversaw the translation of the quotations into Spanish. The translated quotations were then sent to the bilingual English and Spanish reviewer. Queries were resolved between the main authors and the reviewer.

Findings

The following section presents factors linked to ageing in their own homes that do not convey feelings of security and that contribute to a state of alertness and constant worry in residents, which can have a negative impact on their physical and emotional stability. Factors that help to provide feelings of warmth, serenity and calm at a stage of life often characterized by increased physical and emotional fragility are also presented. These are all factors that individuals take into account when deciding to leave their own home to live in a care facility.

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Material and structural factors

Considering that this study included only people who were able to look after themselves in their own home, we wanted to understand why these women made the decision (and if they made it on their own) to move into a care facility to start a new life process. Economic reasons were one of the main factors that came out in the fieldwork, but not the only one.

> We must thank God that there are places like this and that we have the money to pay for them because otherwise, the situation would be desperate at home. I had an operation on the two prostheses in a year. My husband got worse at that time. Three people [carers] were coming round to the house. I spent a lot of money …. In the meantime, five rooms, what was I doing alone? All the children were married. The condominium wanted €8,000 for repairs, I said, 'No way will I give it to you.' You're alone; here you press a button, and someone comes to help you. This is the essence of our 80-year-old existence. (Lorella; nursing home, focus group)

During the previous years, Lorella lived in her own home where she cared for her ailing husband with the help of professional care-givers. She could afford to pay the care-givers because the couple received two pensions. When she became a widow, she lost half her income. Lorella decided to leave her house and move into the nursing home after considering the unforeseen expenses associated with the residents association of the block she lived in, and in the knowledge that the costs of constant home assistance were high. This is not an isolated phenomenon among the residents. Giuliana also told us that the decision to move to the nursing home was taken after her husband's death, although this was not the only trigger:

> My husband had died, but there were all the children, and the grandchildren to raise. I didn't feel lonely because my children were there; they all live here and in the surrounding area. On Sundays and Mondays, everyone came here, 15 people. I went home, I made a round of phone calls, and my sisters told me: 'You're crazy, you have a big comfortable house, you're in the city. What more do you want?' [I said] 'I don't want to work anymore … do the garden and everything.' Well, I made up my mind and I came. (Giuliana; nursing home, interview)

Giuliana talked about the physical fatigue of managing the house and the garden and related to the impossibility of continuing to play the 'role of mother and grandmother' who welcomes the family into her home. Her words suggest that she already knew about the nursing home and she had previously planned to move there precisely because she was looking for such a place in which to spend her old age. Other factors that generate discomfort are architectural barriers or the concern about having to use stairs, as well as the size of the house, often considered too big for one person. Finally, they also mention the logistics associated with maintaining the home, which involves an extra physical effort that they do not want to take on.

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Physical and emotional factors

Another fundamental element is related to the anxiety caused by the possible dangers of unforeseen future situations and by the loss of control over daily routines, and the need to alleviate that anxiety. All of the women lived alone before moving and the fear that there would be no one to help them in the case of an accident was a recurring concern in their narratives, especially if they had already experienced a similar episode:

> I was living alone, and I was shouting for help [she was having a heart attack], but I couldn't shout loudly because I couldn't get up from the couch and I was sweating. The upstairs neighbour heard me and said, 'This sounds like Vittoria to me, but it's strange because she's usually out at this time.' So, he asked the concierge to check because I didn't open the door to him, I couldn't take it anymore. He got in from the terrace and he called the ambulance. They operated on me immediately. They just saved me, and I said: 'I have to leave.' I was so sorry; [my house] was a fantastic place with a lush garden. (Vittoria; co-housing, interview)

Vittoria no longer felt safe in her home, and although she liked the place where she lived, she reluctantly decided to move. As the following quotes highlight, the fear that any unforeseen event could happen and the possibility of being able to trust someone are fundamental aspects to take into account:

> I chose to come and live here to make sure my future (old age) would be in good hands. (Zaira; co-housing, interview)

