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Evolutions in care and space for the dependent ageing in Sweden with some relevance to Denmark and Norway

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THE NORDIC MODEL: EVOLUTIONS IN CARE AND SPACE FOR THE DEPENDANT AGEING IN SWEDEN WITH SOME RELEVANCE TO DENMARK AND NORWAY

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abstract

This paper supplies an overview of present eldercare and architecture for the dependant ageing in the Nordic countries. Sweden is used as an example to detail the past and the present evolution of care and the spatial framework for this purpose. This description has mainly relevance to similar processes that are taking place in Norway and Denmark. In the Nordic countries, eldercare is part of the local authorities' responsibilities towards the ageing population. The Nordic welfare model promotes the concept of home as the ideal place in which to grow old with or without age-related problems. From the outside, the model could be seen as a homogeneous welfare model for older people that supplies either home care services to allow for a prolonged ageing in place or an individually adjusted care and caring in sheltered housing for the dependent and frail senior. Yet, eldercare in Denmark, Finland, Iceland, Norway and Sweden displays both dissimilarities and similarities. Based on available but rough statistics from the Nordic Council, the ideal balance between these possible outcomes seems to be achieved in Norway. Denmark and Iceland assume an extreme position on this Nordic continuum of eldercare, since they rely on either extensive home care services and sheltered housing or both. In contrast, Finland and Sweden constitute the other extreme with a smaller proportion of both home care services and eldercare for the dependant ageing within the sheltered housing.

In the Nordic countries, the recurrent use of the architecture competition provides a window for understanding the evolution of appropriate space for the dependant during the 20th century. In this five country region, the architecture competition system is similar as to organisational form and use among commissioners. During the assessment process, the most adequate architectural solution is promoted by use of five fundamental criteria: 1) ingenuity (the degree of innovation of the submitted architectural design); 2) functionality and usability; 3) aesthetical, architectural and environmental qualities; 4) sustainable and technical performance; and 5) economical and long-term investments. Based on the Swedish example, the cyclic use of the competition on a national level during the 20th century has promoted various prototypes of appropriate architecture for the group of dependent and frail seniors. This process has been guided by a gradual definition of the concept of homelikeness that is related to political reforms of the social act in an inclusive direction. Based on architectural drawings from three Swedish competitions, this space has gone from being no more than the size of a single bed into becoming an individual flat of 30 to 40 m². These flats have been organized in clusters with communal space for kitchening and socializing, a solution derived from the group living concept of the 1980s.

The Nordic countries are preparing for the emerging ageing society. In Norway, new guidelines for the built environment have recently been published, while the Danish approach emphasizes the existential aspects of growing old. Sweden is searching for a renewal of housing for older people in general, both in ordinary housing and in residential care homes by use of the architecture competition. The architectural development describes the ideo-political process of emphasizing the individual's universal right to a place called home even in a situation of an age-related dependency on societal assistance.

Introduction

During the 20th century, the Nordic countries, Denmark with Faroe Islands and Greenland, Finland, Iceland, Norway and Sweden, have realized five different but similar-looking welfare states, in which social services are distributed in an egalitarian and uniform way. This paper focuses on eldercare and architecture intended to be used for eldercare. It provides a broad overview of how space for ageing in place and the dependant ageing has evolved in the Nordic countries during the 20th century. Moreover, it maps ongoing tendencies in the contemporaneous preparation for the emerging ageing society. Before entering the topic, some definitions are of necessity: In this paper, eldercare refers to two types of eldercare: firstly, it targets home care services that allow for a prolonged ageing in place within the ordinary housing, and secondly, it concerns the 24 hour care and caring for dependent and frail older people who live in sheltered housing. In a similar manner, architecture is used in its broadest sense of understanding: the concept of architecture includes both physical planning, landscape planning, architectural design, and interior decorating. It is assumed that these four aspects of architecture are vital constituents of the milieu that the older person perceives in the ordinary or sheltered housing. Ordinary housing refers to flats available at the open market. In some cases, such housing can be targeting a special groups of older people, normally aged 55 years and older (senior co-housing, safe-haven residences, collective housing). Sheltered housing implies an individual assessment process of need of eldercare by the municipality prior to receiving a lease in a residential care home. The Swedish context is used in order to detail the evolution of eldercare and the spatial framework that has been invented for this purpose in the Nordic countries during the 20th century. The Swedish empirical findings have mainly relevance for the situation in Denmark and Norway, but it is likely that they, to some extent, also apply to circumstances in Finland and Iceland.

The Nordic countries share a long communal history, either as independent kingdoms engaged in reciprocal hostilities or as members of utilitarian alliances that have been defined for political reasons. The following historical landmarks describe roughly this co-existence during the last 700 years: The Kalmar Union that integrated the Danish, Norwegian and Swedish kingdoms was created in 1389. The main motive for this union was dynastic reasons, and Finland and Iceland became part of the alliance on a secondary level. In 1523, the Danish dominance over the union administration made Sweden break loose in order to form an independent kingdom that involved the annexed Finland. Denmark continued to head the remainder of the Kalmar union, namely Norway and Iceland, until the beginning of the 19th century. As a consequence of Napoleon Bonaparte's redefinition of Europe, the Nordic map was also redrawn: In 1809, Sweden conceded Finland to Russia. This was mainly due to the Swedish headstrong opposition against the revolutionary France, which until 1789 had been influential actor in Nordic politics. The Vienna congress forced Denmark to concede Norway to Sweden. The union between Sweden and Norway lasted until 1905. Then, the Norwegian independence movement put pressure on the Swedish administration and made the co-habitation no longer possible. Norway re-emerged as an independent kingdom. As a consequence of the Kalmar Union, the Faroe Island, Greenland and Iceland remained under the Danish crown. During the First World War, the Nordic countries managed to claim neutrality, but during the Second World War, Denmark with the Faroe Islands, Greenland and Iceland, Finland and Norway were seriously affected by the Nazi aspiration for world hegemony. Despite questionable concessions to Nazi-Germany, Sweden managed once again to claim neutrality. During the Second World War, Iceland declared independence and the present constellation of Nordic countries crystallized. In 1954, the Nordic countries formed the Nordic council as a forum for a continued and ongoing exchange of ideas on various matters that relate to the realization of the welfare state.

The Nordic welfare model is generally perceived as an extensive and well-organized civil administration that is active on a local, regional and national level. It is financed through public funding and the taxation of the Nordic citizens (Szebehely, 2005). In the case of eldercare, these services are open for any older citizen regardless of financial status but they are related to individual needs of care and caring. However, the alleged homogeneity of the Nordic welfare model is somewhat illu-

sory, and each Nordic country displays a national implementation of general welfare goals that are correlated with native culture and traditions, not to mention political and financial reasoning. Like many other countries in the western hemisphere, the Nordic countries are entering the ageing society with a significantly larger proportion of older people among the population. This tendency occurs parallel to a declining nativity rate, and a decreasing number of the working population (Council_of_Europe, 2005). The following paper is divided into three sections. The first part presents briefly the Nordic welfare model as it is implemented in the five countries, and it supplies a statistical comparison. In addition, the architectural space for the contemporaneous ageing process is explored. The second part enters the public procurement process of eldercare and architecture intended for eldercare. This part contains a historical backdrop to the use of architecture competitions in order to define space for the dependant ageing process. This retrospect describes in detail how appropriate architecture for dependant and frail people has evolved in Sweden, a continuous *inquiry by design* process (Zeisel, 2006), with some relevance to the development of similar space in Denmark and Norway. The third part also uses the Swedish context, and this section presents three contemporaneous architecture competitions in which the architectural design is used as a socio-political instrument to promote innovative space for the emerging ageing society. The paper ends with a short discussion and some conclusions to draw from this overview.

I. Eldercare in the Nordic countries

Despite the fact that the Nordic countries closely collaborate in the Nordic council, pertinent statistics for an intra-comparison between the countries are difficult to establish (Szebehely, 2005). Globally, some 24.9 million people live in the Nordic countries. Slightly differing statistical methods and different understandings of key issues that pertain to eldercare make the following data to be considered as preliminary. Given these words of precaution, the data has been used to establish a rough outline of the Nordic countries. This outline supplies some basic characteristics: Sweden has the largest proportion of older people aged 65 years and older among the Nordic countries; all in all 18.0 per cent; see Table 1. This could partly be explained by the generous immigration policy that Sweden has defended since the 1950s, but other parameters like socio-economics, public health and similar factors may elucidate this difference further. This circumstance propels Sweden into a fourth place of the top-ten countries in the European Union with a large proportion of older people (Council_of_Europe, 2005). The list is headed by Italy with 20.0 per cent, followed by Germany 20 per cent, and Greece with 19 per cent (Ibid.). In the Nordic context, Finland comes in second place with a proportion of 17.5 per cent concerning persons aged 65 years and older (Ibid.). In addition, these two countries have the largest proportion of older people aged 80 years and above, 4.8 per cent each (see table 1).

Table 1. Overview of Nordic public eldercare that allows for a rough comparison of conditions and ongoing tendencies in the Nordic countries.

	Denmark		Finland		Iceland		Norway		Sweden	
population	5 560 628	<i>in 2011</i>	5 375 276	<i>in 2011</i>	318 452	<i>in 2011</i>	4 920 305	<i>in 2011</i>	9 415 570	<i>in 2011</i>
age group 65 years and older	934 186	16,8%	940 673	17,5%	39 170	12,3%	742 966	15,1%	1 694 803	18,0%
age group 65-79 years old	706 200	12,7%	682 660	12,7%	28 342	8,9%	521 552	10,6%	1 242 855	13,2%
age group 80 years and older	227 986	4,1%	258 013	4,8%	10 827	3,4%	221 414	4,5%	451 947	4,8%
ageing in place (home care services provided in individual flats within the stock of ordinary housing)										
age group 65 years and older	154 277	16,5%	57 495	6,1%	7 691	19,6%	76 369	10,3%	152 854	9,0%
age group 65-79 years old	57 310	37,1%	18 796	32,7%	–	–	21 471	28,1%	42 542	27,8%
age group 80 years and older	96 967	62,9%	38 699	67,3%	–	–	54 898	71,9%	110 312	72,2%
frail ageing (24 hour care and caring provided in a sheltered housing)										
age group 65 years and older	43 326	4,6%	49 553	5,3%	3 130	8,0%	68 285	9,2%	106 134	6,3%
age group 65-79 years old	11 391	26,3%	14 600	29,5%	742	23,7%	15 801	23,1%	22 813	21,5%
age group 80 years and older	31 935	73,7%	34 953	70,5%	2 388	76,3%	52 484	76,9%	83 321	78,5%
total eldercare (refers to boths individually assessed need of care and caring provided at home (ageing in place) or in sheltered housing (frail ageing))										
age group 65 years and older	197 603	21,2%	107 048	11,4%	10 821	27,6%	144 654	19,5%	258 988	15,3%
age group 65-79 years old	68 701	34,8%	33 396	31,2%	742	6,9%	37 272	25,8%	65 355	25,2%
age group 80 years and older	128 902	65,2%	73 652	68,8%	2 388	22,1%	107 382	74,2%	193 633	74,8%

Note s:

1) and 2) Source EUROSTAT 2011: <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&language=en&pcode=tps00001&tableSelection=1&footnotes=yes&labeling=labels&plugin=1>.

3) NOSOSKO 2011: Social tryghed i de nordiske lande 2008/09: <http://nososco-da.nom-nos.dk/filer/publikationer/Trygtext%202010.pdf>.

* *Adapted from the Nordic countries*

Denmark, including Faroe Islands and Greenland, has the third largest group of people aged 65 years and older, 16.8 per cent, followed by Norway with 15.1 per cent. At the end of the list, Iceland is found with a number of 12.3 per cent; see Table 1. In these three countries, the proportion of older people aged 80 years and above is somewhat smaller than in the Finnish-Swedish situation, between 3.4 to 4.5 per cent; see Table 1. Taking into account both home care services that are provided in the older person's individual home and the 24 hour care that is given to the dependent and frail older person in a spatially condensed flat in a sheltered housing, municipal eldercare seems to reach a larger proportion of older people in Iceland and Denmark, between 21.2 and 27.6 per cent, than in Finland and Sweden, the number is between 11.4 and 15.3 per cent. Norway assumes an intermediary position with 19.5 per cent; see table 1. The lower levels of home care services and sheltered housing in Finland and Sweden can be explained by the ongoing trend of a decreasing municipal eldercare provided in sheltered housing and the prioritization of home care services. This decrease in eldercare services can be noticed even for the other Nordic countries during the last decade of the old century (NBHW, 2009b; Szebehely, 2005). Moreover, these home care services are being re-oriented to include also home medical care services provided in the ordinary housing in order to allow for a prolonged ageing in place (Szebehely, 2005). This transformation of eldercare is also correlated with an extended personal responsibility of the older person and his or her relatives to make preparations for old age, although the Nordic principle for eldercare exclude the family as the prime supplier of eldercare (Rostgaard et al., 2011). The level of eldercare provided by the family is difficult to assess in numbers, but a rough estimation based on Swedish conditions suggests that eldercare supplied by family caregivers would account for two thirds of the services provided.

