

Distretto Sociale Barolo in Turin: Permanence and Transformation of a Complex for Health and Social Inclusion

Original

Distretto Sociale Barolo in Turin: Permanence and Transformation of a Complex for Health and Social Inclusion / Dabbene, Daniele. - ELETTRONICO. - (2021), pp. 788-797. (Intervento presentato al convegno XIX International Forum Le Vie dei Mercanti tenutosi a Napoli, Capri nel 15, 16, 17 luglio).

Availability:

This version is available at: 11583/2935772 since: 2021-11-05T17:00:35Z

Publisher:

Gangemi Editore International Publishing

Published

DOI:

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ARCHITECTURE HERITAGE and DESIGN

Carmine Gambardella

XIX INTERNATIONAL FORUM

Le Vie dei
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Le Vie dei Mercanti
XIX International Forum

Editing: Alessandro Ciambrone

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Via Giulia 142, Roma

www.gangemieditore.it

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ISBN 978-88-492-4089-4

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Scholars has been invited to submit researches on theoretical and methodological aspects related to Smart Design, Planning and Technologies, and show real applications and experiences carried out on this themes. Based on blind peer review, abstracts has been accepted, conditionally accepted, or rejected. Authors of accepted and conditionally accepted papers has been invited to submit full papers. These has been again peer-reviewed and selected for the oral session and publication, or only for the publication in the conference proceedings.

Conference report

300 abstracts and 550 authors from 40 countries:

Albania, Arizona, Australia, Belgium, Bosnia and Herzegovina, Brasil, Bulgaria, California, Chile, China, Cipro, Cuba, Egypt, France, Germany, Greece, India, Italy, Japan, Jordan, Lebanon, Malta, Massachusetts, Michigan, Montenegro, Montserrat, New Jersey, New York, New Zealand, Poland, Portugal, Russian Federation, Serbia, Slovakia, Spain, Switzerland, Texas, Tunisia, Turkey, United Kingdom.

WORLD HERITAGE and DESIGN for HEALTH

The innocent eye sees nothing (Ernst Gombrich)

In this particular time characterized by a pandemic due to the expansion of the Covid-19 virus throughout a globalized world, the destinies of everybody have suddenly changed behavior, lifestyles, interpersonal relationships, production methods as well as the governing of the territory; the priority of investing in the healthcare sector has become increasingly urgent and indifferent with reference to a political management of the communities that prevents and does not suffer, as unprepared, the emergencies that increasingly afflict the community. Furthermore, in these months of “quarantine”, the Planet has shown a Resilience that makes us hope for the future. A response to the Culture of Emergency, which finds its generative ground not only in the healthcare sector but also in the governance of the territory, relates to the hydrogeological aspects, pollution of soils, air, water, illegal construction, the exploitation of energy resources faced with the use of the integral of scientific and managerial skills based on meritocracy. The XIX International Forum of Study ‘World Heritage and Design for Health’ addresses the issues related to the global pandemic in a multidisciplinary and systemic logic, as indicated by the UNESCO and the United Nations 2030 Agenda for the definition of projects and concrete actions that include the Welfare and Health of the Community. Therefore, the Forum aims to create a transversal critical dialogue, open to cultural contamination and ‘without limits’, in a logic of integration between skills that extends, and is not limited to, the following disciplines: Architecture, Culture, Environment, Agriculture, Health, Landscape, Design, Territorial Governance, Archeology, Economy, History, Sociology, Security, e-Learning. The Scientific Community of the Forum is composed of about seven thousand Professors and Researchers from one hundred Universities and Research Centers in the world, from institutional representatives, from the business sector and from the representatives of the 830 UNESCO Chairs (UNITWIN Program) thanks to the WebGIS created and managed by the UNESCO Chair at the Benecon University Consortium. The location of the Forum is of excellence. Campania Region with six World Heritage Properties, two Unesco Man and Biospheres, three assets registered on the Intangible Heritage List is one of the richest Regions in the world for cultural and landscape heritage, particularly ‘contaminated’ by Mediterranean cultures. No coincidence that the Forum takes place in Naples and Capri, with site visits and presentations of scientific research and operational projects by the Benecon University

Consortium, consisting of five Italian Universities, head office of my UNESCO Chair on Landscape, Cultural Heritage and Territorial Governance. The papers, selected by the Forum's Scientific Committee, will be published in the Proceedings of international relevance (candidate to be indexed Isi Web of Science). Furthermore, the most innovative research and projects will be published in the 'Quaderni' of the A Class international magazine 'Abitare la Terra / Dwelling on Earth'.

Prof. Carmine Gambardella
General Chair XIX Forum 'World Heritage and Design for Health'
President and CEO of the Benecon University Consortium
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and Territorial Governance

WORLD HERITAGE and DESIGN for HEALTH

The innocent eye sees nothing (Ernst Gombrich)

In questo particolare tempo connotato da una pandemia dovuta dall'espansione del virus Covid-19 in un mondo globalizzato, i destini delle Persone improvvisamente sono stati modificati nei comportamenti, negli stili di vita, nei rapporti interpersonali, nei modi di produzione, nel governo del territorio; le priorità degli investimenti nel comparto Salute, diventa sempre più urgente e indifferibile con riferimento a una gestione politica delle Comunità che prevenga e non subisca, in quanto impreparata, le emergenze che sempre più affliggono la Collettività. Inoltre, in questi mesi di "quarantena", il Pianeta ha dimostrato una capacità di Resilienza che ci fa bene sperare per il futuro. Una risposta alla Cultura dell'Emergenza che trova il suo terreno generativo non solo nel campo della Salute ma nel governo del territorio per quanto riguarda gli aspetti idrogeologici, l'inquinamento dei suoli, dell'aria, dell'acqua, l'abusivismo edilizio, lo sfruttamento delle risorse energetiche affrontato con l'utilizzo dell'integrale delle competenze scientifiche e gestionali fondate sulla meritocrazia.