> I applied because I was excited about the idea of co-housing, about the freedom the [alarm] bell would give. (Paola; co-housing, interview)

The importance of the type of care emerges in these two quotes. Care cannot be provided by just anyone. What people are looking for is professional care, which makes them feel safe and secure, and they find it in these housing solutions. Ageing in top-down co-housing is an alternative to both ageing in place (which is sometimes a lonely and fearful experience) and institutionalization. In co-housing, residents keep their private and individual spaces but have services at their disposal that allow them to feel safe. In addition, living in co-housing sometimes gives them direct access to the nursing home if they need it, as Ursula told us:

> I had a massive heart attack [she was already living in the co-housing] on the motorway; I was alone …. I called everyone: ambulance, police. I arrived at the hospital and everyone had already been alerted. When they discharged me, they put me in the nursing home, in a room, and they did what I needed; this is because I had signed an annuity. That is, I'd made a contract. I am entitled to everything I need from when I come in until I die because I paid in advance. The survival contract is valid until the age of 94. I will not reach that age, so the institution makes money. However, it gives me peace of mind to know that if I can no longer stay in the co-housing I can switch to the nursing home without having to go on a waiting list. (Ursula; co-housing, focus group)

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Ursula's experience is particularly relevant as it also provides information on situations in which women do not have children or close family members to rely on and need to find alternative solutions to take care of themselves.

Factors linked to independence and autonomy

Some of the women interviewed saw this type of institution as a way to avoid being a future burden on the family. In the following quote, Paola explains how curiosity and enthusiasm about the co-housing project first influenced her decision. However, she ended up moving so that her daughter would not have to take care of her:

> I have been alone for many years as my husband is no longer with me, but I used to live close to my daughter. One day I heard about these 'forums' [referring to the community consultation meetings for the participatory planning of the co-housing project] open to those who wanted to participate. I said: 'Let's go and see', because I'm a curious person, and I got excited. I said: 'I'm almost going to apply', even though I was fine living next to my daughter, the grandchildren, but I have only one daughter; I don't want to be a burden in the future. Anyway, I hope they won't forget me. But I said to myself: if I can do something to avoid being a burden in the future … it seems a beautiful thing to me. (Paola; co-housing, interview)

Paola's words also reflect a certain fear of separating herself from her context, a fear that this physical separation may also imply an emotional distance from her family. However, despite this, she recognized several positive elements in this choice. Teresa also mentioned something similar:

> I chose this place on purpose because I know that my daughter has problems. My son has problems at work, he's never at home, he's abroad … I made this choice to be safer. (Teresa; co-housing, focus group)

The changes in family structure over the last 40 years, reflected in more nuclear families, more only children, and sons and daughters living far from their parents (sometimes abroad), seem to have influenced Teresa's choice. In addition, the importance of preserving one's ability to decide is also relevant for another woman, Giuliana, who told us that she preferred to move into the nursing home, against her children's will:

> And in sum, I saw that I was tired and they said to me, 'Mum, come and live [with us], we'll get the apartment ready for you.' I said, 'No, I'll leave this place only to go to the nursing home [she uses the name of the nursing home].' And so I booked a 'non-urgent' room. I didn't ask my children. I came alone. And when I saw the room, I liked it, and I rebelled [against my children]; I came alone. (Giuliana; nursing home, interview)

Giuliana's story is also interesting in that she chose to exclude her family from the decision and the arrangements so that they would not pressure her to change her mind. She stressed the importance of making this decision on her own. Finally, Lucia also had to face opposition from her children, but she remains convinced of her decision:

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> I've found my freedom. My children didn't feel the pressure; my children were against this decision. (Lucia; nursing home, focus group)

It is also interesting to note how some of these women find 'freedom' precisely in institutionalization.