A municipal affair

In the Nordic countries, eldercare is defined as a municipal responsibility vis-à-vis the older citizen, and family or relatives have no obligation other than moral to take part in this daily support (NBHW, 2009b; SFS1980:620, ; SFS1991:900). In Sweden, the public opinion in general claims that eldercare should be supplied by a public organization rather than a private entrepreneur (Szebehely, 2000). However, during the 1990s, new management ideas for the organization of the municipal obligations gained ground (New public Management, NPM), first in Sweden and then in Denmark (Szebehely, 2005). This marketization principle has led to a change in the role of the local authority. In Denmark and Sweden, the municipalities have to assume a clearly defined role as either a commissioner of municipal services or providers of the same. The model has been implemented universally in Denmark, and about eighty per cent of the Swedish municipalities respect the commissioner-supplier model (NBHW, 2009b; Szebehely, 2005). In Norway, some 10 per cent, mainly the larger municipalities respect the principle, but, in Finland and Iceland, the principle is slowly being implemented in some municipalities (Szebehely, 2005). However, since the provision of eldercare by a municipal operator still prevails in the Nordic countries, the municipalities remain active as both important commissioners and providers of eldercare (Szebehely, 2005). In both Denmark and Sweden, eldercare provided by private care entrepreneurs, often with a pan-Nordic activity, is accountable for about 20 per cent of the eldercare that is realized in these countries (NBHW, 2009b; Szebehely, 2005). Since 2002, the ageing Danes can make a personal choice (*frit valg*) from a limited number of municipal or privately run eldercare providers and (NBHW, 2009b; Szebehely, 2005). In 2008, the individual choice of eldercare provider for older people was introduced in Sweden (SOU_2008:15). In a slower pace, this client-friendly model for eldercare has been introduced in Finland and Norway, and is currently debated in Iceland (Szebehely, 2005).

New tendencies in the ageing process

The actual process of ageing process in the Nordic citizens has changed appearance. Contrary to what was assumed during the 1980s, dementia has become the most frequent age-related problem by the end of the last century instead of cancer, heart diseases and locomotive impairments (NBHW, 2007; Parker, Ahacic, & Thorslund, 2005; Parker & Thorslund, 2007; Thorslund, Lennartsson, Parker, & Lundberg, 2004). In the Swedish context, this could partly be explained by a

large proportion of older people aged 80 years and older (Engedal et al., 2006; Szebehely, 2005). However, the increasing prevalence of dementia is not a particular Nordic phenomenon, it is also occurring in other western welfare states (Boller & Forbes, 1998; Brunnström, Gustafsson, Passant, & Englund, 2009). The new tendency in the ageing process has also affected the architectural framework that surrounds daily eldercare. It could be said that the ageing process also affects the Nordic seniors' housing habits. In Sweden, the main reason for moving to a sheltered housing today is either a dementia diagnosis or a complex long-term condition that implies several simultaneously occurring diseases (Fratiglioni, Marengoni, Meinow, & Karp, 2010). The prolonged ageing in place takes place within the ordinary housing, while the dependant ageing process is found in various types of sheltered housing.

Architecture for ageing in place

Based on available statistics from Denmark, Norway and Sweden, the typical Nordic residential architecture consists of small-scaled, detached or semi-detached houses for one to two households. These houses are either one or two storey buildings that are mainly privately owned real estate property. In densely populated areas in the city regions, multi-storey dwelling buildings are found. The housing market differs in the Nordic countries, but based on the Swedish context the following outline could be made: Flats or individual houses are made available to housing clients by use of tenancy agreements between the individual and a housing company (municipal or private), or by purchasing a single flat or house while the full building or a group of houses are managed as a condominium. Other types of housing arrangements for special client groups (students, young families, seniors and others) exist also like co-housing (bofaelleskap, bofelleskab, boendegemenskap, kollektivboende). However, the number that pertains to this category is low, just 2 to 3 per cent in Denmark and Norway. In Sweden, the official statistics do not present this type of housing separately, and, since 2005, the number is integrated in a single category that pertains to housing with tenancy agreements in any form, see table 2.

Table 2. Overview of residential housing in the Nordic countries

	Denmark		Finland		Iceland		Norway		Sweden	
residential housing, total	2 574 988	<i>in 2011</i>	2 768 000	<i>in 2008</i>	95 800	<i>mid 1990s¹</i>	2 281 315	<i>in 2011</i>	4 503 041	<i>in 2008</i>
semi-/ detached houses	1 523 428	59,2%	NP	–	NP	–	1 708 726	74,9%	2 042 136	45,4%
multi dwelling buildings	979 037	38,0%	NP	–	NP	–	529 453	23,2%	2 460 905	54,6%
multi storey buildings CH ³	72 523	2,8%	NP	–	NP	–	43 136	1,9%	NP ¹	–
ordinary housing, OP*									36 661	<i>in 2011</i>
ordinary housing, OP total	NP ²		NP	–	NP	–	NP ²		36 661	0,8%
collective housing	NP ²		NP	–	NP	–	NP ²		NP ¹	–
safe-haven residences ³	NP ²		NP	–	NP	–	NP ²		3 900	0,1%
senior co-housing	NP ²		NP	–	NP	–	NP ²		32 761	0,7%
sheltered housing, OP**	72 287	<i>in 2010</i>					42 353	<i>in 2010</i>	102 097	<i>in 2010</i>
residential care homes	69 480	<i>in 2010</i>	NP	–	NP	–	41 027	<i>in 2010</i>	93 980	<i>in 2010</i>
short term housing	2 807	<i>in 2010</i>	NP	–	NP	–	1 326	<i>in 2010</i>	8 117	<i>in 2010</i>

Notes

NP - this type of statistics have not been possible to establish due to language issues. NP¹ = since 2005 collective housing or co-housing is no longer presented separately in the Swedish statistics; NP² = The data are inconclusive and not possible to attribute to older people. OP* - this number is included in the total for residential housing; OP** - this type of housing is subject to an individual assessment prior to receiving a lease for a flat, this number is not included in total number for residential buildings. Furthermore, the number is not fully conclusive since it might refer to available places (Sweden) or the number of residents (Denmark and Norway); Residential care home is an approximate translation for Danish (plejehjem, beskyttede boliger, plejeboliger, almene ældreboliger, andre boliger, friplejeboliger), Norwegian (sykehjem, sykehjem, aldershjem, kombinerte sykehjem) aldershjem, boform med heldøgn omsorg), and Swedish terms (särskilda boendeformer, äldreboende, vård & omsorgsboende). 3) CH = co housing in general but not possible to correlate with age group. 4) Safe-haven residence is the author's term for a newly introduced idea about housing for ageing in Sweden (trygghetsboende) that implies a structure that contains various services paid for by the residents in order to ensure a certain level of safety and security (not being all alone). The official Swedish one is still sheltered housing.

Sources: Statistics Denmark, Statistics Norway, Statistics Sweden, Swedish Institute for Assistive Technology SIAT,

In both Denmark and Norway, new types of housing that targets the increasing group of older people are emerging. However, the official Danish and Norwegian statistics do not present these conclusively. In Sweden, housing that targets older people who are aged 55 years or older, the so-called senior co-housing, implies two categories of architecture. The most common definition of senior housing refers to high quality architecture in centrally located areas in attractive city regions in order to attract older persons to choose this type of housing. The main features of this type of architecture are an exterior architectonic richness and high class material and artefacts (wood, lime-

stone, chimneys) in the individual flat. Stairwells and other locales (storage, garage, communal space) in these buildings are often condensed, and, in some cases, the level of accessibility and usability for a disabled person could be compromised. The layout of the floor plan follows general trends in residential architecture: For the moment, this means a design of the flat as a large mono-space that includes all necessary functions for hygiene, kitchening, socializing, sleeping and storage but with a limited number of circumscribing walls (Stiftelsen_ARKUS & ARKUS-föreningen, 2007). This type of housing has also been used as an incentive to make older people move from the suburb and, vice versa, entice families with children to move to the suburb. Moreover, the architectural design and layout of these buildings have been closely attuned to the target group's needs and requirements; see Figure 1.

Figure 1. Some photographs of a high quality senior co-housing in Uppsala, designed by the architect's firm Brunnerberg & Forshed Arkitekter AB, Stockholm, Sweden.



However, during the first decade of the new millennium, a new type of senior co-housing has emerged in Sweden. Municipal housing companies have started to offer senior co-housing for older people with smaller personal economies. In these cases, older residential architecture has been refurbished or slightly adjusted to meet national goals of an accessible and usable built environment for persons with cognitive or functional impairments. In addition, the so-called service co-housing for older people that evolved in the Nordic countries from the 1950s until the 1980s has been converted into senior co-housing. Although service co-housing and senior co-housing are quite similar as to basic concepts, the most essential difference is that the supply of services in the new type of senior co-housing has been transferred from being a municipal responsibility to the individual residents. In the modern senior co-housing, services (restaurant, beauty parlours, and hair dressers) are subjected to open competition and outside the municipal responsibility for eldercare. As a consequence of a Swedish parliament committee, the so-called Delegation on Elderly Living (Äldreboendedelegationen) another third type of senior co-housing for older people who still are able and fit has emerged in Sweden. In this paper, this housing is termed safe-haven residences (trygghetsboende) since its main feature is communal spaces that are specially designed to suit the needs of the body of residents (DEL, 2007). Often, these residents share a common fear of living all alone and apart from any close relative who could assist in the case of an emergency situation. Thus, the safe-haven residences install a climate of safety and security for the residents within an ordinary type of housing. Since 2008, special state subsidies have been introduced in order to promote this type of housing for frail older people (MHSA, 2007).

Architecture for the dependant ageing process

The different regulatory statuses that are found in the European countries and in the US makes it difficult to use a universal term for architecture intended for the dependant ageing process (Andrews, 2005). This paper uses the British term residential care homes in order to describe the Nordic type of sheltered housing that is intended for frail older people with dementia or long-term conditions; see Figure 2.¹ The American homologue would be assisted living, and the equivalent French term would be the EHPAD, (l'établissement d'hébergement pour des personnes dépendantes et âgées).

In Denmark, Norway and Sweden, some 204 487 frail older persons live in a residential care home. This equals 0.8 per cent of the full Danish- Norwegian-Swedish population of 25.6 million inhabitants. Thus, based on statistics, it could be said that architecture for the dependant ageing is a special type of architectural space that combines homelike aspects, demands on a work-friendly environment and the hygienic and spatial requirements of care and nursing. In Sweden, a flat in a residential home is considered to be the equivalent to a flat at in the ordinary housing sector. The same legislative framework concerning tenancy agreements applies to both types of housing in Sweden (SFS1970:994). In Sweden, the spatial requirements for this type of housing together with housing for university students are detailed in a special section of the Building Act (SFS1987:10). This section concerns flats of a maximum surface of 55 square-meters. In these cases, space for cooking, dining, and socializing can be transferred from the individual flat to a communally shared space in order to meet the national guideline of an appropriate dwelling (BBR1993:57, 2008). Besides the communal space for a group of residents, and in the case of a residential care home, additional space is required in order to provide an appropriate working environment for the care staff. During the 1990s, the Swedish building legislation went from being a normative framework into becoming a collection of open guidelines and recommendations. This means that the actual distribution of space from the individual flat to a communal space is open for interpretation in a new project for residential care homes. The ratio is subjected to control by the authorities during the building control process that follows upon a building permit. Since 2007, special state subsidies have been introduced in order to promote an increase of the available flats in this type of housing for frail older people (MHSA, 2007).

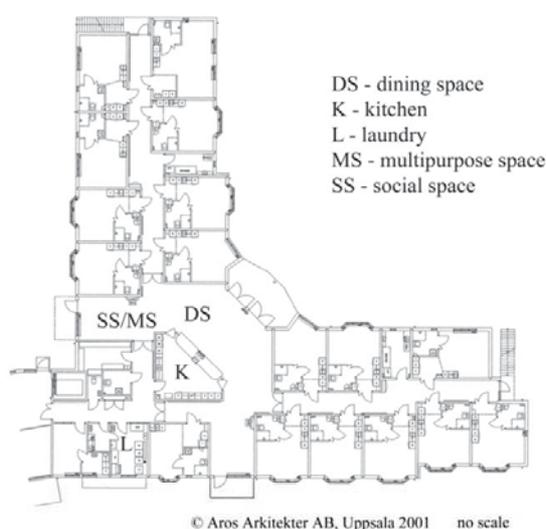
Figure 2. Some exterior photographs of residential care homes in Denmark and Sweden (Photo to the left Vejle, Denmark, and the three photos to the right S:t Knut, Höllviken, Sweden).



A lease of a flat in a residential care home is offered after an assessment of the individual's needs of eldercare and type of care and nursing. It is the municipal administration for social welfare and health that undertakes this investigation and any application for a flat in a residential care home must be addressed to this municipal administration. This assessment might lead to an extended level of home care services, or a lease of a flat in a residential care home. Besides a monthly rent, the tenant will pay a fee proportional to the assessed need of eldercare that will be provided in the residential care home. As indicated above, the eldercare in the residential care home is provided by either the municipal eldercare organization or by a contracted private entrepreneur specialized in this field. The Swedish municipalities define these care commissions that imply a time-limited contract, often for a four year period, open for renegotiation in case of badly provided eldercare. In Sweden, there are some 2 644 buildings that are used as residential care homes (Andersson, 2011a). On the internet, these are listed under the headline 'municipal eldercare' that the municipality presents on the individual website. The care and management of the municipal residential care homes are supervised by the county councils. On a national level, the National Board of Health and Welfare, NBHW, monitors the eldercare and can initiate punitive actions against the municipalities in the case of a poorly provided eldercare.

Since 2006, the NBHW has launched a webpage that allows for open comparisons and assessments of care and health services provided by the Swedish municipalities (NBHW, 2008).² This data base is also motivated by the introduction of the civil right for people to make an individual

choice of eldercare provider among the contracted ones that have been commissioned by the local authority (SOU_2008:15). This right also include the possibility to reside in a residential care home in another municipality than the domestic one. In a Swedish context, a flat in a residential care home implies an individual flat of approximately 20-40 square-metres. In Denmark, the floor plan of the individual flat seems to somewhat larger, above 30 square-meters in general.