Il XIX Forum Internazionale di Studi World Heritage and Design for Health affronta le problematiche legate alla pandemia globale in una logica pluridisciplinare e di sistema, così come indicato dall'UNESCO e dall'Agenda 2030 delle Nazioni Unite per la definizione di progetti e azioni concrete che includano il Benessere e la Salute della Collettività. Il Forum si propone quindi di creare un dialogo critico trasversale, aperto alle contaminazioni culturali e 'senza limiti', in una logica di integrazione fra le competenze che si estende, e non si limita, alle seguenti discipline: Architecture, Culture, Environment, Agriculture, Health, Landscape, Design, Territorial Governance, Archeology, Economy, History, Sociology, Security, e-Learning.

La Comunità Scientifica del Forum è costituita da circa settemila Docenti e Ricercatori di cento Università e Centri di Ricerca nel mondo, da rappresentanti istituzionali, del settore dell'impresa e dai referenti delle 830 Cattedre UNESCO (UNITWIN Programme) grazie al WebGIS realizzato e gestito dalla Cattedra UNESCO incardinata al Consorzio Universitario Benecon.

La location del Forum è d'eccezione. La Campania con sei siti iscritti nella lista del Patrimonio Mondiale, due Man and Biospheres UNESCO, tre beni iscritti nella Lista del Patrimonio immateriale è una delle regioni più ricche al mondo per beni culturali e paesaggistici, particolarmente 'contaminata' delle culture del Mediterraneo. Non a caso il Forum si svolge a Napoli e Capri, con sopralluoghi e presentazioni di ricerche scientifiche

e progetti operativi a cura della Consorzio Universitario Benecon, costituito da cinque Atenei italiani, sede della Cattedra Unesco su Paesaggio, Beni Culturali e Governo del Territorio. I paper, selezionati dal Comitato Scientifico del Forum, saranno pubblicati negli Atti di rilevanza internazionale (candidati all'indicizzazione Isi Web of Science). Inoltre, le ricerche e i progetti più innovativi saranno pubblicati nei 'Quaderni' della Rivista internazionale di Classe A 'Abitare la Terra/Dwelling on Earth'.

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Distretto Sociale Barolo in Turin: Permanence and Transformation of a Complex for Health and Social Inclusion

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Abstract

The complex of buildings known as the Distretto Sociale Barolo is today a significant presence in the urban context of Turin, which bears witness to the actions undertaken by welfare associations during the 19th century. Born in 1823 at the behest of the marquise Giulia di Barolo, it assumed an important role in the city in promoting social inclusion through initiatives aimed at the care of the sick, education and employment. Within the complex, health care was provided in the structure called Ospedaletto di Santa Filomena. Inaugurated in 1845 and intended to help girls from poorer classes, today the building is entrusted to the association Camminare Insieme, run by volunteer doctors who offer free help and protect the health and well-being of the weaker sections of the population.

Starting with a study of the documentary sources kept in the Opera Barolo archives, this paper illustrates the first results of research aimed at investigating the permanence and transformation of the asset in its tangible and intangible components. The consistency of the complex is still legible even though it has been adapted to the needs of contemporary society. In this direction, the involvement of third sector organizations has represented an opportunity to conserve and renew this architectural heritage while keeping alive its original charitable purpose.

Keywords: history, permanence, transformation, health, social inclusion

1. Introduction

The Distretto Sociale Barolo was born in Turin in 2017 when a two-year memorandum of understanding between Opera Barolo, the City of Turin, the Piedmont Region, and banking foundations (Compagnia di San Paolo and Fondazione CRT) was signed (fig. 1) [1]. Since its founding, it has set itself the goal of experimenting with new forms of welfare and assistance in the health field with public/private governance. This commitment was subsequently renewed by signing the 2020-2023 protocol aimed at enhancing the activities present in the complex [2].

The district is in the northern area of the city between Via Cottolengo and Via Cigna and includes 14 buildings owned by Opera Barolo. The latter is an institution founded by testamentary provision of the marquise Giulia Colbert Falletti di Barolo in 1864 to continue the action of charity, social, political and cultural commitment started with her husband Carlo Tancredi di Barolo. The activity of the marquise in the current district started in 1823 and stood out in the 19th century city for its important role in promoting social inclusion through initiatives aimed at the care of the sick, education and vocational training [3].

This complex of buildings is now a significant presence in the urban context of Turin. It looks like a citadel of human promotion that aims to help women in difficulty, vulnerable young people, prisoners, migrants and marginalized subjects. The area has 14 organizations and associations that follow the axes of the mission of the Opera Barolo, renewing and adapting to contemporary society the spirit of the 19th century institution.

Starting with a study of the documentary sources kept in the Opera Barolo archives, this paper illustrates the first results of research aimed at investigating the permanence and transformations of the asset in its tangible and intangible components. Specifically, the discussion will focus on a building of the complex, the Ospedaletto di Santa Filomena, characterized since its foundation by health care for the poor.

