Abstract (500 words)
Age is a delicate matter, but the Swedish welfare state is ageing and has an increasingly larger proportion of elderly people, about 19 per cent (Sweden Statistics, 2014). Since the election campaign in 2006, the matter of appropriate housing and caregiving for older frail persons has been a reoccurring item on the political agenda. Governmental delegations and programmes have ventured out into the great unknown territory of architectural experiences and age-related problems. However, one existing residential care home, in the following RCH, pops up as an exemplary and universal model for architecture and the frail ageing process, the residential care home of Vigs Ängar.

Initiated as a mutual initiative in the early 1990s, between a local anthroposophical interest group and the municipality of Ystad, Sweden, its creation and existence describe a troublesome tension between legal frameworks, managerial systems for eldercare, facility management and idealistic visions for future-oriented caregiving. Despite a 20 year existence, this exemplary model has resulted in few similar facilities, both architecture-wise and eldercare-wise. Instead, a large number of national and international study visits have turned the building along with caregiving into an open smorgasbord consisting of architectural elements or therapeutic approaches, subject to free sampling and tasting. To some extent, the anthroposophical label has clouded the resilient approach in architectural design and caregiving for the frail stages in life.

The focus of this paper was to go behind semantics and unravel the generating images that constitute the fundamental reason for the exemplary status of the RCH in question. Critical analysis has been applied as a research method in order to scrutinize documents and drawings that originate from the design process. Random conversations and interviews with various informants associated with the RCH, among which the architect, have been executed over the period 2007-2013. This study suggests that the key factor in this successful realization of an RCH is the solid idea for a resilient architecture. This idea encompasses both ephemeral and tangible experiences of space that structure both the older person’s quality in life as well as the individual staff member’s satisfaction with the work environment. In that sense, the RCH of Vigs Ängar is more of a spatial sensation than an anthroposophical epiphany.

Key words
Resilient architecture for ageing, generator images, residential care homes, Sweden, Vigs Ängar
Introduction
In May 2014, the local newspaper announced that the only privately operated residential care home, in the following RCH, in the municipality of Ystad was twice as expensive as the ones run by the municipal eldercare (Ystad_Allehanda, 2014). Reporting from the last meeting in the Social Welfare Committee before the upcoming vacation period, the paper seized the opportunity to combine the committee’s decision on postponing a direct continuation of the private operator’s running contract for another four-year period with uncorroborated numbers concerning the average cost for an older person’s stay at any of the five municipal RCH:s, which were seept from the Social Welfare Administration, SWA (Ibid). Despite the fact that the numbers were not reciprocally comparable and part of a still unpublished municipal inquiry on quality in local eldercare (Ystad_Kommun, 2014), the paper chose to print the story.

Instantly, the RCH of Vigs Ångar received negative reactions from the public opinion. The guiding principle for the care given at this RCH, anthroposophy, was associated with sectarianism, and the idea that the municipality unfairly sponsored housing for a group of elderly with high income and sharing this belief. However, the exposure of the privately operated RCH turned the attention from the dealings of the local Social Welfare Administration, whose recent tendering documents are the main reason for explaining the concentration of RCH:s run by municipal eldercare organizations in a municipality with a right-wing majority that promoted competition and private initiatives: In 2012, two pan-Nordic entrepreneurs in eldercare refused to submit their bidding documents in answer to the SWA documents, since they independently deemed it impossible to run appropriate care for frail older persons to such a restricted budget that the SWA stipulated (Billgren, 2012). Looking back, the recent events, which have once again placed the RCH of Vigs Ångar in the centre of a local turmoil, are not new: Ever since its inauguration in 1992, the RCH has been exposed to local calamities and controversies (Husberg, 2014; Husberg & Ovesen, 2007).

Few seem to know that the mere existence of this RCH is the positive outcome of the municipality’s own investment in alternative eldercare, promoted by the left-wing majority of the early 1990s (Husberg, 2014). From a national point of view, the reasons for the heated feelings that the RCH generates are hard to understand. The national comparative data bank, labelled Guide to Swedish eldercare, established by the national Board of Social Welfare and Health and, since 2008, allowing for cross comparing elderly people’s satisfaction with municipal eldercare and ratings of municipal RCHs, suggests a completely different conclusion: Approximately, 94 per cent of the residents and their relatives are satisfied with the activities, the meals and the type of care-giving that are offered at the RCH (Socialstyrelsen, 2013). The RCH has been promoted as an exemplary model for other RCHs to follow. Several representatives of the official Sweden have expressed their wish to move to Vigs Ångar in case of severe age-related problems. In 2008, the front figure for the RCH, architect and gerontologist Lillemor Husberg, was awarded a royal medallion for her work.