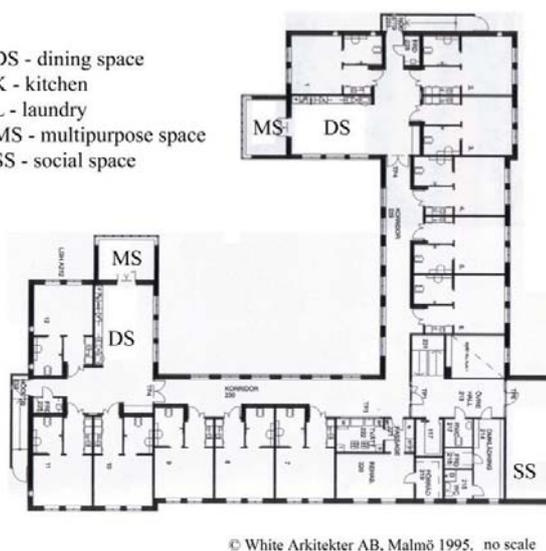
Myrbergsgården: the communal space is an example of principle X where the multipurpose space integrates a corridor in order to create a unit of 8 to 9 flats. The compacted space created spatiality with straight passages and few meeting points. The flats are of the principle Z where a multipurpose space is divided into a cellular space for bathroom.



Ros-Andersgården: Ros-Andersgården: the communal space is an example of principle Y, where three entities (cell, corridor, and niche) are used in a combination in order to animate the interior space and create a design similar to a street. The corridors end with a space where furniture could be installed and create social meeting Places. The flats are compacted and of the principle Y.



Helgunggården: the communal space in an example of principle Z, where three entities (cell, corridor, and niche) are integrated into a larger space in order to create a multipurpose space with invisible but perceived limits between the entities. This is done by spatial arrangements like furniture or greenery. The flats assume the standard layout of the ordinary dwelling and describe the principle Y.



Postiljonen: Postiljonen: the communal space is an example of principle Y, where three spatial entities (cell, corridor and niche) are combined in order to animate the interior space and emphasize transpatiality by creating a gallery around the inner courtyard. The flats are also of the principle Y.

Figure 3. Three floor plans of communally shared space and private space as demonstrated by the floor plans belonging to three residential homes in the sample.

Often, the layout of the flat in a residential care home supposes an open multi-purpose space that is used as a combined bedroom, kitchen and living room. In most cases, the bathroom is connected to the multi-purpose space, although the normal standard in Nordic residential architecture is that this type of space opens to the hallway or a neutral passage. The hallway, sometimes with a kitchenette at one side, connects the flat to a communally shared space for a cluster of flats. In Sweden, the normal size of these clusters is 5 to 8 flats, although this number has started to increase to include 9 to 10 flats. In Sweden, the design of the flat has evolved from being a homologue to the small flats with one or two rooms with separate kitchen, hallway and bathroom of the ordinary housing (Andersson, 2011a), see Figure 2.

In Sweden, few studies exist on residential care homes seen as architecture and real estate property. In 1992, the so-called ÅDEL-reformen, that concerned mainly the distribution of the responsibilities between the municipalities and the regional county councils to provide for older people in terms of primary health care services, medical care, and appropriate housing, resulted in a massive transferral of architecture used as various types of housing for frail older people (convalescent homes, geriatric wards, nursing homes, old people's homes and other) from the regional actor to the municipal counterpart. Based on this event, the fundamental assumption of this paper is that the Swedish residential care homes are dominantly managed by a municipal administration for real estate matters or a real estate company that is owned by the municipality. Moreover, the main stock of flats in Swedish residential care homes concerns a studio for a single user, and flats designed for a couple or partners accounts for only some few per cent. The webpage supplied by the NBHW states mainly the orientation of the eldercare given and the number of staff per residents, but little information is added to the architectural design of the buildings. A survey of 14 residential homes in four Swedish municipalities suggests that the stock of buildings contains examples of architectural models from any period during the 19th century: buildings from the first decade of the new millennium accounts for about 37.5 per cent, the 1990s for about 43.8 per cent, the 1980s for about 6,1 per cent, and buildings from the 1970s or earlier for about 12.6 per cent (Andersson, 2011 (in press)). Since the built environment constitutes the physical framework for eldercare intended for the dependant ageing it is closely intertwined with national socio-political ambitions for the welfare state's responsibilities towards the older citizens: the slower pace of change that architecture installs upon human interactions with built space makes the architecture into a reflection of changing paradigms in societal health and social services.

II. Public procurement of eldercare and architecture

The Nordic municipalities assume a long list of various practical and social responsibilities in order to care for the local citizens. As indicated above, the marketization principle guides not only the provision of eldercare but also other services. This means that both eldercare services—provided as home care services in the older person's homes or as 24 hour care and caring in local residential care homes—and architectural, constructional and engineering services—that relate to the realization of a new or a refurbished residential care home or other building commissions—are to be published as public notices in order to promote a fair and open competition for public contracts (F.R.I., 1998; SOU_2008:15).

Public procurement of eldercare

The public procurement of eldercare in Denmark and Sweden might be seen as a particularity of Nordic eldercare, but, it is motivated by the introduction of the individual choice in the public sector (NBHW, 2009b). Experiences and facts that relate to these processes are difficult to establish since it is a fairly recent phenomenon and pertinent research studies are lacking (SALAR, 2009). All the same, the most difficult parameter to establish and assess is the quality output of the commissioned eldercare (NBHW, 2008). Based on a survey of eldercare in thirty Swedish municipalities, it could be said that appropriate eldercare in the contemporaneous situation boils down to eight criteria: 1) the older person's individual needs in centre for care; 2) a clear policy for staff

recruitment and continuing competence acquisition; 3) a logic link between vision for and execution of eldercare; 4) a defined relation between socio-political welfare goals and implementation of the same; 5) a continuous process of improving and maintaining quality in regular eldercare work; 6) a user-oriented organization; 7) a defined structure between the regional level of medical care and the municipal level of eldercare, and finally, 8) a continuing collaboration between different eldercare providers within a single or a group of municipalities (SALAR, 2010). For the moment, the Swedish eldercare is highly debated in newspaper and television. Several cases of poorly provided eldercare have been discovered in both municipally and privately operated residential care homes. The critique refers to both poor training in care and nursing, the infringement of older people's rights and compromised ethical values for the eldercare provided. Although the severity of the cases is equally distributed among municipal and private eldercare providers, it is the private entrepreneurs that have been targeted in the public debate. In particular, the risk capitalist company CAREMA has been in the focus of the debate for several incidents at various residential care homes in the Stockholm region

Public procurement of architecture

The architectural, constructional and engineering services are subjected to the Services Directive of the European Union (F.R.I., 1998). Within this sector, there are four discernible procedures: the open or restricted tendering procedure versus the negotiation process, and the use of design contests. France, Italy, and Portugal along with the Nordic countries tend to use all of the four possibilities, whereas Spain and Greece dominantly use the open tendering process (F.R.I., 1998). Of particular interest for this paper is the use of design contests in the Nordic countries, or, more accurately, architecture competitions. A survey of the use of architecture competitions in the Nordic countries, undertaken for the period 1999 to 2000, shows that the number of competitions is approximately 25 competitions per year in Denmark, Finland, Norway and Sweden (Kazemian, Rönn, & Svensson, 2007). These are organized as either open ideas or project competitions, or as competitions with a pre-qualification procurement process. About 5 to 11 per cent of this total is focused on architecture for healthcare, care or caring (hospital, primary healthcare centre, residential care home, kindergarten etc) (Kazemian et al., 2007). The degree of realizing the winning entry of a competition constitutes a differentiating factor between the countries: Architecture competitions are used in the most efficient manner to realize new buildings in Denmark, Finland and Norway with a level of 83 to 86 per cent, whereas it is lower Sweden, 71 per cent (Kazemian et al., 2007).

The Nordic competition rules have regularly been updated and, lately, harmonized with the EU directive 2004/18/EC through the Danish-Finnish-Swedish membership of the European Union (only Iceland and Norway are not member states). However, an architecture competition has implied an anonymous competition entry that has been submitted by an individual architect or a multi-professional team of designers in either an ideas or project (design) competition. The actual realization of the competition may be of three organizational types: an open one, a restricted one or a competition with a two-stage procedure in which the first stage is open, while the second stage is restricted to a selection of rewarded or purchased entries (SAA, 2008). The competition brief supplies essential information concerning the design assignment, spatial requirements, assessment criteria, and the competition rules. The assessment of the submitted entries is headed by a jury, nominated by the organizer. In most cases, the jury has at least three members, of whom two members shall represent the architects' professional organization. The other representatives are nominated by the commissioner, and may include the commissioner's representatives and other experts. The assessment criteria form a pentad that evaluates: 1) ingenuity (the degree of innovation of the submitted architectural design); 2) functionality and usability; 3) aesthetical, architectural and environmental qualities; 4) sustainable and technical performance; and 5) economical and long-term investments.

The assessment of each individual competition entry is summarized in the jury assessment report,

in which the evaluations pertaining to the rewarded or purchased entries are listed along with the entries that have received an honorary mention award. In an open competition, the award sum is supposed to cover prizes, purchases and other rewards, whereas in a restricted competition and two-stage competition the participating architects will receive an equal sum in order to conceive a design solution to the given assignment. The level of the award sum is correlated with the complexity and scope of the design assignment (SAA, 2008). Often, this level reflects the remuneration rates that are used on the regular market for architectural and engineering services. The invitation to an architecture competition as well as the names of the winners of a particular competition is presented in professional journals that concern the architecture or engineering profession. Given the possible composition of the jury and the municipal responsibility of providing appropriate architecture for older citizens, the competition forms an arena for an exchange of practical experiences and theoretical knowledge. This practice is conditioned by national welfare goals and local conditions.

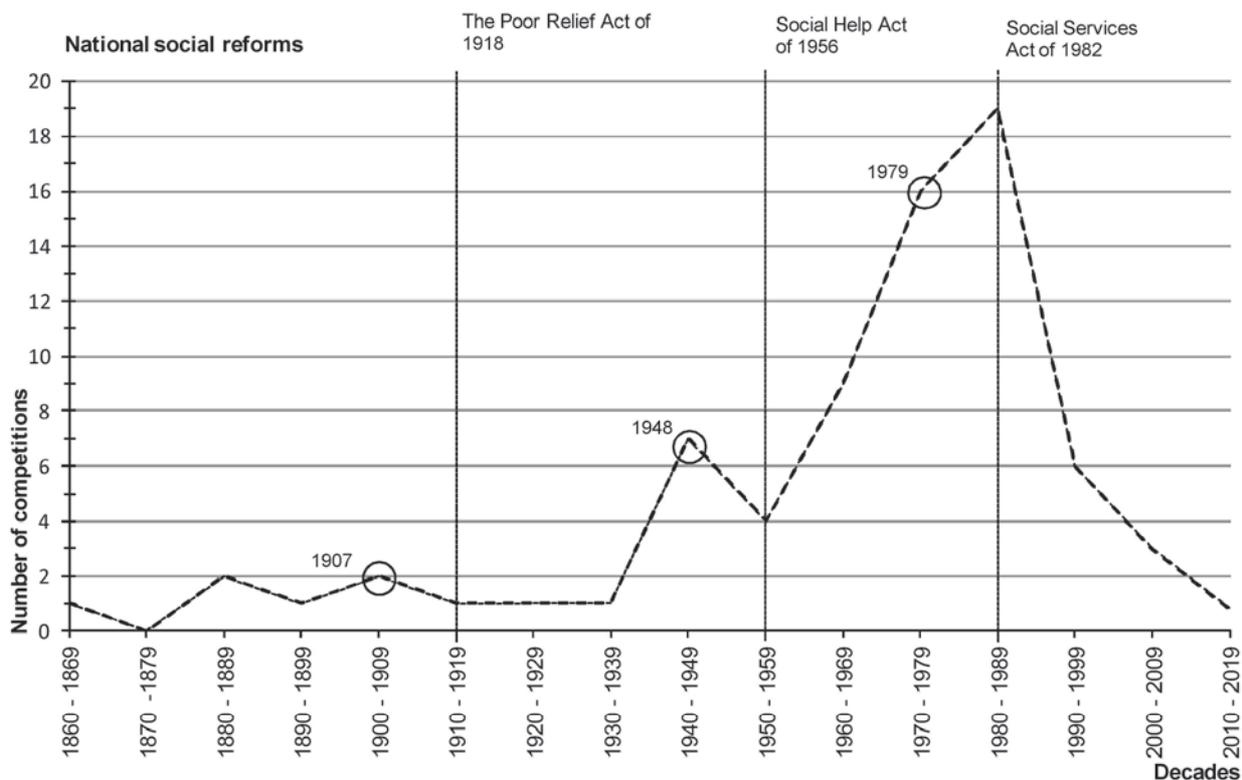


Figure 4. During the period 1864 to 2010, a totality of 72 architecture competitions can be identified based on the competition's focus and the official acknowledgement by the Swedish Architects' Association (SAA). A distribution per decades constitutes a graph that describes an extending use of the architecture competition as a socio-political instrument to conceive appropriate space for the emerging welfare society. The majority of the competitions were organized as local project competitions, and intended to be realized as virtual buildings. However, three competitions were organized as open ideas competitions on a national level by actors who were involved in national civil administration or acted as lobby organizations for improved social welfare. All of these competitions preceded three consecutive reforms of the Swedish Social Act in 1918, 1956, to the current Social Act of 1982. These reforms have promoted a broadened view on social services from a punitive approach that allowed assistance for life's bare necessities to an inclusive orientation that aims at integrating people with special needs in society.