Relational factors

Finally, the social need to share activities with other people emerged as another important factor in deciding to move:

> When you come to a co-housing, it's the loneliness that leads you to look for new friends who have more or less the same desire as you to go out and find each other. (Zaira; co-housing interview)

> I've had lots of really important experiences here. I came here to feel good, to meet people, to do cultural things, to socialize. (Lorella; nursing home, workshop)

In many cases moving into a context of care also implies a change at the relational level, since the weakest bonds are eventually lost. For example, the points of reference that were important to them in their old neighbourhoods gradually faded and they ended up building new relationships.

> When I was at home I had a different network; if I had a problem, I went to Father Luca. He is a cultured man, he is a man who has a good voice and he always cries; he is very emotional and he cries easily. Here, if I have problems with my crochet, I call Giuliana. If I want to talk about politics, I call Renata because we have the same ideas. (Flora; nursing home, workshop)

Flora mentioned the new bonds that are forged in the nursing home. Some of them arise out of intellectual or ideological closeness or common interests. Others, on a small scale, replicate neighbourly relations, as reflected in the following words:

> [On my relationship map I put] the lady opposite, because the one next door is deaf. (Giuliana; nursing home, workshop)

On her map of relationships, Giuliana marked the people she would turn to in case of need, pointing out the importance of physical closeness (the one who lives next door). Each woman interpreted the concept of 'need' differently. Some residents included the institutional and administrative professionals on their map, thinking above all about first aid or logistical needs:

> At the beginning, all of us said we came here [one of the care facilities] out of need and for protection. And we don't think [addressing the other women] that an important point of reference is the heart of this place, where our protection is managed, I mean the administration. (Ursula; co-housing, workshop)

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Others interpreted this concept in a broader sense to include the emotional dimension as well:

> I didn't think about physical need, but about affection, and so on the same level there is my son and a very great friend of mine. And there's also my new great friend Ursula. (Vittoria; co-housing, workshop)

> I included the concierge, the nurse, and my friend Flora, who sits at my table. (Renata; nursing home, workshop)

Apart from family and previous friendships, the nursing home and co-housing residents gradually become more important. The need to strengthen emotional bonds also led some of the women to include specific professionals at the institution, with whom they have established a warmer and closer relationship.

> I am in this setting for health reasons and so I put Clara [a psychologist] and Veronica [a nurse] in the first place. So I turn to these people I care about [referring to the other women and professionals], you know I care about all of them, but the first one is Clara. (Teresa; co-housing, workshop)

> They are all very kind and polite, very physically affectionate, so much that I don't really know how they do it because I'm a bit cold about cuddling. They kiss me, but I'm old, I ask them: 'Why do you kiss me?' They're good; I'm not like that. (Giuliana; nursing home, interview)

We consider that establishing new relationships, which transmit affection and create a feeling of security, plays an important part in enabling a sense of social safeness in this new home.

Discussion

In this article we have focused on the factors involved in the perception of security and in the circumstances that, with old age, transform a place considered as home (owing to the presence of loved ones or familiar objects) into a place without social safeness when it is stripped of its usual meaning. This particular view includes the dimension of feeling safe in the environment in which one is ageing. The use of qualitative methodology and an emic perspective allowed us to enter the participants' subjective world, reflecting from a point of view closer to the reality experienced by these women.

The results showed that the feeling of security the women associated with home can be compromised by various factors. First, material factors, such as the difficulty of meeting the costs of maintaining their home, are closely related to income inequality in old age and other key factors throughout the lifecourse. Then there are structural factors, such as the size of the house and the presence of stairs, among other architectural barriers, and emotional factors, such as the absence of loved ones with whom to share the space, which accentuates the sense of loneliness among older people. In other words, the absence of social safeness means that for some of these women their home begins to be less of a home. The symbolical meaning they attach to giving up the responsibility for the care of the home and family members, a commitment mainly

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associated with their condition as wives or mothers, is also interesting. In Italy, as in other Mediterranean countries, the family continues to be the foundation of care for its members, work that women have traditionally accepted as unpaid labour (Scocco and Crespi 2023). Women who have helped to build a home under very well-defined gender roles (Chapman 2004) find that when they can no longer fulfil these roles (keeping a house in order or cooking for the family), the home loses its meaning.