Exemplarity with dull resonance
Despite its often referred status of being an exemplary model to follow, the Vigs Ångar has had a scarce influence on contemporary architectural design of other Swedish RCHs as well the particular caregiving with anthroposophical inspiration. By the late 1990s, the then seven-year old facility served as an inspirational model for renewing eldercare in a municipality in Northern Sweden. However, the local press focused on the anthroposophical inspiration, which offended the local opinion. The project was abruptly terminated, only allowing for the creation of a sensory garden (Andersson,
In 2002x, the interior colouring at the RCH served as a source of inspiration for the newly conceived local RCH of Ljuskällan, a large-scale building in the outskirts of the city of Ystad (ibid). In 2008, a municipality nearby paid the RCH a visited, and a few weeks later, a local politician triumphantly stated that the new local RCH would have four inner court yards, one more than at the Vigs Ängar, but other than that the inspirational input was random.

In 2009, the yearly seminar on appropriate eldercare at the Vigs Ängar was covered by Swedish radio. Invited and presenting at the seminar, the head of the ASW in Ystad opted for an interview, in which he publically assessed the RCH as institutional and obsolete. Fellow representatives of the administration suggested that the heavily refurbished old large-scale nursing home in the city demonstrated even higher architectural and sensory qualities. In contrast, the attempts of another municipality in southern Sweden suggested a positive appraisal, since the architectural drawings for the facility was copied in extenso, thus violating Swedish copyright legislation. Finally, in 2010, a sister facility was constructed in a municipality, some 10 kilometres south of Vigs Ängar, however, omitting the integrated sustainability aspect of the original building and, thereby, installing a sick house syndrome with lethal effects on its frail inhabitants. Over the period of 2011 to 2014, the Vigs Ängar has become a utopia when it comes to space for ageing, since current trends in Swedish architecture for RCH have started to promote a new type of highly condensed space.

Fuelled by two studies on the residents’ whereabouts at the unit, in their flat or participating in communal activities, public housing companies have drastically downsized the area of the communal space into a minimum, approximately 5 square-metres including corridors (Sveriges Arkitekter Djurgårdsstaden). Results from a study on older people’s whereabouts in a constrained and refurbished RCH, erected by the end of the 19th century (Nord, 2010), and supported by a doctoral thesis with extensive observational studies of usages of communal space (Andersson, 2013) seem to have open for a foul assumption that older people harbour a predilection to remain in their individual flat rather than use space for socializing. The fact that frail ageing implies an increasing dependence on care staff members in order to be animated, to move about or participate in activities that the eldercare creates seems to have been severely clouded. The reduction of communal space is contrary to a long reformative tradition in Swedish architecture for societal purposes to lessen the institutional appearance by providing communal space for a variety of reasons stretching from chores and religion to entertainment and educative purposes (Andersson, 2014; Schulzenheim, 1801; Åman, 1976). Furthermore, studies on Swedish seniors wishes for ageing in a RCH are random (Andersson, 2011), and lacking the systematic mapping of the constituents of an appropriate space for the frail ageing that could be found in Danish research (Möller & Knudstrup, 2008).

**Aims and purposes**
The opposing trends in contemporary Swedish architecture for frail older people seem to pay little attention to the fit between the frail older person and the built space, not to say issues related to the execution of care and caregiving. In consequence, a fundamental matter surfaces: what are the constituents of resilient architecture for ageing with respect to the older resident and the care staff? Given the fact that the RCH of Vigs Ängar repeatedly has been put forward as an exemplary model for over 20 years by now, a reasonable assumption would be that some vital essence would be found in a closer analysis of this facility.
Hence, the appropriate research question for this study is: if Vigs Ångar is an exemplary model, what are the key constituents of this model, architecture wise or care wise, which, in turn, could be extracted and made broadly accessible for other RCHs intended for frail older people? In line with this questioning, the contradictory reactions, with which the RCH of Vigs Ångar has been met over the years, can these be related to these constituents? If so, would individual assessments of appropriate architecture and care play a greater role than an analytic and rational approach to the interaction between the incompatible phenomena of ageing, caregiving and architectural space?