Consequently, architecture competitions are used as a socio-political instrument to define the spatial parameters of space for ageing in the Nordic countries. Moreover, this definition of the appropriate space for ageing relies mainly on experience-based findings found in the local context rather than on research-based findings established by research in architecture, nursing or care. However, the revelation that older people with severe dementia still may recall names of colours and may disclose a preference of a particular colour has made colours into an essential factor in architectural planning in Sweden (Wijk, 2001, 2004, 2005). Since many residential care homes built during the

early 1990s face refurbishment actions due to regular maintenance plans, the re-colouring of the interior space attracts a large interest among municipal real estate managers: all the same these actions still necessitate a closely attuned attention to the residents' situation in order to constitute a positive and empowering change for the dependent and frail residents (Andersson, 2011c; Falk, Wijk, & Persson, 2008).

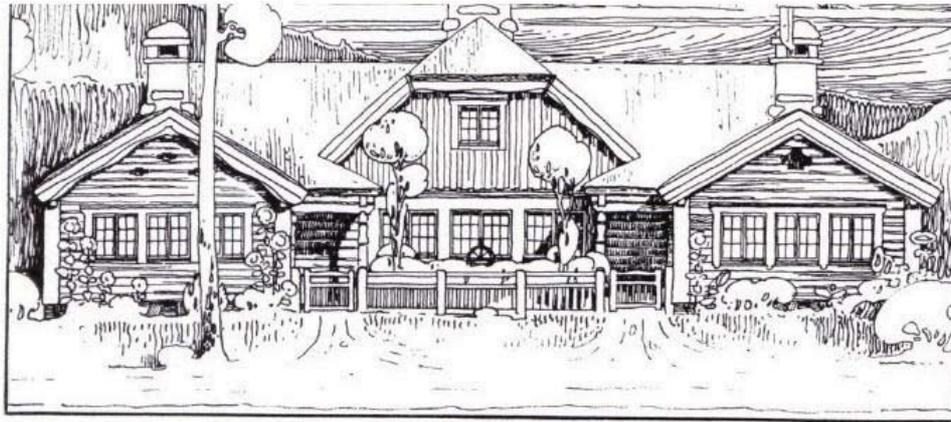
Architecture competitions as a socio-political instrument in Sweden

In Sweden, the journal for architecture, *ARKITEKTUR*, the review of architecture, and the website that belongs to the professional organization Swedish Architects' Association (SAA) are important sources of knowledge on the use of the architecture competition for various assignments, including architecture for ageing. In this case, the varying denominations for this type of space both within the ordinary housing and the sheltered housing serve a means to classify the competitions, see Figure 1.³ The use of architecture competitions as a socio-political instrument can be traced back to 1864 when the first known competition was organized in Malmö, Sweden. The assignment concerned a building that would be used for a triple purpose for adolescents, adults and older people who were subjected to societal support. This circumstance reveals the origin of the residential care homes in the poor relief aid of ancient welfare regimes, but it also supplies the first piece of information regarding the socio-political use of competitions: the question of appropriate space for the dependant ageing has arisen in conjunction with reform works of the social legislation.

The ancient Swedish poor act of 1642 was connected to the societal changes that were due to the foundation of Sweden as an independent kingdom and the subsequent break with the Catholic Church and the introduction of the Protestant faith. The abolishment of convents and monasteries made the societal assistance to people in distress collapse, although the churchly administration with local parishes was kept intact. The parishes were summoned to build special buildings for poor people that were to be financed by charity and tithes. On the other hand, the royal administration annexed the convent and monastery building to be used as health and medical centres (Unger, 1996). This embryonic framework for social services was kept unchanged until 1847, when the first reform was implemented. In the beginning of the 20th century, the building stock for societal use was in a poor condition, in some cases the buildings dated back to the 16th century (Åman, 1976). In 1863, the parishes were replaced by the municipalities as administrative entities after a French model, and took over the charge of poor relief from the parish. The transition from an agrarian economy into an industrialized society made the social cleft even more articulated between the lower and the upper classes. However, reformatory forces of both classes converged into the formation of political parties and interest organizations that promoted socio-political reforms.

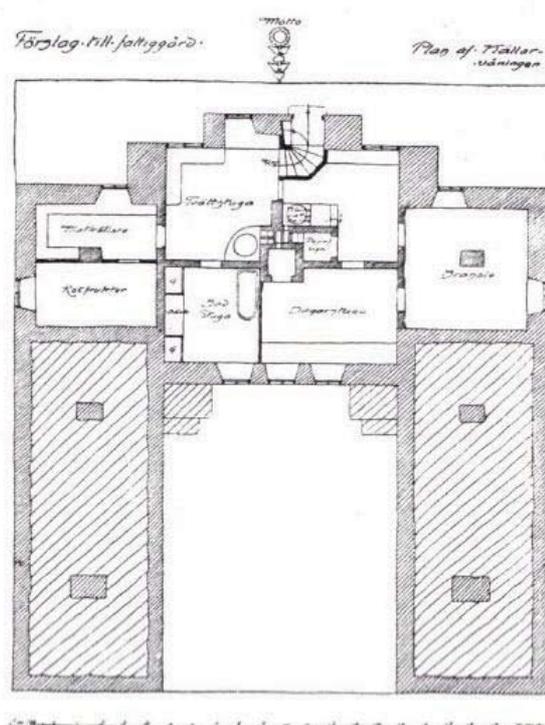
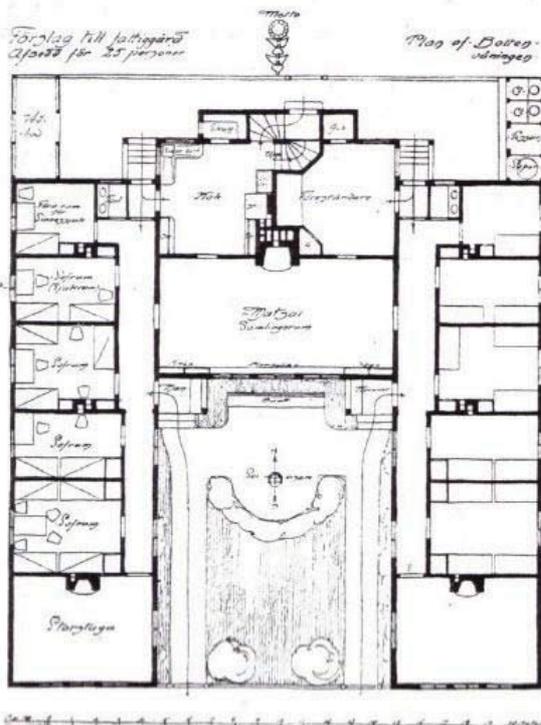
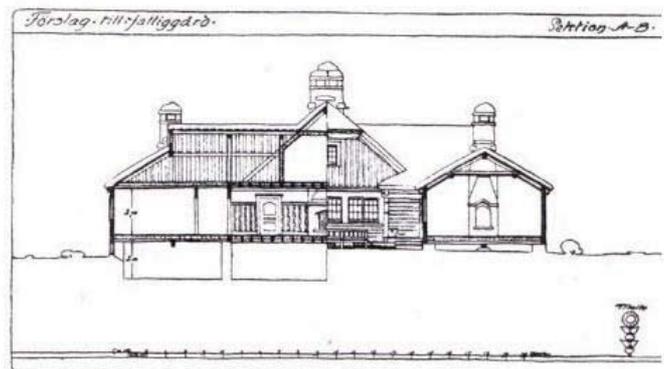
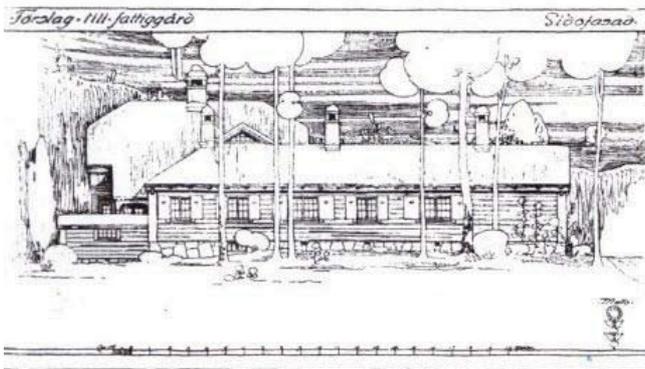
The first national architecture competition in 1907

In 1907, the Swedish Association of Poor Relief Aid, SAPRA, was founded. Not only did the association lobby for a reform of the poor act of 1847, it also promoted an update of space for social services (Andersson, 2011a). The eighth item on the founding agenda concerned the organization of an open prize competition for architects. The assignment was to create homelike and small-scaled paupers' asylums that allowed for a humanized approach in social care and a personal space for the persons who were supported by poor relief. Eleven entries were submitted from which the jury subtracted three entries in question from a second and third prize, and a purchased, see drawing 1. The SAPRA was greatly dismayed with the poor innovative quality of the submitted entries, and the association assumed the challenge of developing appropriate space for the dependant ageing in its own architect's firm. The association travelled through Europe and made a list of exemplary architecture for societal use. These examples were presented in detail in the association's journal, and they covered visits to architecture that was the outcome of the co-operative movement in Belgium, Denmark, France, Germany, Hungary and the United Kingdom. In 1910, the association engaged an architect who, at first, helped different municipal clients to adjust the second prize winning entry of the 1907 competition to local conditions, but who later developed a typology of different old peo-



FÖRSLAG TILL MINDRE FATTIGGÅRD.

ARKITEKT: JAKOB GATE.



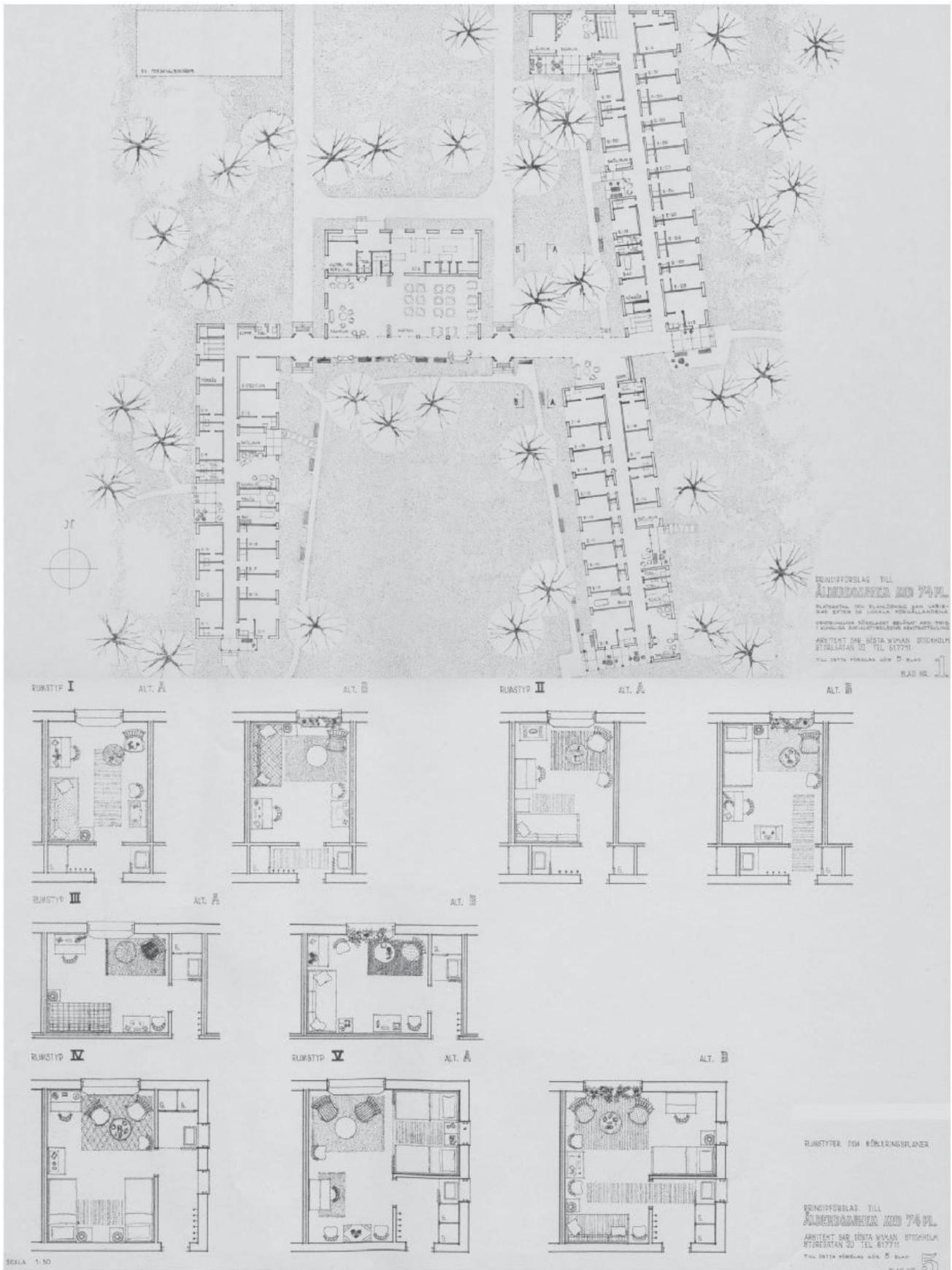
Drawing 1. The second prize winning entry in the national architecture competition in 1907 that was organized by the Swedish Association for Poor Relief Aid, SAPRA. Of particular interest is the introduction of space that was shared by 2 to 4 persons instead of large dormitories. The focus was to create a homelike environment for the beneficiaries of poor relief aid. The average size of a one person room was 8.9 m², the one of two persons 10.5 m² and the one intended for four persons 16.5 m². However, the small-scaled paupers' asylum (in 1910 renamed old people's home) represented a hierarchical model in which the manageress and the staff were seen as role model for the beneficiaries. At least, two old people's home were built according to this competition entry. Both are standing today, one used as a private dwelling, and the other as the premises for the British Primary School in Stockholm. Source: Drawings by architect Jacob Gate 1907, presented in the Swedish review of Architecture (Grut, 1907).

ple's homes of various sizes (Andersson, 2011a). Before the First World War, several social reforms were achieved in Sweden, for instance, in 1912, the creation of the forerunner of the modern National Board of Social Welfare, NBHW. This board would initiate the development of modern social services. In 1918, the political climate became favourable to a reform of the Poor Act. This resulted in an individualized approach for poor relief aid, but also a national supervision of the local development of new and adequate old people's home. Members of the SAPRA were assigned as members of this national committee, and the SAPRA typology of space was elevated into normative drawings. The modernization of space for the dependant ageing was supposed to be finished by 1929. It was mainly the rural municipalities that were targeted by the national campaign for the modernization of space for poor relief aid. This quest was driven by the liberal movement and during the 1920s the focus would also include other types of space for societal use, mainly for children, but also nursing or convalescent homes that were part of the county councils' responsibility to supply a regional medical care. However, the modernization process was not correlated with national subsidies and the local authorities tended to combine the old people's home with space for both adults and children. The national inspection of the old people's home in Djursholm, Sweden, which was designed in 1910 by the second prize winning architect in the 1907 competition, concluded that the building had a multiple use as an old people's home, a maternity ward, a primary health care centre, and a tuberculosis ward. This circumstance was due to the fact that the distribution of primary health care made the municipality eligible for receiving some stately subsidies (Berge, 2007), although the medical responsibility had been transferred from the national level of civil administration to a regional level during the reform work of the 19th century.