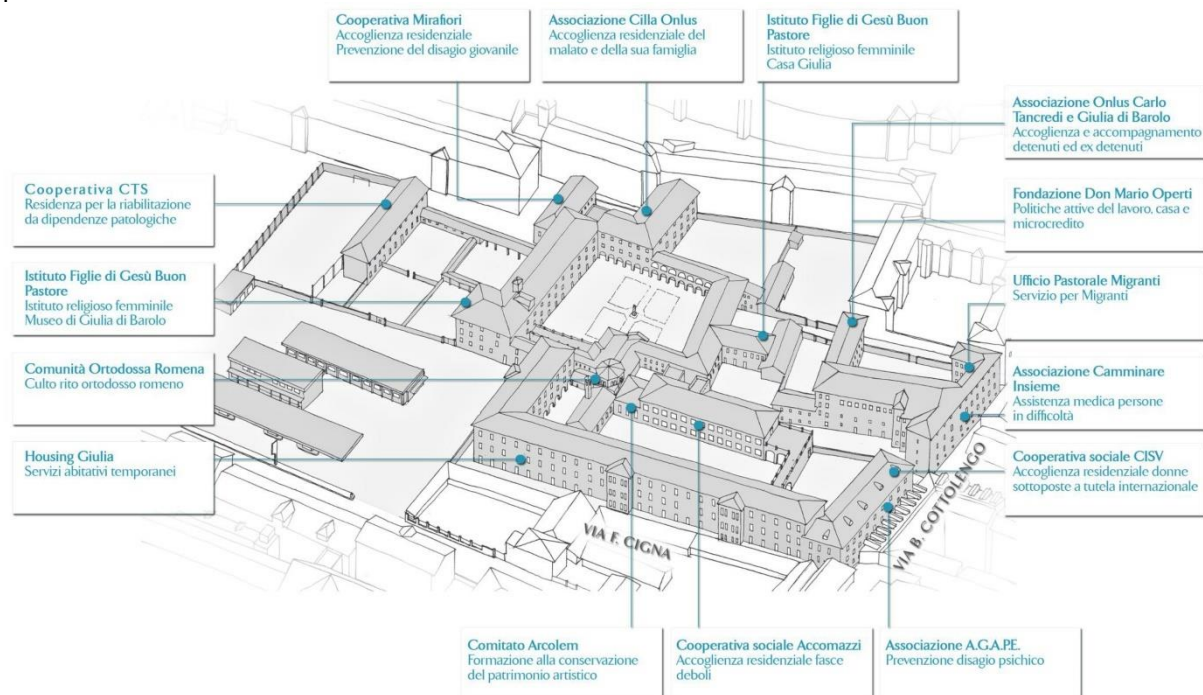


Fig. 1: Distretto Sociale Barolo, current intended use (<http://www.operabarolo.it/it/p-25/distretto-sociale-barolo>)

2. Construction of the Complex

The construction of the complex of buildings now known as the Distretto Sociale Barolo took place in the 1820s in Borgo Dora, in an area characterized by important connections with other welfare institutions. Even today the presence of these institutions gives this part of the city a strong social vocation (specifically, the Piccola Casa della Divina Provvidenza founded by Giuseppe Benedetto Cottolengo and the complex of Santa Maria Ausiliatrice by the Salesians in the Valdocco district) [4].

In 1823, the marquise undertook a first initiative in support of women with the creation of the Rifugio Institute, intended to accommodate former prostitutes and single mothers. Within the institute the girls could find hospitality, were educated and trained for a subsequent reintegration into society. Later, the Refugino was created next to the Rifugio with the objective of welcoming underage girls in difficulty. The desire to set up a real center dedicated to social welfare in the 19th century city continued in 1833 with the creation of the Maddalene Institute. This was conceived as a religious congregation, canonically erected in 1845, whose goal was to accommodate former guests of the Rifugio who wished to consecrate themselves to the monastic life at the end of their recovery process. Initially, the institute was located on the upper floor of the Rifugio but a new adjacent building designed specifically for the new congregation was built between 1835 and 1841. As a continuation of the project, in 1838 the realization of the Maddalene Institute also began. The institute was intended to house and educate young girls under the age of twelve, who were practicing prostitution [5].

A first representation of the consistency of the complex in the 1830s is contained in the *Tipo regolare del terreno proprio del Governo, e di quello dell'Ill.ma Sig.ra Marchesa Faletti di Barolo; e Pianta del Fabbricato costrutosi tanto sul Terreno del Governo ad uso dell'Opera Pia del Rifuggio, quanto su quello proprio della prelodata Ill.ma Sig.a Marchesa ad uso del Monastero delle Maddalene* [6]: the drawing shows the articulation of the area with an indication of the ownership of the land on which the buildings was located and indicates in black the presence of buildings pre-existing to the interventions promoted by the marquise [7]. The light gray color represents the building of the Rifugio built on the land purchased by the government, while the dark gray color indicates the Maddalene monastery. The wall separating the land owned by the government and that of the marquise, which was later demolished, is shown in red (fig. 2).

To complete the marquise's project, the Ospedaletto di Santa Filomena was built to provide aid to girls from the less wealthy classes. The idea of founding a hospital was born in the marquises Carlo Tancredi and Giulia Colbert Falletti di Barolo in 1833. The initial project was to be carried out in Moncalieri, where the marquises had bought a house and built a chapel in honour of Santa Filomena. However, since 1839 the marquise decided to move the hospital to Turin, for more convenient treatments and qualified

doctors. As a result, she bought a piece of land and built the building located in Via Cottolengo 24, between the Rifugio Institute and the convent of the Maddalene Sisters, at her own expense. However, it took a few more years to complete the project, until its inauguration in 1845 [8]. A floor plan of 1874 signed by Alessio Ruella, bursar of the Opera Barolo, illustrates the articulation of the complex with the inclusion of the hospital: the document, entitled *Opera Pia Barolo Ospedaletto, Rifugio e Ritiro delle Figlie Pentite pianta del piano terreno*, 1874, shows in black the Rifugio Institute, enlarged compared to the original nucleus, in gray the Maddalene Institute (or Ritiro delle Figlie Pentite), in red the Ospedaletto di Santa Filomena. The sequence of the buildings was marked by the presence of green areas and by an internal infrastructural organization aimed at ensuring the independence of the functions and the connection with the public road system. The boundary of the lot to the east was marked by the presence of the Casa della Divina Provvidenza (fig. 3) [9].