**Study design**

The research material for this study has been accumulated during a long period that encompasses 11 years. The first contact with the residential care home of Vigs Ångar, in the following RCH-VAE, was initiated in 2003 as part of a multiple case study on exemplary models for architectural design of Swedish residential care homes, all in all twelve models (Andersson, 2005). The research material contains open and structured interviews with representatives of the RCH-VAE, literature surveys, video recordings of colloquiums at the RCH-VAE, research studies, and supervision of research papers from the creation of the RCH-VAE (Husberg, 2014; Husberg & Ovesen, 2007; Paulsson & Husberg, 2008).

Based on a systematic review of Swedish and international research studies, expert opinions and recommendations from eldercare staff in a Swedish municipality, the RCH-VAE materialized through scientific studies that spanned from measurements on indoor air quality, presence of sick house syndrome, building ventilation and architectural design to care staff members’ number of sick leaves, work satisfaction and consumption of medicine (Bauer-Alfredsson, 1999; Nordström, 1999; Regnier, 2002). Hence, the manager of the RCH-VAE was approached for an interview and a guided study visit to the premises.

The manager proved to be the same person as the architect, Mrs Lillemor Husberg, architect SAR/ MSA and a renowned expert on appropriate eldercare. The research material from the visit resulted in an article in the Swedish Architectural Review, a conference paper and a paper in a licentiate thesis (Andersson, 2004, 2005, 2006). The visit in 2003 proved important for future exchanges of knowledge on the relationship between appropriate caregiving for frail elderly and the architectural design. During the period of 2009 to 2012, Mrs Husberg was an invited lecturer in continuing educations courses at the School of Architecture, Royal Institute of Technology, KTH, in Stockholm. In contrast, the author of this paper participated in a series of colloquiums at the RCH-RAE as both lecturer and organizer. These venues addressed the same matter, but the main aim was to create opportunities for representatives of local eldercare organizations to share practical and theoretical experiences. The colloquium in 2012 was honoured by the presence of H.M. Queen Silvia of Sweden.

In 2013, Mrs Husberg was accepted as senior student at the Vårdalsinstitutet at the Lund University, Lund. For a special course targeting professionals in their retirement age, professor ema Bodil Jönsson had selected a group of people with a long experience from organizing eldercare so that they could convert their professional experience from a long career into scientific papers. The project was sponsored by the interest organisation for Swedish counties and municipalities, SALAR. Each student had a personal supervisor: the author of this paper supervised the realization of Mrs Husberg’s paper on vital factors that have paved the way for the perceived success of the RCH-VAE (Jönsson & Ahlström, 2014). This work proved important for revealing the presence of primary generators in the design process of the RCH-VAE, and the Mrs Husberg’s professional approach to harmonize ephemeral existential values for caregiving with rational motives for building. The following study is based on a critical analysis of
the research material that has been collected over this series of events (Blum-Kulka, 1997; Gunnarsson, 1998; Mumby & Clair, 1998; Perren & Sapsed, 2013; Van Dijk, 1998).

Celebrating difference within a structuring framework
The RCH in focus in this paper is Vigs Ångar. It is situated some 15 kilometres north-east of Ystad in southern Sweden. From the outside, this facility resembles the majority of Swedish residential care homes, situated in an off-side location next to a residential area with prefabricated detached houses from the 1970s and with a strikingly different architecture than the surrounding one (Andersson, 2005). The location is more an ad hoc establishment, a reflection of available municipal properties open for exploitation rather than a conscientious choice of appropriate land for ageing (ibid). On the other hand, the architectural design is the outcome of a profound wish among a local group anthroposophically inspired people to make a difference: In the beginning of the 1990s, this group lobbied for an innovative space for ageing well, despite age-related frailties and a possible increased dependence on others to cope with activities in daily life, and symbolising a salutogenic approach to growing old (Husberg, 2014). Strong on inspirational input, the group lacked the ability to unit dispersed aesthetic and idealistic visions into a coherent shape, hence, the need for a person trained as an architect.