Architectural criticism and social changes

In 1933, the first negative criticism of the normative drawings appeared in the Swedish review of architecture. By then, some 483 new buildings had been erected according to the drawing, and some 897 refurbishments of existing built space had been undertaken. The architectural outcome was said to result in a dark and condensed space that was difficult to furnish for other use than mere passages (Göransson & Sundbärg, 1933). Furthermore, the review revealed that the majority of the new old people's homes had not been designed by an architect, or in the case an architect had been contracted, some few architects affiliated with the national committee had received the commission (Ibid.). Other social circumstances also triggered an increasing interest for the conditions in the old people's home: In general, the public considered poor relief aid as the very final resort, and old people feared being admitted to an old people's home. The admission process was vividly described in the proletarian literature en vogue at the time (Lo-Johansson, 1966). Instead, a new type of housing was introduced within the ordinary stock of housing, the so-called pensioners' home. In order to fight a generally poor standard of housing, state subsidies for the construction of pensioners' homes were introduced in 1939.

The 1930s also meant the ascension of the social-democratic party to become the most influential political party at the time in Swedish politics. The liberal movement of change had fractionalized due to internal differences during the previous decade. From the election 1932 and until 1976, the social-democratic party would form a minority government, and in this position the party would head the construction of the Swedish modern welfare state. In 1938, a parliamentary committee was formed in order to investigate the outcome of the reform of the Poor Act in 1918. The Second World War prolonged the committee's work and allowed for the preparation of other social reforms. However, two war-time commissions made preparations for a period rationing and shortages. In the case of public building, minimum requirements were established as maximum norms. These committee reports contained elaborated drawings of different public buildings (local health care centre, old people's home, public libraries) and, latently, these would affect, in particular, the design of architecture for the dependant ageing (Lidmar, 1981).



Drawing 2. Second prize winning entry in the 1948 competition by the architects G Wiman, L Larsson, H Speek and J Wetterlund, Stockholm. It was only two entries within the larger category of buildings with 80 residents that supplied floor plans of the individual flat that were illustrated with furniture arrangements for one to two residents. The symbols used suggest artefacts commonly found in lower income households at that time, the rib-backed chairs, the folding table, the sofa-bed, and the rag-rugs. The average size of a one person room was 15 m² and the one of the two person room 19 m². Source; (RBSW, 1950).

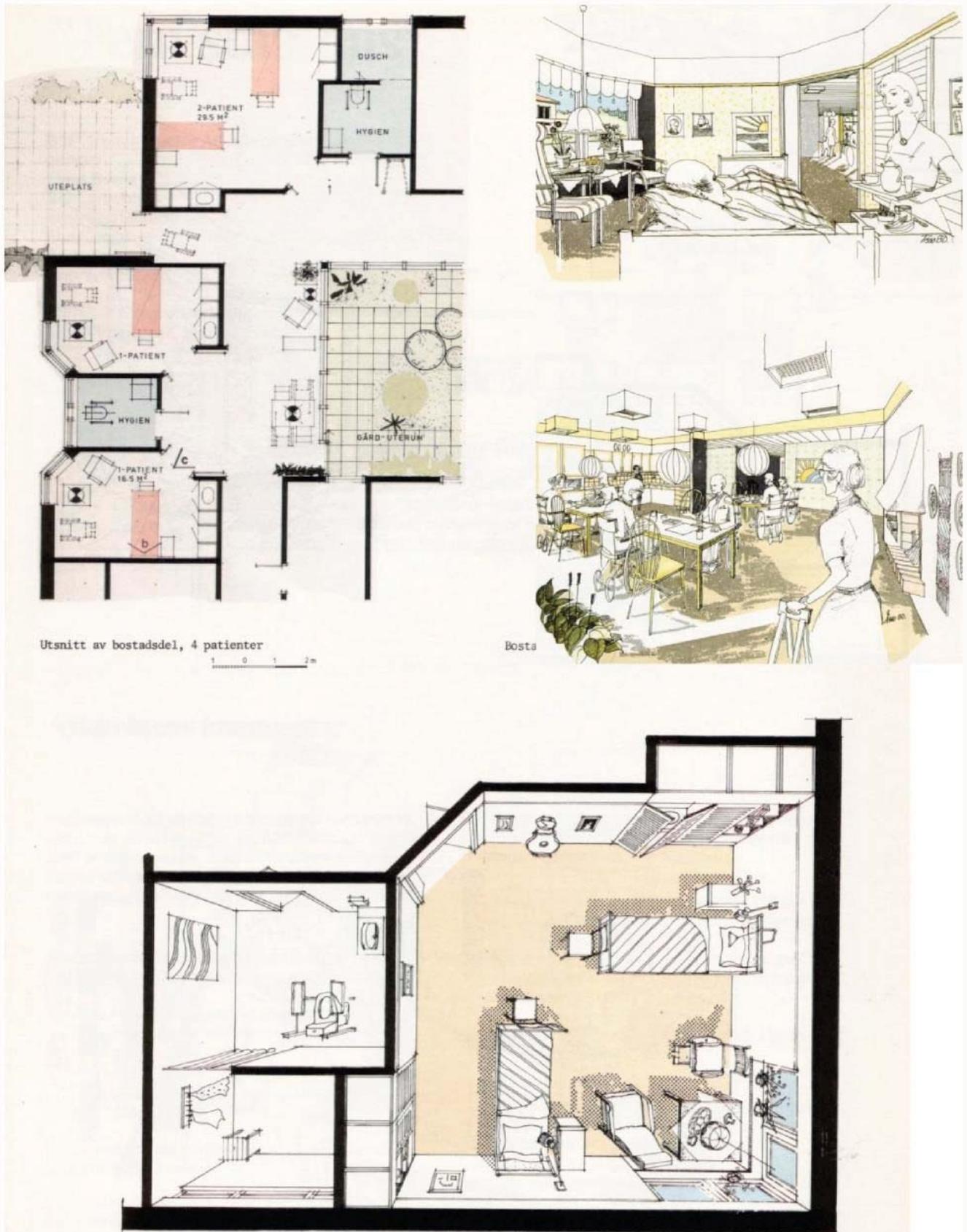
The second national architecture competition in 1948

After the WWII, the realization of the welfare state continued. In 1946, the national retirement pensions reached a sufficient level that equipped the increasing group of older people with financial means to pay for age-related services. A consequence of the pension reform was that the inclusion of social services intended for older people in the Poor Act became obsolete. The parliamentary committee suggested that the old people's home should be excluded from this act and that eldercare would be an integral part of the municipality's responsibilities towards the older citizens. The NBHW supplemented the committee report with the idea of yet another national architecture competition that would define this new type of old people's home. The Swedish parliament confirmed this change almost unanimously. Gerontology was introduced as means of studying the implications for ageing. However, the focus was on age-related frailties and diseases, not the societal implications of ageing and living. Geriatrics was introduced as a special field within medicine. Only one member of the Swedish parliament protested against the committee's definition of the ageing process as being either a normal one or an abnormal one. This definition prepared for a segregation of frail older people that related to their age-related problem: Older persons who suffered mainly from functional impairments were to be housed in the new old people's homes or in the gradually adjusted ordinary housing (demands on an accessible and useable environment for people with impairments was introduced during the 1960s in the Swedish building act), while older persons who declined cognitively were to be admitted to geriatric wards or nursing homes situated in a hospital environment. This division also implied that the so-called normal ageing process would mainly be taken care of the municipalities, whereas the geriatric wards or nursing homes were managed by the regional level of civil administration, the county councils.

In 1948, the second national architecture competition opened. The assignment was to create a type of boarding-house-like environment for older persons who suffered from functional disorders. The assignment was twofold, either to design a building for 30 or 80 residents. Sixty-six entries were submitted, mainly within the smaller category with 30 residents. The jury concluded that the large-scaled solutions created an institution-like environment in which the passages from one part of the building to another constituted the most significant spatial feature to overcome. To contrast this tendency, the jury emphasized once again the homelike and small-scaled building. The main outcome of the competition was the upgrade of the interior architectural space: The homelikeness entered the building and the future user became visible. The jury paid great interest to the shape of the individual flat in order to promote such spatial qualities that are intimately connected with the design of the private space: the penetration of daylight, the views to the outside, and the possibility to furnish the space according to personal liking. The four person shared rooms were abandoned, and the older person was allowed to bring his or her private furniture to equip their individual room. Although early drafts of the competition brief suggested an even larger adjustment of the individual room into a small-sized flat with an individual balcony, kitchenette, and bathroom in order to ensure a varied long-term use of the building, this line of thinking was blocked by the recommendations for public building that had been defined by wartime commissions. In consequence, such commodities as dining room, kitchen, toilet, shower and social space were to be shared by the residents.

Public rebellion against the new old people's home

It could be argued that the old people's home was *un cadeau empoisonné* from the old welfare regime to the dawning democratic and egalitarian society. Traditions and established notions that reflected both the ancient absolute monarchy and the early industrialized society and the liberal movement became juxtaposed in the old people's home architecture. The events that followed showed that new type of old people's home was a typical white-collar product of the NBHW. The local authorities were in favour of the regulatory change, possible motivated by the state subsidies that followed the reform. However, the public opinion completely abhorred the idea of the old people's home as an appropriate space for ageing, either as the new or the old type of architecture. Headed by the Swedish author Ivar Lo-Johansson, a public movement against the new old people's



Drawing 3. One of the rewarded entries in the 1979 architecture competition, entry "Five Little Houses" designed by the architect's firm BLP Arkitekter AB, Stockholm, that focused on the design of nursing homes. The average size of a one person room was 19.7 m² and the one of a two person room was 38.0 m². Source: (SPRI, 1980).

home was orchestrated (Lo-Johansson, 1952). The public rebellion threatened to alienate the social-democratic minority government from its core group of voters. This public rejection resulted in other types of housing for older people within the ordinary housing that included various services to the residents, the so-called housing with service flats. Furthermore, a new form of eldercare arose as a consequence of the 1948 parliament decision: This was various household services that would allow older people a prolonged ageing in familiar environment. Yet, the new old people's home remained. However, the architectural design and the eldercare provided in them were re-oriented in a more respectful way. The design of space for older people that charity organizations and foundations provided for the upper classes was seen as a source of inspiration (Paulsson, 2001).

After the completion of the competition, the NBHW issued a publication with the rewarded entries, two second prizes, two third prizes, and four purchases. This publication was spread to the Swedish counties and municipalities. The exemplary status of the drawings was emphasized in the publication. Initially, the drawings were used as an architectonic framework for defining the ultimate number of staffing of the old people's home. During the 1960s, the homelike and small-scaled approach was gradually abandoned and the realized old people's home tended to become large-scaled institution-like buildings with at least 60 residents or more. The NBHW supervised the municipal expansion of this type of housing for frail older people. At the same time an increasing larger number of older persons with dementia diagnoses were admitted to life-long stays in geriatric wards at the hospitals. This development would prepare for the third national architecture competition on space for the dependant ageing.

The third national architecture competition in 1979

During the period 1950 to 1978 some 29 architecture competitions were organized of which 50 per cent focused on old people's home and the other half on housing for older people within the ordinary housing, mainly the pensioners' homes or the service co-housing that started to emerge. The construction of new pensioners' homes had received state subsidies in 1939 in order to raise a generally low standard in Sweden. This number reflects the rift between the administrative understanding of appropriate space for ageing and the public view on a homelike housing for the dependant ageing. The 1960s meant a growing implementation of accessibility and usability in housing for persons with disabilities in various ages within the ordinary housing and to dismantle the large institutions, the normalisation principle (Nirje, 1992). Yet, the old people's home seemed to remain unaffected by this new thinking. The number of beds in these facilities would increase from approximately 30 000 beds in 1960 to 60 000 beds in 1975. The Poor Act of 1918 was reformed a second time in 1956, but regional differences between the Swedish municipalities prepared for a third reform that was begun in 1967. This year a popular radio show reanimated the public debate about living conditions in the many old people's homes, but also the care and caring provided in these homes came into focus (Asklund, 1967). Despite the idea of a homelike environment, the radio show substantiated that the experience of the old people's homes was still more of an austere and complete institutions (Foucault, 1975; Goffman, 1961). Moreover, the new labour market that the municipal eldercare had created and that employed dominantly women was characterized by rigid routines to control the staff work rather than to promote an individual care of the older residents (Asklund, 1967).