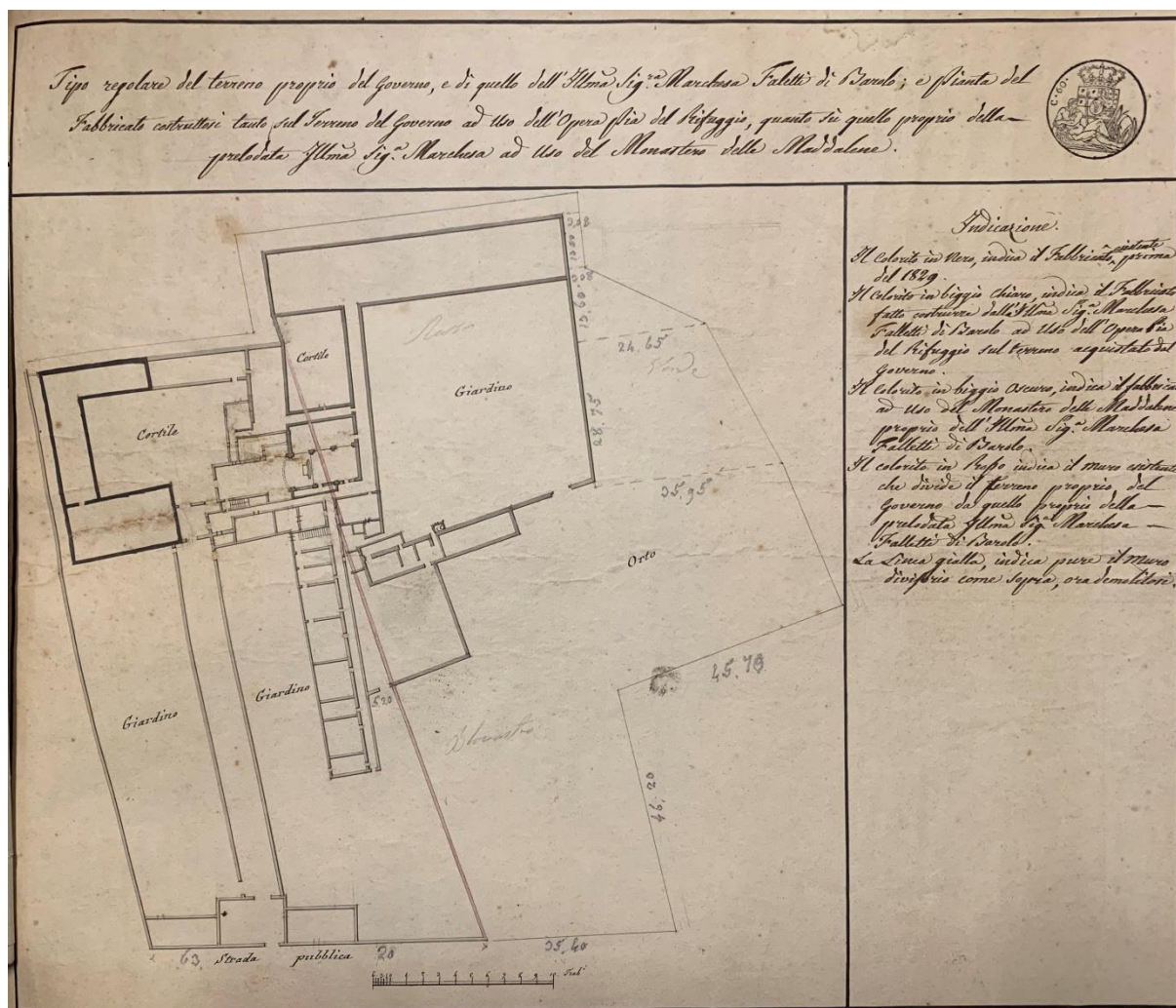


Fig. 2: Tipo regolare del terreno proprio del Governo, e di quello dell'Ill.ma Sig.ra Marchesa Faletti di Barolo; e Piante del Fabbicato costruttosi tanto sul Terreno del Governo ad uso dell'Opera Pia del Rifugio, quanto su quello proprio della prelodata Ill.ma Sig.a Marchesa ad uso del Monastero delle Maddalene (AAOPB, sezione VI, Planimetrie, stampe, disegni e manifesti, VI.3.1-5)



Fig. 3: Alessio Ruella, *Opera Pia Barolo Ospedaleto, Rifugio e Ritiro delle Figlie Pentite* pianta del piano terreno, 1874 (AAOPB, sezione VI, Planimetrie, stampe, disegni e manifesti, VI.3.1-4)

3. Ospedaleto di Santa Filomena

3.1 Origin and Transformation

The Ospedaleto di Santa Filomena was equipped with three medical sections: one surgical, one allopathic and one homeopathic. The management was entrusted to the Sisters of San Giuseppe, while a group of oblates, the Tertiaries of Santa Maria Maddalena took care of the nursing aspects. Next to the Ospedaleto di Santa Filomena in 1857 arose the Laboratory of San Giuseppe, a school of weaving, embroidery and knitting for girls of humble origins.

The plan of the complex drawn up by Ruella in 1874 illustrates the conformation of the hospital which featured a structure divided into three sleeves to delimit an internal space used as a garden. The structure was accessed through the southern building overlooking the public street (Via Cottolengo). To the north of the northern sleeve there were two other courtyards, overlooked by the oratory and the Laboratory of San Giuseppe and the service rooms. The internal uses of the complex are documented in a survey of the early 20th century [16]: on the ground floor it is possible to recognize the presence of reception and service rooms (waiting room, medical examination room, dressing room, refectory, kitchen and oratory of San Giuseppe, technical rooms containing the radiator). The upper floors housed the infirmaries according to a distribution scheme that contemplated the presence of a large room with a side corridor for access to the main space. The stairwells were in the corners of the structure (fig. 7).

The complex represented by Ruella was transformed and enlarged at the end of the 19th century following the request to adapt the structure to the changed needs. A municipal ordinance relating to the arrangement of the facade and laying of sidewalks along the southern elevation dates back to February 16th, 1898, to be completed by June 15th, 1900. The ordinance stated that the building “ha il muro a

due piani fuori terra privo di gronda, molto scrostato, sucido e senza marciapiede in pietra" [10]. The interventions carried out by the Opera Barolo in the following months were aimed at fixing this portion of the building. As a matter of fact, on July 23rd, 1898, the Opera Barolo was authorized to build a new access to the complex in the south sleeve and to enlarge four windows on the ground floor according to the project of engineer Giuseppe Tonta (fig. 4) [11]. In response to the ordinance of February 16th, on June 23rd, 1899, the sleeve on Via Cottolengo was enlarged and raised and a new portal was inserted on the project of Giuseppe Tonta under the direction of the Bellia company (fig. 5) [12].