Entered Lillemor Husberg, an architect with a solid experience from renowned architect’s offices in Stockholm and the national board for building matters, but carrying a personal grief of lost parent, aggravated by the inhumane and poor environment that surrounded this parting: It was the old Vasa hospital in Gothenburg, erected during the 19th century as a combined housing and health centre for destitute and poor people⁶. Given its altruistic purpose, the building had become a too many times refurbished building. It is even standing today, but now serving a new educative purpose for the Chalmers University of Technology. This experience forged an ambition by Mrs Husberg to conceive innovative and salutogenic environments for frail people, partly influenced by a series of hospital projects with the same orientation, the hospital in Visby and Vrinnevi hospital in Norrköping, Sweden. Resorting to her special organisational skills, developed during several years of harmonizing conflicting interest during the stressful final phase of an architectural competition: compiling necessary documents for submission, Mrs Husberg managed to unify the group’s diverging ideas about an anthroposophically inspired residential care home into a structural theory on both housing and care activities (Husberg, 2014). In 1992, Mrs Husberg with the lobby group for an anthroposophical RCH presented preliminary sketches of the hypothetical building with its imaginary form of a user-centred architecture and caregiving before the municipal committee for social welfare and health.

Despite the certain vagueness that such visionary thinking always counts, the members managed to grasp the essence, and the majority voted for continued support (Ystad kommun, 1992). It was clearly indicated in the decision that the municipality would have a peripheral role: leasing the land, but not owning the building or part-taking as care operator. Hence, with financial backup from the municipality, the realization of the project could continue. This meant that Mrs Husberg in her function as architect gained an increasingly more important role when balancing essential key concepts for ageing well according to anthroposophy with bare facts such as physical requirements for the building and the number of staff members (Husberg, 2014). In addition to analyses of functionality, investment costs and spatial ratio of recently built RCHs according to ordinary standard for such facilities, the anthroposophically inspired village outside Järna outside Stockholm served as a source of knowledge and know-how. The sensory aspects of architecture were explored a modus Vivendi for the forth-coming RCH, see Figure 1. The outcome of these analyses suggested that the break-even point for such a facility
Figure 1. The generator vision behind the architectural design of Vigs Ängar, making the sensory aspects of architecture into key factors for the forth-coming caregiving and existence in the building (reworked image by © Husberg, (Husberg, 2014)).

Drawing 1. Floor plan of the one storey high building complex of the residential care home of Vigs Ängar (© Husberg Arkitekter AB, source (Husberg & Ovesen, 2007)).
would be about 40 flats, a mixture of 1-2 room flats, dispersed into three units. In order to vouch for the main credo in anthroposophical ageing well – anchor the older person’s mind in present time rather than in the past coloured by individual memories – these units were grouped around two inner court yards with greenery and sensory stimulation, the individual apartments facing the surroundings, and the communal space facing the court yards. In addition, the units were connected to other types of space, essential in anthropological thinking: 1) a therapeutical space with access to a pool and massage; 2) space for nutritious meals with open access for both residents and people living outside the building; and 3) space for events and social activities, see Drawing 1.

A mode-de-vie overruling architectural expression

The architecture for the new alternative RCH of Vigs Ängar was projected to be a brick-laid building in white plaster, thus, integrating architectural elements from local vernacular architecture as well as the anthropological approach of using natural and long-lasting materials; sees Photo 1. Mrs Husberg assembled necessary documentation for applying for building permit. Given the complexity of conceiving a residential care home of hitherto unknown organizational and physical requirements, had made Mrs Husberg the coordinator of the full project, thus, not only architecture, but also staffing and staff management. It is essential to emphasize that the client in both cases was the municipality, the administration for real estate matters, and the administration for social welfare and health. Hence, the professional influence of being an architect expanded into becoming very much the semantic meaning of the originally Greek word architect – being the main expert at the building site, steering the reins of the full project on behalf of the client.

Compared to other building projects, this circumstance in the realization of the Vigs Ängar is unique with few similar examples in Sweden. This key role that Mrs Husberg assumed perfectly according to sources inside the municipality (Ystad_Kommun, 2003, 2009, 2012, 2014) could be one of the reasons for the mixed reception: analyzing the Vigs Ängar also implies an analysis of personal abilities and competence by the architect and the client’s ethical and long-term ambitions for providing an appropriate caregiving. It is important to stress that the gradual increase of responsibilities in the project was subject to personal hesitations by Mrs Husberg: However, the project also implied an intense collaboration with representatives of the municipality, mainly the head of the ASW (Husberg, 2014). This close collaboration spurred mutual trust and respect, which made Mrs Husberg inclined to accept responsibilities beyond the normal professional involvement of an architect. Nonetheless, exterior factors would increase this involvement even further, jeopardizing the full project.