In 1973, the size of the group of older persons aged 67 years or older was well over 1 million people in Sweden. The national planning to meet the housing demands of these seniors continued to focus on the old people's home as the main resource of accommodating this group when age-related functional frailties struck. Yet, there was a growing awareness that the poor standard that the national guidelines had implemented in this space for the dependant ageing required a considerable refurbishment in order to make a flat of about 16 square-meters with shared kitchen and hygiene space in an old people's homes comparable to an ordinary house/ flat or a flat in a service co-housing. Moreover, and what was less apparent to the public was that the dependant ageing with cognitive decline or long-term conditions, LTC, created an increasing need that the geriatric wards

in the hospitals could not meet. The national Institute for the Planning and Rationalisation of Health and Welfare Services, SPRI (abbreviation based on the Swedish name) envisioned a considerable expansion of nursing homes and convalescent homes affiliated with the large hospitals as a solution to solve these problems. The SPRI conducted research on care, health, hospital and medical matter of relevance for the NBHW. However, the public realization that older people with dementia or LTC were be subjected to hospital routines for the remainder of their life was a shock that had an impact on the Swedish socio-politics from the 1970s and onwards. The dignified reception of the older person with a long-term condition became an item on the political agenda.

The SPRI introduced the idea of another national architecture competition that would focus on the existential aspects of living with a LTC. The assignment was to create “an existential renewal for patients in locally implanted and small-scaled nursing home” by emphasizing “the homelike milieu” (SPRI, 1979a). The competition brief echoed the public indignation over the inhumane conditions in long-term hospital wards. The brief envisioned the realization of almost 31 000 long-term beds in local nursing homes (SPRI, 1979b). The competition attracted a large interest among the architecture corpus, but only half the number of distributed competition documents generated a full competition entry. Fifty-five entries were submitted; all executed along with the competition guidelines: an extensive use of three-dimensional representations of exterior and interior space. The jury assessment focused on the relationship between the bed’s location and the bathroom, and what could be seen by a bed-confined person, both interior and exterior wise. The jury introduced the notion “of being in reach of” as a key assessment of the architectural space, both as understood from the patient’s perspective and as perceived by the staff. Eight entries were purchased and selected for a publication, but no individual prizes in a ranking order were awarded.

A political turn towards the ordinary housing

The forecasted expansion of nursing homes implanted locally in residential areas proved to be erroneous, and, in consequence, the need of these facilities diminished during the 1980s (Hansson & al., 1989). By 1985, the true number of beds in this type of care architecture turned out to be 7 820 beds in 233 new buildings (Ibid.). Moreover, yet another reform of the social legislation occurred in 1982 that put an end to the subjacent reasoning about ageing in terms of normal and abnormal. The national supervision of the municipal extension of housing for older people made by the NBHW was abolished. The municipalities were entrusted with the planning for appropriate housing for both able and frail older people. The old people’s home and the geriatric wards/ nursing homes became obsolete pieces of architecture. Housing with home care services or service co-housing became the ultimate solution to accommodate older people, primarily intended for persons with functional impairments. Parallel to this expansion of ageing in place, it was assumed that the dependant ageing, i.e. older persons who suffered from brain degenerative diseases or LTC could be accommodated in specially adjusted clusters of flats for 6 to 10 residents, group living units

In 1982, the Swedish parliament passed a third reform of the social act, the so-called Social Service Act, SSA, that is still in force and continuously updated to meet new demands of social services. An important adjustment occurred in 1992, the so-called ÄDEL-reform, when the responsibility for older people’s health care and housing was defined between the regional and local level of civil administration. The county councils continued to assume the medical services provided at the hospitals, while the municipalities were in principle to ensure primary health care services for older people. The remainder of nursing homes and old people’s homes that were still in use was transferred to a municipal real estate management. In a blink of an eye, a large number of nursing staff went from being employed by the counties to be engaged by the municipalities. This was consistent with the designation of the municipality as the prime provider of eldercare and appropriate housing for older persons. However, this heteroclite stock of housing could not meet the new fundamental demand on housing for the dependant ageing—to provide a homelike environment in a flat with an individual flat with a private bathroom, kitchen, bedroom and space for dining and socializing. The model for this emerging type of flat came from the group housing of the 1980s (Paulsson, 2001).

This generated a massive refurbishment of existing buildings or the construction of new ones in order to provide this housing for frail older persons, now called residential care homes (in Denmark plejehjem or plejeboliger and in Sweden särskilda boendeformer för äldre). Based on a survey of 14 residential care homes in four Swedish municipalities it can be assumed that about 30 per cent of these municipal facilities are refurbished buildings that were originally designed as an old people's home either before or after the reform in 1948 (Andersson, 2011 (in press)).⁴ In some cases, the buildings that are used as residential care homes are even older and date back to the end of the 19th century. The refurbishments have created an architectural space that has become a compromise between structural architectural limitations and the national ambitions of creating a homelike environment. The use of space creates a mutual agency between staff and architecture that in turn constitutes various spatialities that depend upon the individual resident's personal use of space (Nord, 2010, 2011).

The guiding principle of a homelike and user-friendly residential architecture

This historical exposé has to be paired with the study of the submitted drawings in each competition; see Drawings 1-3. The architectonic point of departure for this study is the open and vast dormitory space in the institutions that date back to the 19th century. The 1907 competition, drawing 1, implies a fractionalization of this space into minor entities for 1 to 4 persons. The size of a bed is the only available information about the future user of the space, and it is used as the single entity in order to define the spatial requirements of the space. Certain homelikeness is displayed in the exterior architecture, a typical Swedish art nouveau style, while the exterior volume conveys the hierarchical order of the contemporary society: the manager would find her flat on the first floor. The 1948 competition, Drawing 2, suggests an understanding of the physical needs of the future user. One fundamental idea for this reform was that the residents were allowed to bring his or her furniture. The exterior architecture assumes the traits of contemporary residential architecture that was built after the Second World War. Brought together, these drawings (1 and 2) visualize the process of defining the physical requirements of the individual architectural space and the communal one. Finally, the 1979 drawings, Drawing 3, illustrate how the immaterial qualities of the architectural space are beginning to come of relevance for the inner architectural space of a nursing ward. What neither of the drawings manages to present is that the Swedish evolution of space for the dependent ageing has gone through an inquiry by design process that has integrated socio-political goals with architectural thinking. The jury members were architects but more importantly politicians who represented different national, regional or local administrations. The common base for the jury work was study visits to exemplary models in use, Nordic ones or European ones. This interaction between experts and laymen in architecture are characteristic for the Nordic way of conceptualizing space for ageing in place and the dependent ageing.

A similar process of defining the individual dwelling of the ordinary housing can also be found in Nordic architecture. In the Nordic countries, the realization of the welfare states has been intimately linked with the functionalist movement in architecture. This movement promoted the identification of the future user's spatial needs as an important factor for conceiving an appropriate architecture. Until the beginning of the 1980s, an extensive Swedish research in architecture focused on defining physical requirements for various user groups. Although, the functionalist movement also included an aesthetic idea on the relation between spatial form, space and function, the rationalistic approach became the most emphasized (Pech, 2011). This approach was easily combined with computable facts in other disciplines like engineering, economics and social planning. Hence, the realization of residential architecture was paired with normative guidelines for different building types. The guidelines for the ordinary housing focused on a combination of aesthetical and practical factors in order to promote a sense of belonging, a place-making process that would result in a perceived homelike space. In the case of a working environment, the guidelines aimed for efficiency and safety. Unfortunately, in the case of the old people's home this aspect superseded the perceived homelikeness that the older people would perceive in this type of architecture. The realization of an old people's home was a municipal investment that was part of the welfare society. The mere exist-

tence of the building type was connected to a sense of safety and security, since the building embodied socio-political goals: In the case of an age-related dependency, society would take care of the individual. It is likely that the Danish development was similar to the Swedish one, in some aspects preceding or following upon the events that took place in Sweden.⁵ Norway also promoted the extension of old people's home during the 1950s by use of architecture competitions and national guidelines (Dobloug, 2006).

During the 1970s, the achievements of the welfare state started to be commonly questioned since the built environment, for instance the Swedish Million Programme of the years 1965 to 1975, did not generate a universal acclaim of being a homelike environment among the residents. This debate about the built environment opened for a re-interpretation of architecture and other architectural influences (Pech, 2011). In this context, some word about homelikeness in the Nordic languages is of relevance. In the Swedish language, the word home is used with reference to the artefacts that are added to the residential habitat (furniture, decoration and other items) that are used to appropriate space in order to create a sanctuary for an individual or a family (Östberg, 1906). In addition, the word has a connotation of being in direct contact with nature's elements and cultivating the soil. Through the influence of the German Sturm und Drang period by the end of the 18th century, the word has also acquired a deep emotional connotation in the Swedish language: Home suggests a feeling of belonging to a particular place. The place of home can be a built environment, an interior or exterior piece of architectural space. It can also be a specific site in landscape or nature itself (Svenska_Akademiens_Ordbok, 2011). In the Swedish language, the word home has a strong potential as a *poetic image* that generates personal recollections of social places, built spaces and human warmth (Bachelard, 1957, p. 8). Hence, homelikeness refers to a milieu that is similar to, resembles, and suggests home. It is a homely environment, not too sophisticated to use. Homelikeness is (in American English homeliness, or homeyness in Australian English) closely connected to individual associations and experiences of an architecture that promotes a sensation of being at ease, being in safety and of place-making. In Sweden, the clash with the functionalist movement in architecture resulted in the gradual dismantling of the Swedish institute for the Built environment. In contrast, the Danish and the Norwegian homologues remain unaffected and they conduct a still vigorous research on various building matters.

III. Architecture competitions as predictor of space for dependant ageing

The evolution of the Swedish social legislation has defined the municipal responsibility to provide social services that regardless of ethnics, gender or socio-economic status target persons in need of short- or long-term assistance: adolescents, children, or frail people in general, young or old. This is a fundamental change in Swedish civil administration that began in the mid 19th century, and that have been emphasized during the next century. The 290 Swedish municipalities and the 20 counties produce services that equal 20 per cent of the Swedish gross national product, GNP. About 25 per cent of the Swedish working population is employed by these institutions (SALAR, 2011). In line with this independent implementation at a local level of national ambitions, the lion's share of the architecture competitions in the sample from 1864 to 2010 has been project (design) competitions with the clear intent of being realized. After the top score of 19 architecture competitions during the period 1980 to 1989, the number of architecture competitions has dropped considerably. Various variables can explain this event: Other forms of public procurements have been used like invited competitions or negotiated procedures. These measures can be motivated by the structural complexity of refurbishing old institution-like buildings into completely new homelike environments for frail people. Often, the adaptations of existing built structures in order to meet modern requirements of accessibility and usability for disabled people result in changes that make the refurbishment cost equal to the cost of a new building (Holm_Bodin, 2004).

Another reason for the decreasing use of architecture competitions in Sweden is the discrepancy between the actual process of ageing and the political vision of the homelike environment for the

dependent ageing that was formulated during the 1980s: By the end of the 20th century, the successful tendency in Swedish ageing that have added healthy years to the life span was broken.⁶ The new trend described a considerable increase of a complex ageing with dementia and LTC (Parker et al., 2005; Parker & Thorslund, 2007). This has changed the orientation of care and caring in the residential care homes, and, now, a considerable part of this work implies an ongoing medical treatment that requires staff with medical training. As a consequence, the homelike environment of the residential care home could be considered as both an asset and a detriment: the homelike environment helps older people with cognitive decline to cope in everyday living, but an ongoing medical care requires hygienic facilities that have not been foreseen in the architectural design. The spread of the MRSA bacteria is a threat to residents, care staff and ultimately also to an architectural design that exploits mainly homelike features (NBHW, 2003).

In consequence, the complex care and caring that the residents in the residential care homes requires has become a heavy financial burden that rests on the municipalities and the county councils. In 2009, the Swedish municipalities' costs for social services of frail older people attained almost 90 milliards SEK (9.9 milliards EUR). Of this sum, 60 per cent was allocated to residential care homes, 38 per cent to older people living in the ordinary housing, and 2 per cent was used for communal activities in eldercare centres (NBHW, 2009a). In 2008, the average cost per person and month for a stay in a residential care home was 45 500 SEK (5 050 EUR) (SALAR, 2009).⁷ The increasing costs for a stay in a residential care home is one of the reasons for the ongoing reorientation of Swedish eldercare towards extended home care services that allow for a prolonged ageing in place with or without age-related health problems (MHSA, 2010). However, the Swedish government has allocated means to organize new architecture competitions in order to explore in detail future-oriented housing for older people with frailties or not. In 2010, a 50 million SEK (5.5 million EUR) investment in new architecture competitions was announced. This project is ongoing, and, hitherto, the Swedish Institute of Assistive Technology (SIAT) has financed five municipal competitions (SIAT, 2011).⁸ In a similar way, funding has been allocated to the construction of new residential care homes in order to increase the stock of available flats for the dependant ageing (NBHBP, 2008).