With a project dated May 19th, 1903, the hospital underwent a modification of the sleeve located inside the property, in a transversal direction to Via Cottolengo, and used as an infirmary: Giuseppe Tonta's solution provided for a rise of about 1.5 m and allowed to give the infirmary on the second floor a height of 5 m to the advantage of the hygienic conditions of the room (fig. 6) [13]. The project foresaw raising the roof and constructing a new, higher ceiling, as well as lowering the windows to the floor level and constructing a stone balcony along the perimeter wall. The execution of the masonry works and of the accessory interventions was entrusted to the Bellia company. The technical studio Hennebique was involved in the execution of the reinforced concrete works, with a project signed by engineer Giovanni Antonio Porcheddu [14]. This is testified by an estimate dated August 2nd, 1901 for the pillars and floors, accompanied by a sketch of the dimensions of the pillars and beams and the thickness of the slabs (fig. 8). In a subsequent document dated April 12th, 1903, engineer Porcheddu suggested using hollow reinforced concrete beams in the corridor according to the Siegart system and acknowledged the non-applicability of the technology to the larger room given the capacity and span of the beams required [15].

Further interventions carried out in the 1910s were oriented to the extraordinary maintenance of the complex with the provision of iron windows [17], adaptation of the heating system to the renewed volume of the building [18] and renovation of rooms for use as infirmary on the second floor of the sleeve overlooking Via Cottolengo [19]. Moreover, in consideration of the great development of medical and surgical treatments at the hospital, the rooms used for laboratories and surgical operations had become insufficient: the lack of space adjacent to the hospital building made it impossible to build new ones, so the hospital administration turned its studies to an arrangement of the existing rooms to the changed needs with a narrowing of the service areas. Two rooms on the ground floor were adapted for new uses. Similarly, new operating rooms were built with an improvement and expansion of the bathroom facilities. The project of surveyor Martina, bursar of the Opera Barolo, was approved in 1907. The masonry work was entrusted to the Bellia company, which had already carried out already the previous adjustment projects. In addition, the blacksmith works were commissioned to the Enrietti company (fig. 9) [20].

In the following years, the good functioning of the Laboratory, which provided for the education of many students, required an increase in external surfaces, in view of the limited area available. The space necessary for the enlargement was acquired by the Maddalenine Institute, which, as illustrated in Ruella's plan of 1874, was the assignee of a vast outdoor area used as a garden. The 1912 project by Martina divided the Maddalenine's courtyard by a new partition wall and extended the portico adjacent to the institute [21]. The courtyard of the Laboratory was later equipped with a canopy [22].

In the decades preceding the Second World War, the Ospedaletto di Santa Filomena underwent general interventions aimed at ensuring the full performance of the functions assigned to it without disrupting the consistency of the building. These operations involved the floors of the infirmary on the first and second floors [23], the consolidation of floors and ceilings and roof restoration [24], as well as the addition of new plant engineering components (installation of an elevator [25] and water heating by radiators [26]).

Between February 1942 and July 1943, the building was severely hit by aerial bombardments. Consequently, the upper floor, with the whole ward of the medical division, and the Laboratory of San Giuseppe collapsed. Together with the reconstruction of the damaged rooms, it was necessary to arrange and raise the body of the building overlooking Vicolo delle Maddalene. In the report drawn up by the Technical Office in 1948, this sleeve was recognized as antiquated from both a structural and a distributive point of view, and no longer suited to the modern requirements of hospital construction [27]. The building continued to operate until 1972, when it definitively ceased to function as a hospital, but it continued as an infirmary and then as a medical-surgical outpatient clinic, and finally as a boarding house for elderly self-sufficient women. The latter also ceased operations in the 1990s [28].