In addition to these factors, there is also the desire to free children from the responsibility of care, since the demographic and social changes of recent decades make it more complicated to age in multi-generational households, and children (if there are any) often cannot (or do not want to) take charge of such care. This reality reflects a change in the pattern of intergenerational solidarity, which is now thought of as linear, not circular, so that one generation takes care only of the next (Comas d'Argemir and Chirinos 2017).

The final factor that emerged from our research is emotional security in the event of unforeseen events, illnesses or assistance needs. Meeting this emotional need by moving to a care facility can be an initial stage in building a new social safeness. Finding a place without the constant fear of not being attended to when in need helps to create emotional calm. Indeed, it can be a sufficient stimulus to decide to recreate a home in another context (Bäumker *et al.,* 2012). This would be what Fang *et al.,* (2022) call 'ageing in the right place', which refers to an accessible and inclusive environment that allows older people to maintain their health and wellbeing by developing a sense of belonging, autonomy, independence, security and protection, and also taking into consideration the psycho-social and cultural aspects of places and spaces. Many of the narratives suggest that this is not a simple process. Moving can involve giving up many things (related to the person's family environment) as well as new fears (of losing previous social relationships, of being forgotten). In addition, it is not always easy to recreate community relationships in these care facilities, as they may lack adequate spaces to meet and share activities, or some people may find it difficult or may be reluctant to build new relationships (Riccò *et al.,* 2024). All these factors can put them in a dilemma that they have to resolve before deciding to move, taking into account that feeling at home could also imply feeling part of some kind of community, as home comprises actors, materialities and symbolisms of the intimate space and interacts with social representations that come from the intersection between the public and the private (Carsten 2007). Therefore, home is part of a larger community understood in terms of neighbourhood or town, with which close relationships, identity and belonging continue to be woven (Chirinos-Medina *et al.,* 2025). However, we consider that the sense of belonging to a community and wellbeing can be found elsewhere, in alternative housing and care arrangements where social safeness is ensured. In order to improve the wellbeing of people who decide or are forced to not age in place, it is not only worthwhile but also necessary to explore such environments.

Conclusion

The article clarifies and expands the concept of the feeling of security through the notion of social safeness, which has become a key concept to better understand older

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people's choices about where to spend the last years of their lives, when they have the opportunity to choose. We consider that there is a need for more in-depth study of social safeness related to ageing and ageing in place, which may develop into a new line of research that provides fresh relevant information on the housing needs of the older population. Similarly, the emotional and experiential dimension of safety should be taken into account when planning transnational policies that support the deployment of new models of care and housing for older people oriented towards ageing in place and deinstitutionalization and enlarging the scope of long-term care. Wellbeing, in fact, does not end with responding to practical needs and to the demand for material security but calls into question intangible components such as relationships and sense of belonging, to which equal consideration must be given. Moreover, the findings presented in the article demonstrate that it is possible to develop caring solutions oriented to new practices of ageing in place that do not increase the burden on informal care-givers, thereby preserving their physical and mental health and avoiding the perpetuation of the gender imbalance.

Limitations and strengths

One general limitation of the research is the small sample of women who participated. The sample cannot represent the heterogeneity of points of view. A further limitation is the time constraints placed on the research. With more time for the fieldwork we could have delved deeper into the research topics and increased the number of participants as well as the number of facilities studied. However, the qualitative data collected are significant as they provide an in-depth understanding of the importance of the various factors influencing women's choice not to age in place. Future research could examine the perception of social safeness in larger samples and also in other countries, as this study was limited to Italy.

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Competing interests. Author Adele De Stefani is an employee of ISRAA. She is employed in the unit devoted to EU-funded projects and innovations and is not part of the team working at the co-housing project or the nursing home. Her position in the organization had no impact on the findings of the research but exclusively facilitated making contact with the target group during the fieldwork.

Ethical standards. The research was approved by the organization's institutional data protection officer.

Note

1. 'Caring about' is distinguished from 'caring for', which covers the material, physical and manual activities of care.

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