Table 3. Overview of the total population and the age group 65 years and older in the three municipalities in the sample, and in comparison with national statistics (source (Statistics_Sweden, 2010).

municipality/ nation	municipal level			national level
	Järfälla kommun	Ljungby kommun	Tingsryd kommun	Sweden
total population	67 304	27 410	12 358	9 340 682
age group 65 years and older	10 672	5 660	3 219	1 690 777
ratio in per cent	15,86 %	20,65 %	26,05%	18,10%

Three architecture competitions focusing on future-oriented space for ageing

Between 2006 and 2009, three municipalities preceded the on-going investment in exploring appropriate space for the ageing society. The municipalities were Järfälla, Ljungby and Tingsryd kommun that all display different scenarios of the ageing society. Table 3 gives an overview of the different ageing situations that can be found in these municipalities. The municipality of Järfälla kommun is situated in the expansive Stockholm region. The municipality has had a considerable population growth during the 1960s and 1970s, and gone from a primarily agrarian economy to a

mixed economy that includes information technology. This creates an expansive situation with new work opportunities and an age-mixed population. The other two municipalities, Ljungby kommun and Tingsryd kommun, are situated in southern Sweden. These municipalities have a more stagnant development, and the municipalities depend upon agriculture, forestry, local industries and tourism. Ljungby has some more advantages than Tingsryd an engineering industry of national and Nordic relevance. In Ljungby kommun, the local industries have a somewhat stronger position that incites people to move to the municipality. The municipality of Tingsryd has a considerable migration from Germany and the Netherlands due to the closeness to nature and generous conditions for housing. This has made the municipal administration into a bilingual one, Swedish and German. The three competitions reflect these different standpoints: the competition in Järfälla implies expansion, and the competition in Ljungby means an urban densification, whereas the competition in Tingsryd is a matter of condensation, bringing eldercare for the dependent ageing to one central location..



Figure 5. The communal space and the individual flat (the yellow colour describes the limits of the residential care home, and the green one delineates the ordinary housing) in the winning entry for the competition in the municipality of Ljungby. Courtesy by GPP Architects A/S, Aarhus, Denmark.

The architecture competition in Järfälla kommun, 2006-2007

This architecture competition has a significant particularity: it was the municipal Administration for Social Welfare and Health, ASWH that promoted the competition idea and wrote the brief. This approach was part of a strategy with two major aims: Firstly, to denounce contemporaneous architecture for frail older people as inadequate and promote a new spatial thinking which included the consequences of ageing and in particular ageing with frailties in everyday life; secondly, to establish the municipal option for an open architecture competition internally among the citizens in order to launch a development plan for a former airfield.⁹ Thirdly, there was an externally motive to promote the municipality's preparations for the ageing society as a benchmark of innovation for the national and international arena. The brief, the assessment process and the jury composition were treated as a municipal matter. In the brief, the future ageing residents were described as to potential diagnoses and other needs. The option for an open architecture competition was a calculated choice by the organizer who envisioned a multitude of design solutions based on the brief. In part, this hope was realized, since the thirty-three were the highest number of proposals ever concerning architecture competitions on housing for older and dependant seniors arranged during the period 1864 - 2007 (Andersson, 2008).

The jury assessment report describes how the jury had to redefine the programming requirements in the competition brief through the application of five to seven entries (Andersson, 2009). Most adequately, this pedagogy could be described as *architectural criticism* (Andersson, 2009; Svensson, 2008). The search was pursued on the two levels of architectural space which

were defined in the competition brief: the building level, and the urbanistic level. It was the analysis of the entries on an urbanistic level that made it possible to find the winner. The jury concluded that all submitted entries presented rather conventional solutions concerning the housing for the dependent seniors as seen on a building level.

The winning Danish architects found the brief to be vague, and they anchored their creative approach in the qualities they thought the site presented: closeness to nature and impediments of the original landscape left in the centre of the site. Yet two key words that the organizer had stressed in the brief, 'integration and co-use', were picked up by the architects. Although they relied on their previous experience in designing housing for dependent seniors in Denmark, these key words made them change the commonly accepted idea in both Denmark and Sweden of a remote location to a central localisation in the centre of the town plan for the competition site.¹⁰ The housing for frail older people became the modus operandi for the full organization of the town plan. In this building, communal service for all residents in the area was concentrated in order to create resources that could be used by the neighbouring residential care home and the hospice.

The competition entry is about to be realized, and the residential care home will open in early 2012. The investment cost for the realization of the new home has been 51.6 million SEK (5.73 million EUR). The surface of the individual flat in the residential care home is about 35 square-metres, and the monthly fee is calculated to 7000 SEK (723.08 EUR). In addition, the resident will pay for an individually assessed need of eldercare, but the fee for the daily caring in a residential care home (food excluded) attains a level of 237 SEK (24.48 EUR).

The architecture competition in Ljungby kommun, 2009

This architecture competition was an attempt to realize the new ideas on housing for both fit senior citizens and older persons in some or in extensive need of assistance and care on a daily basis that the DEL had envisioned in their two consecutive reports of 2007 and 2008. The Municipal Real Estate Company, MREC organized the competition. The six page competition brief relied on the comprehensive building development brief and the detailed building requirement brief that had been developed by the ASWH. In these documents, the future users, the targeted ageing residents, were only described vaguely as to personal needs and potential diagnoses. The brief produced two sets of assessment criteria. This is the first particularity of the Ljungby competition. The second outstanding detail of this competition is the high number of architects' offices that registered for the pre-qualification process. This could be explained by the financial recession in 2008. Sixty architects' offices filled out the requested document.

The municipal members of the jury, along with one SAA representative and a specially contracted architect executed the selection five architects' offices for the forthcoming competition. A third distinguishing feature of this architecture competition was the organizer's attempts to further explain the purposes of the competition brief by inviting the selected five architects' offices to an opening meeting. At the meeting the participating architects formulated thirty-six questions on the competition brief, mainly pertaining to the building aspect of the envisioned architectural space. The organizer answered these questions after the meeting in a separate document. The winning architect's office found the brief to be rigid, and the appended drawings were considered to be obtrusive. The submitted entries would split the jury into two opposing groups during the one month assessment period: the SAA representatives claimed that one proposal had made the best design solution based on the briefs, whereas a group of municipal jurors stated that another entry was the best solution. The architecture of the SAA promoted entry caused the municipal jurors to associate this proposal with a highly local and controversial idea of memorising a storm in 2005 that had caused severe deforestation with accompanying financial repercussions for the citizens.

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The construction works began this October, and the total investment cost is estimated to 196 million SEK (21.75 million EUR). In the municipality of Ljungby, the monthly cost for food only (caring excluded) in a residential care home is 3137 SEK (324.04 EUR), but other costs related to the new investment have not been possible to establish. The main reason for this circumstance is that the municipal real estate company claims the right to discretion, although the fact that the company has a municipal owner is subject to the Nordic principle of public access to official records.

Figure 6. The communal space and the individual flat (the yellow colour describes the limits of the residential care home, and the green one delineates the ordinary housing) in the winning entry for the competition in the municipality of Ljungby. Courtesy by Arkitektbolaget i Växjö AB, Växjö, Sweden.



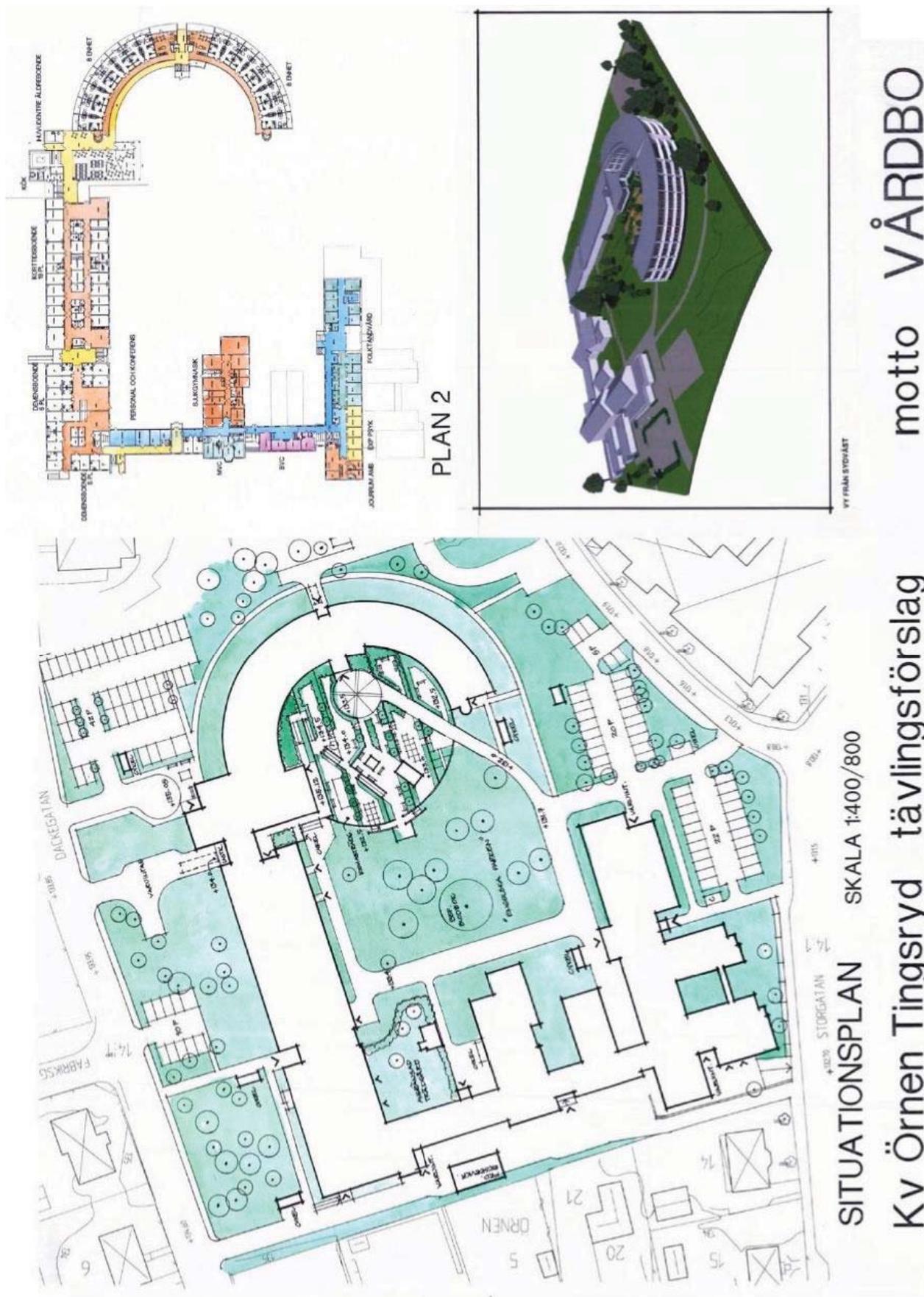
The architecture competition in Tingsryd kommun, 2006-2007

The design task in this architecture competition was of a complex and logistic nature, combining the urbanistic and the direct level of built environment with a third level that related to the execution of eldercare and health care service, locally and regionally organized, at one particular site. The existing residential care home was to be extended, and meet the total need of such a residence for the whole municipality. However, the targeted group of ageing residents, and their potential needs were never described in the competition brief. The competition brief with appendices was treated as a municipal matter. Once the pre-qualification procedure was completed, the three selected architects' offices along with the jury members were called to an opening meeting at the competition site. During this daylong meeting the competition brief was elucidated further by oral presentations made by representatives of the services concerned: the ASWH, the primary health care service, and dental care and emergency service. The City Planning Office, CPO presented the detailed plan and planning regulations pertaining to the competition site. Finally both the participating architect and juror inspected the various existing buildings, and contemplated different ways of solving the problem. After this meeting the selected architect's offices started their creative work.

Figure 7. The communal space and the individual flat in the winning entry for the competition in the municipality of Tingsryd. Courtesy Atrio Arkitekter AB, Kalmar Stockholm (no scale).



The jury assessment process and the referential process were defined in the competition brief. The assessment period was three months. In all, the jury needed four full-day meetings to analyze the submitted entries and contemplate the implications of the submitted architectural space. The jury assessment work was closely linked with the competition brief, since the assessment involved a thorough comparison of programming requirements with the three altogether differing design solutions. The winning architect's office thought that the competition brief supplied the information they required, and they say that it has been a useful support during the subsequent remodelling phases. The fact that the concentration of health care services, eldercare, and housing for frail, dependent people at the competition site to some extent raised an ethical issue: the segregation of frail older people and their isolation in a previously established hospital environment. In that context, the outdoor space between the buildings became an important and mitigating factor.

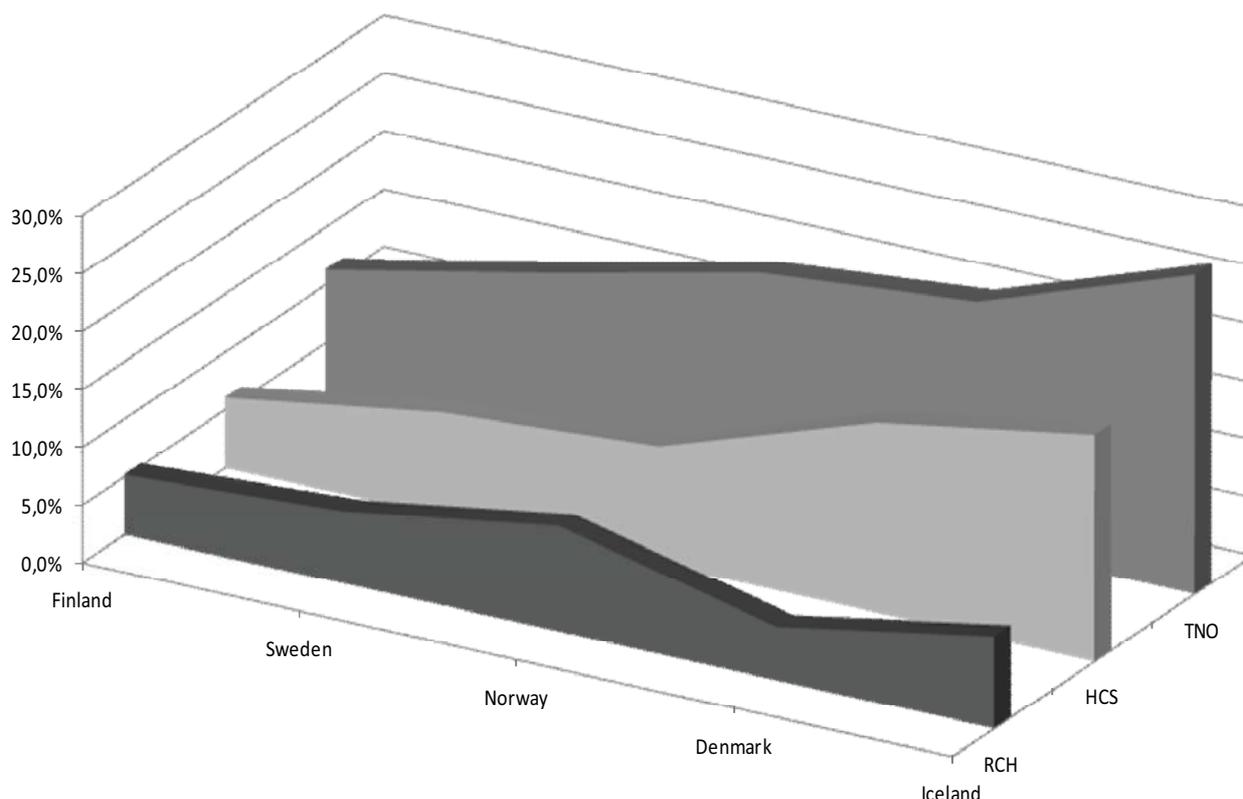


Drawing 6. The winning entry in the competition in Tingsryd kommun that focused on a concentration of new housing for frail older people at an existing residential care home in the central town, designed by Atrio Arkitekter AB, Kalmar, Sweden. The entry will produce 62 new flats in residential care homes. Courtesy Atrio Arkitekter AB. Prize sum 200 000 SEK (22 192 EURO) for each participating architect.