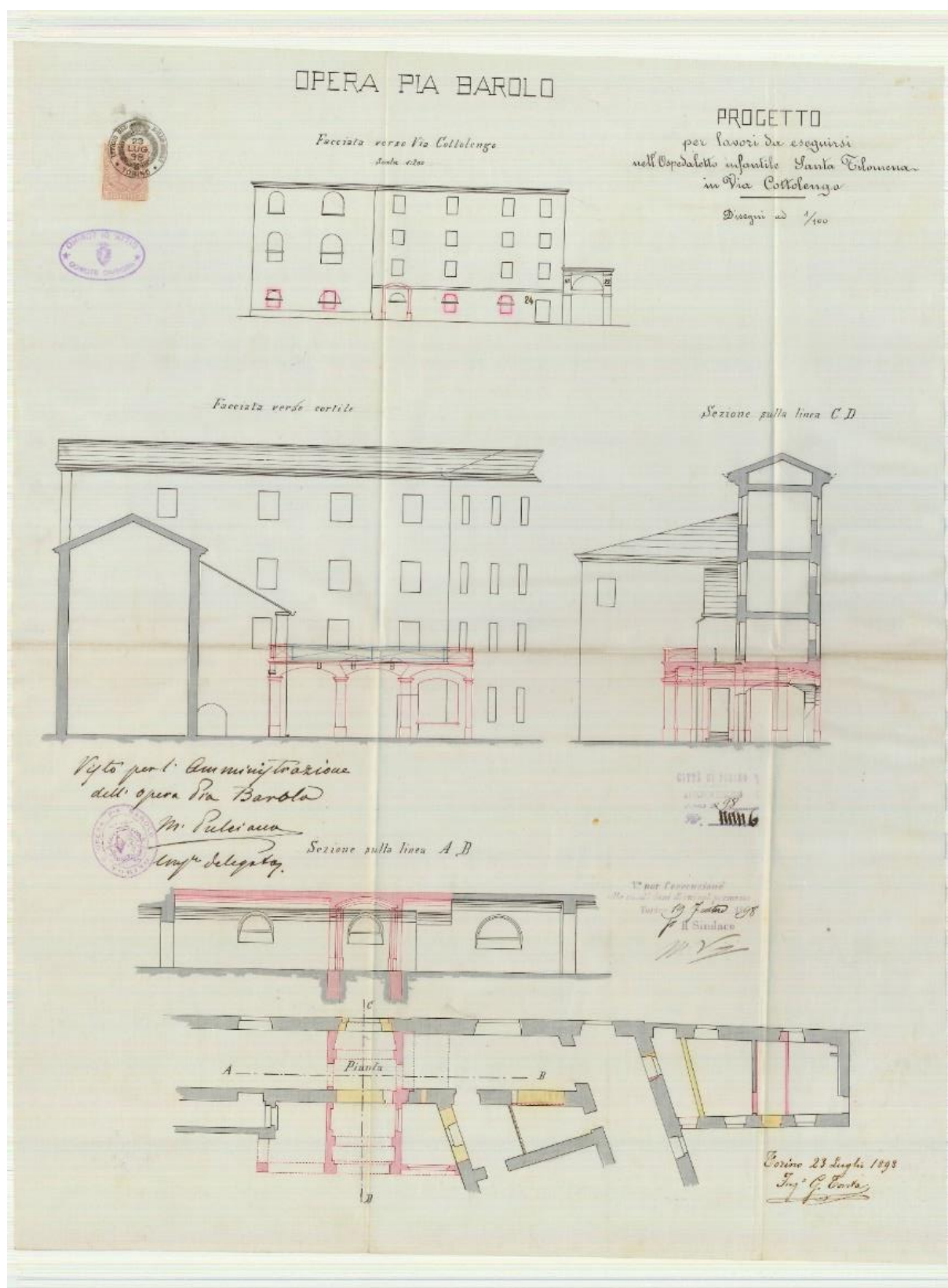


Fig. 4: Giuseppe Tonta, *Progetto per lavori da eseguirsi nell'Ospedale infantile Santa Filomena in Via Cottolengo*, 1898 (ASCT, Progetti edilizi, 1898/6)

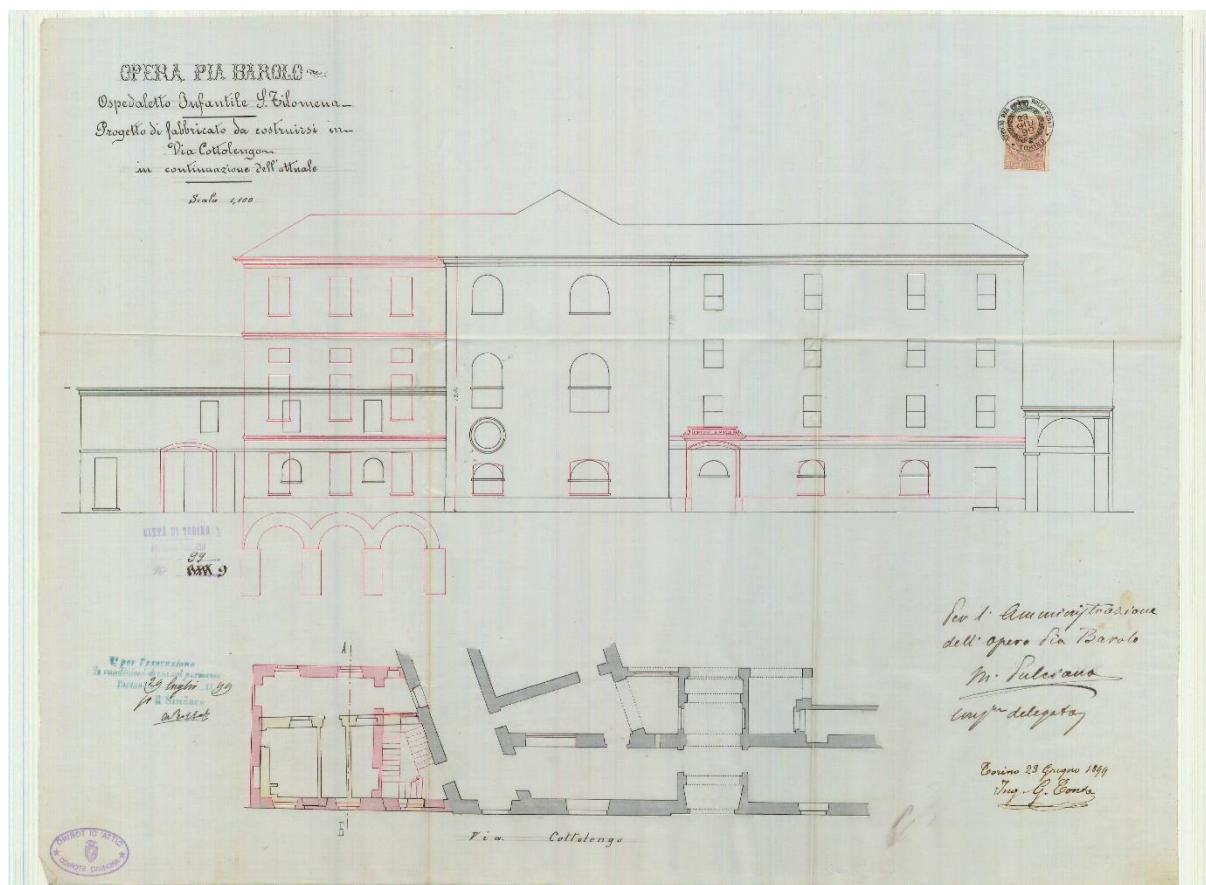


Fig. 5: Giuseppe Tonta, *Progetto di fabbricato da costruirsi in Via Cottolengo in continuazione dell'attuale*, 1899 (ASCT, Progetti edilizi, 1899/9)

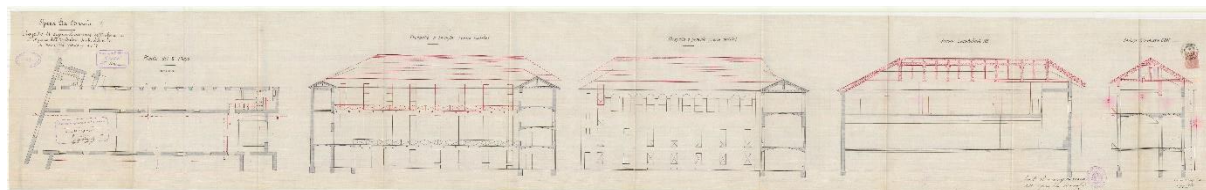


Fig. 6: Giuseppe Tonta, *Progetto sopraelevazione dell'infermeria al 2° piano dell'Ospedaleto Santa Filomena in Torino, Via Cottolengo n° 24*, 1903 (ASCT, Progetti edilizi, 1903/166)