This implies that a form of *architectural criticism* was applied, instead of an assessment with dominantly rational arguments in order to evaluate the degree of compliance with the competition assignment. The winning entry was perceived as the most efficient solution both architecturally and logistically—this proposal allowed for differentiation of the outdoor environment in order to emphasize the residential character of the site.

After completion of the architecture competition, the winning entry has undergone several changes due to new or revised programming requirements. In the municipality of Tingsryd, the monthly cost for food (caring excluded) in a residential care home is 2910 SEK (300.59 EUR). The investment cost is estimated to 9.5 million SEK (1.05 million SEK), and construction work was scheduled to start this October. However, the tendering process was terminated prematurely since the submitted offers indicated a level of building costs that had not been foreseen. The matter is pending for the moment.

Figure 8. A three-dimensional graph of eldercare in the Nordic countries based on statistics from the Nordic Council. HCS stands for Home Care Services, RCH stands for Residential Care Homes, and TNO is short for Total Number of Older people who benefit from eldercare services.

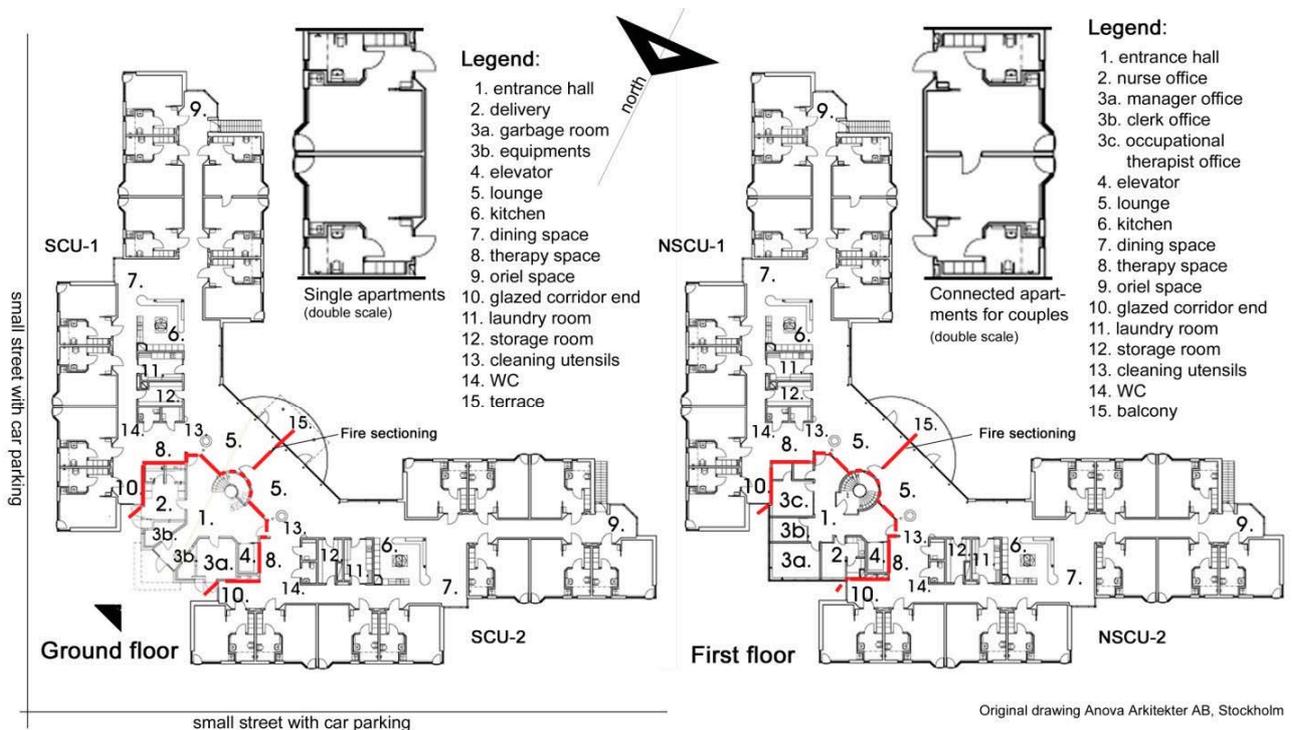


Discussion

The aim of this paper has been to give a broad overview of eldercare and architecture intended to be used for eldercare in the Nordic countries. This overview has listed similarities and dissimilarities within the Nordic eldercare model that from the outside is often perceived as homogeneous one. However, each member of this five country region assumes an individual position on the continuums of a publically organized eldercare defined either as mainly home care services (HCS) for a pro-longed ageing in place or as an eldercare provided for dependent ageing in a residential care home (RCH). Based on the available statistics from the Nordic council, Norway would hold the ideal balance between the access to home care services, an available flat with eldercare for the dependant ageing and the targeted number of older people (TNO), see Figure 8. On the other hand, Iceland is positioned at an extreme with a reliance on extensive HCS and few RCH, but including the largest number of older people.

Finland is positioned at the other extreme with an almost equally balanced low level of HCS and RCH and a low number of older people who benefit from the services. Denmark has an eldercare that includes few RCH but a wide range of HCS, and reaches a large number of older people. In contrast, Sweden has a limited offer of HCS and few RCH that is offered to a low number of older people. Given that Finland and Sweden have the largest number of older people aged 80 years and above, around 5 per cent, the image calls for further analysis. However, not all variables are included in this statistics and other factors like expansive help by family caregivers, differing public health statuses, or a cultural reluctance to apply for public help would add further knowledge to the differences between the Nordic countries. Yet, this global picture is hard to establish, since the Nordic countries prefer a direct comparison with other countries, preferably English-speaking, rather than intra-Nordic evaluations (Szebehely, 2005).

Figure 9. Ros-Anders assisted living residence, first floor and second floor, designed by Anova Arkitekter AB, Stockholm, Sweden. Approximate scale 1:800.



Ros-Anders Assisted Living Residence

In a similar way, the global picture of the public procurement process of the providers of eldercare is dim (SALAR, 2009). On the other hand, the procurement of services related to the built environment that encapsulates eldercare includes negotiated, open, and restricted procedures. Even, the architecture competition as a procurement method was commonly used in the Nordic countries. Yet, some caution is advisable since the statistics did not include all five Nordic countries, and it targeted only a two year period. However, the contemporaneous and retrospective description of the use of the architecture competition in Sweden adds some validity to the intentional use of the architecture competition as a socio-political instrument to define appropriate space for the dependant ageing in the Nordic countries. Based on the architectural drawings, this space has gone from being no more than the size of a bed in a house for poor people into becoming a condensed space of 30 to 40 m² that emphasizes the individual's right to a home and a societal assistance in the case of an age-related dependency. Based on the submitted entries in the architecture competitions in the municipality of Ljungby and Tingsryd, the communal space is subject to a rudimentary analysis of older people's need in terms of space for socializing in large or small groups, or other space that offers a view to the exterior space. The Danish entry in the competi-

tion in the municipality of Järfälla offers a more complex spatial detailing. However, all the cases are far from the realized vision of an "urban space" that the architect in the Ros-Anders garden, Tungalsta, Sweden, embraced, see Figure 9.

The realized architecture competitions, at least in Sweden, have hitherto not completely managed to realize socio-political ambitions without a slight dissonance. The three national competitions presented in this paper have never produced a winner, at best second or third prizes. Whether this is due to not sufficiently talented architects or to the organizer's clouded ambitions in the competition brief remains to be explored. In any case, the competition brief is the key element in this artistic dialogue. It serves as the organizer's test bed to translate welfare ambitions into spatial requirements, and the architects' guideline to conceive human-friendly environments for ageing. It is important to stress that the actual use of the architecture competition as a socio-political definition of appropriate space for ageing contains a limitation: the inclination to standardization and, in consequence, the creation of a repetitive architecture (Schwarz, 1997). There is a risk that the residential care home architecture becomes *une architecture parlante*. This type of architecture may include every possible homelike architectural archetype, but the spatial perception remains an institution-like environment. In that sense, the 1979 competition was perspicacious, since it focused on the relationship between the individual ageing process with an increased dependency, the increased medical care and gradually more complex nursing work and the architectural design. This situation describes two opposing force fields: the progressive ageing process versus the constructive stability of the architectural framework. The residential care home space becomes a substitute for lost abilities, and it must assist in the animation of fundamental human values: transspatiality or the feeling of being in reach of the richness of life (Barbaras, 2000). Therefore, the innovative architectural design of a residential care home necessitates a multidisciplinary approach that assembles architects, care planners, older people and family. This would allow for an extended dialogue about the appropriateness of a built environment in a long-term perspective that is used for dependent and frail older people (Dehan, 1997, 2007).

The major conclusion to draw from this overview is that residential care home architecture is a type of social art (Hillier, 1996). Not only does it reflect aesthetical values, but it demonstrates an ethical stance towards ageing, care and caring. In this context, the discussion about architecture that initiates any building project comes of relevance. The ultimate aim of architecture is to echo the socio-political ambitions of the welfare regime. This could be done by national guidelines that are used in both Norway and Sweden.¹¹ In Norway, these guidelines have recently been updated, and in Denmark the future-oriented design of new residential care home evolves from the existential aspects (Erhvervs&Byggestyrelsen, 2010). However, this use needs further evaluations, and for the moment these tend to promote three design scenarios, the one of the homelike environment, the hotel-like environment or the hospital-like milieu (Andersson, 2005a, 2005b). The main challenge for the future is to conceive a competition brief that communicates the essence of space for the dependant ageing— an enriching milieu in which care, caring and safety are provided seamlessly.

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Endnotes

¹ This type of housing is subject to an individual assessment prior to receiving a lease for a flat; this number is not included in total number for residential buildings. Furthermore, the numbers in table 2 are not fully conclusive since it might refer to available places (Sweden) or the number of residents (Denmark and Norway); Residential care home is an approximate translation for Danish (plejehjem, beskyttede boliger, plejeboliger, almene ældreboliger, andre boliger, friplejeboliger), Norwegian (sykehjem, sykehjem, aldershjem, kombinerte sykehjem/ aldreshjem, boform med heldøgns omsorg), and Swedish terms (särskilda boendeformer, äldreboende, vård & omsorgsboende).

² <http://www.socialstyrelsen.se/oppnajamforelser/aldreomsorg>. This website is only available in Swedish.

³ The denominations are the Swedish ones, but they have an approximate translation in English: Municipal level: Old people's homes, group housing, residential care home/ assisted living, parish home, poor house, senior co-housing, gentry home/ pauvres honteux, Regional level: nursing home, convalescent home, hospital, geriatric wards.

⁴ In all, these residential care homes housed 645 older persons in separate flats of 30 to 40 m². In turn, these flats were grouped in entities of 6 to 10 flats that formed 69 clusters of flats. These clusters were distributed at each residential care home, from 4 to 8 clusters per home. After an individual assessment at the local administration for social welfare, the older persons receive a lease for this type of flat, and, in addition to a monthly rent, the tenant (the older person) pays a fee proportional to the amount of eldercare that is required.

⁵ The argument for an alleged influence of the 1948 competition on the Danish space for ageing consists of a restored copy of the NBHW publication in 1950 to the Swedish architecture museum that until 1983 was used by a Danish architecture bureau.

⁶ The life expectancy for males is 78.4 years and 82.2 years for women (Batljan, 2007).

⁷ This equals a daily cost of 1237-1803 SEK (127,28 to 186,24 EUR) (SALAR, 2009)

⁸ <http://www.hi.se/sv-se/Arbetsomraden/Projekt/bobrapaaldredar/Arkitektavlingar/>

⁹ Charles Lindbergh landed here in 1929 with his airplane Spirit of St Louis.

¹⁰ The offside location is possible to explain by the land property ownership: since the residential home is closely linked to the realization of a socio-political welfare goal, these have predominantly been erected on property owned by the municipality or the Church. This motive is also correlated with higher prices for real estate in the centre of densely built environment and the fragmentation of available sites in these districts. Furthermore, the normative Swedish guidelines of the 1918 emphasized specifically that the then so-called old people's homes should be located close to the churchyard as suitable place for the preparations in the later stage of life (Andersson, 2011b).

¹¹ In Norway, these guidelines have recently been updated; see www.husbanken.no (Husbanken, 2009).