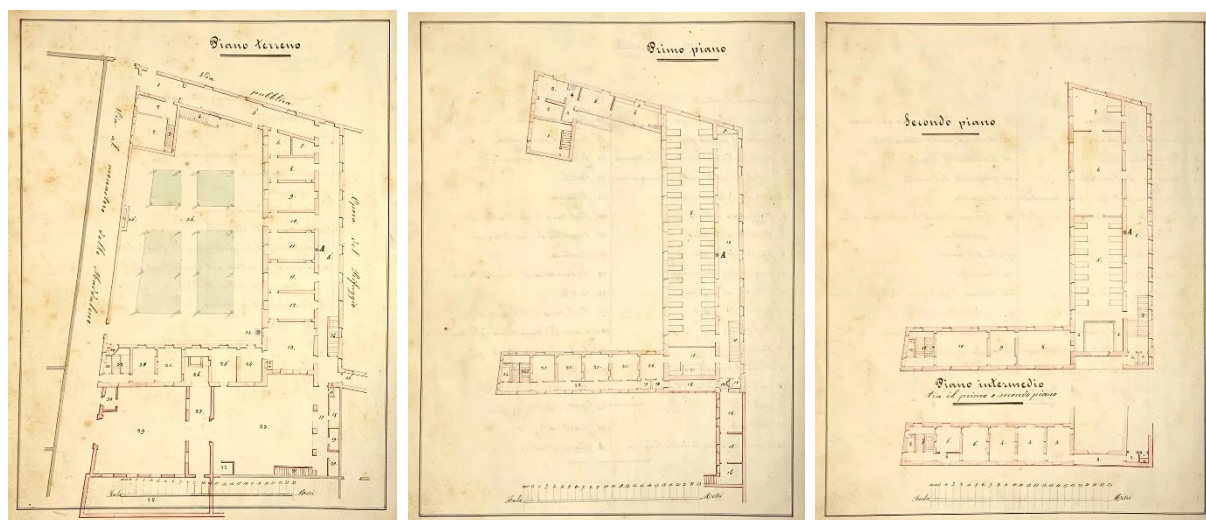


Fig. 7: Ospedaleto di Santa Filomena, [early 20th century] (AAOPB, sezione VI, Planimetrie, stampe, disegni e manifesti, VI.3.6.1-11)

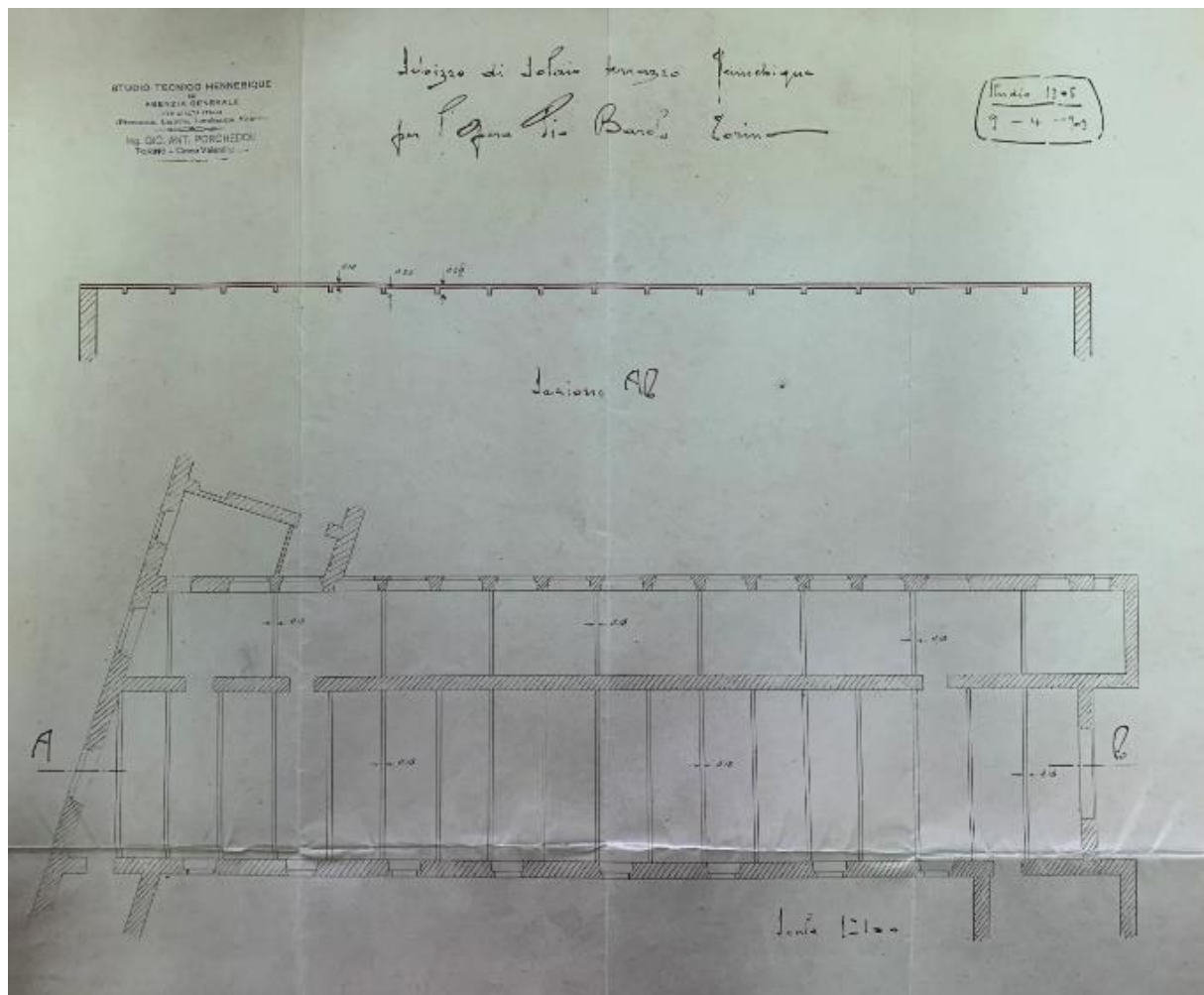


Fig. 8: Giovanni Antonio Porcheddu, *Schizzo di solaio terrazzo Hennebique per l'Opera Pia Barolo*, 1901 (AAOPB, sezione IV, Istituti Filiali, faldone 211, fasc. IV.6.2-20)

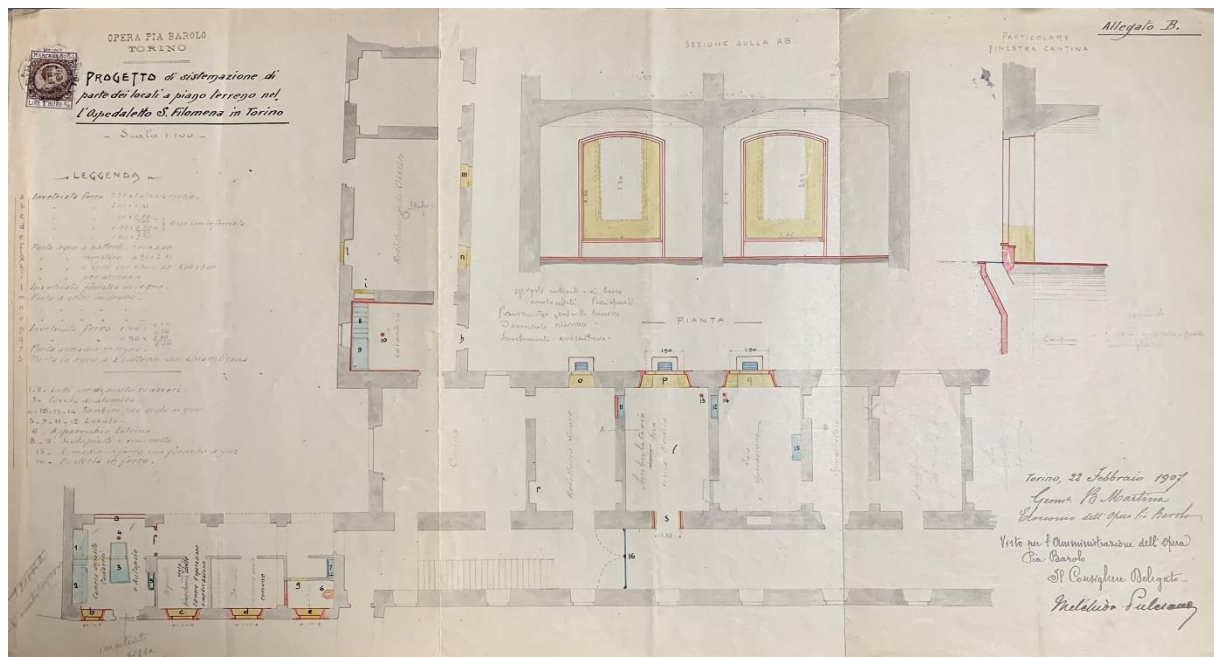


Fig. 9: Progetto di sistemazione di parte dei locali al piano terreno nell'Ospedale S. Filomena in Torino, 1907 (AAOPB, sezione IV, Istituti Filiali, faldone 211, fasc. IV.6.2-36)

3.2 From Decommissioning to Current Use

At the beginning of the 1990s, the lack of the original function was resolved by assigning the structure in free concession to the association Camminare Insieme. The association was founded in 1993 on the

initiative of volunteer doctors [29]; in the same year, an agreement was signed between the Opera Barolo and the association for the use of the spaces, as the project was part of the institutional purposes of the Opera. In 1994 the outpatient clinic was born thanks to a grant from the municipality of Turin for the renovation of the disused premises. Today, the building provides free outpatient services for indigent people, foreigners without medical assistance and people in difficulty, according to a vision that considers health as a common good [30]. Finally, in 2011, part of the building of the former Ospedaletto di Santa Filomena was renovated and granted on loan to the association Cilla, which offers hospitality to families of patients in city hospitals.

In the context of the initiatives of adaptive reuse of disused architectural heritage, the case of the Ospedaletto Santa Filomena represents an effective example of balance between intrinsic value and use value. The current function assigned to the building, in continuity with its historical use, has allowed Opera Barolo to maintain an active role in the urban and social landscape of Turin. The complex has reached the 21st century respecting the stratification of values of the asset.

The consistency of the building is still legible in the context of an adaptation to the demands of contemporary society, to the new needs and social and economic instances in progress. Current reflections on the commons place the accent, in fact, on the social utility that the individual and the community can gain from their use [31]. Along the same line, the involvement of third sector organizations can take on a significant weight in the definition of a renewed model of development that focuses on the sustainability of processes and the improvement of collective well-being. According to this vision, they can therefore be configured as a specific form of governance inspired by ideals of cooperation and solidarity, overcoming a vision that relegates them exclusively to a position of subjects aimed at the production of services ignored by the state or private entities [32].

In the case of the Ospedaletto, the new life of the building has resorted to non-profit associations to define new forms of management capable of updating a model of 19th century origin. What distinguished the action of the Opera Barolo, therefore, was not a change of use but a review of the management organization. It follows that the presence of non-profit organizations in the Ospedaletto di Santa Filomena has favoured a reuse oriented to public utility according to a broad vision of the asset and its effects not related only to economic components.

The example of the hospital testifies how the use of the building can be renewed over time without denying its historical roots. It represents an opportunity to preserve and adapt this architectural heritage while keeping alive its original welfare purpose, with a permanence of tangible and intangible components through social use [33].

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