The construction works for the new RCH started in the fall of 1992. A local building contractor had presented the most advantageous biding, and was subsequently contracted. Construction works related to the foundation were initiated and accomplished by spring 1993. During the period of 1990 to 1994, Sweden experienced a sudden recession in finance, primarily touching the banking, finance and real estate sector (Ref). In consequence, the realization of the Vigs Ängar was severely compromised, which eventually led to the financial collapse of the building contractor and a brutal stop for any attempts to reverse the situation. For almost a year, the uncovered foundations were exposed to seasonal variations. The crisis called for a thorough rework of the intended architectural space, and rethinking an interest organization as developer. Severe budget cuts meant that the original building type was changed and the masonry was replaced with a wooden building. Additional changes was made to the execution of the specific interior colouring in thin coats based on colour theories proposed by Goethe (Sällström, 1996).
Photo 1. Collection of random photographs that displays the lush surroundings and interior gardens: essential features in the architectural design of the RCH Vigs Ängar (©author).

This new situation imposed the necessity of further analyses of the original architectonic vision, now pertaining to condensing space, optimizing spatial usages, but also construction-wise, finance-wise and organization-wise. Looking backwards, it seems as if this revision work by the architect also turned into a test of the fundamental mechanism of the generating idea for the future RCH: that everyone working at the facility should have knowledge of and capacity to assist in other tasks in addition to the principal ones of his or her own professional field of expertise. This trimming of costs and space increased even further the special inside-knowledge of the project that Mrs Husberg had acquired. In consequence, during the building process, Mrs Husberg would also assume the role of defending the client’s special interests in addition to the one of being the architect (Husberg, 2014; Husberg & Ovesen, 2007). The increased concentration of diverse assignments, normally active on the part of the client, by the architect lends support to the overall conclusion that this increasingly more difficult project required one actor with a comprehensive knowledge of the project in order to foresee consequences of on the architectural vision and changes in the investment costs. This suggests the accuracy of an often used statement by Mrs Husberg: Vigs Ängar was constructed for the same amount of money as any other RCH in the municipality (Husberg & Ovesen, 2007).

**Working together for animating architecture for frail ageing**
On the 2nd May 1995, the new municipal RCH of Vigs Ängar was inaugurated, and welcomed 42 new older residents. Due to the financial crises, the municipal involvement had become larger than intended. In the end, the municipality had had to assume the role of property owner in order to vouch
for bank loans with reasonable terms, but still refraining from part-taking in the caregiving operation (Husberg, 2014; Husberg & Ovesen, 2007). Hence, the caregiving operation was entrusted to a specially formed private company, which, in turn, was a subsidiary to Mrs Husberg’s individual architect’s office (Andersson, 2005). Once again, the very central role that Mrs Husberg had acquired as architect, coordinator of architecture and caregiving, and representative of the client, proved important. However, the relevant question would be, important for whom? Based on the totality of the acquired research material for this study, the only feasible conclusion is that the municipality of Ystad was the player, who gained the most from this unusual arrangement. Hence, without delays, the municipality could exploit the bearer of the fundamental essence of the new investment in a new RCH, displaying an alternative orientation than traditional Swedish municipal eldercare, by making the by now merged role of architect, coordinator and client representative, i.e. Mrs Husberg, the first head of the facility and care organization. Given the rotation of heads in the municipal administrations, this seems to be an essential factor in the materialization of the visionary thinking behind the project.

Figure 2. The guiding principle for using architectural space in an anthroposophically inspired caregiving for frail older people.
The staffing of the new RCH was guided by the key mechanism in the Vigs Ängar project; shared responsibilities despite varying professional backgrounds, and not necessarily primarily training in care professions. The new staff members were trained during two weeks by two frontal figures for the anthroposophical movement in Sweden, Märta Arman, RN and Maarten Reder, MD (Arman, 1993, 1998; Reder, 2003, 2005). Today, one third of the original staffing team continue to work at the facility (Husberg, 2014). The intention was to create a non-hierarchical organization of caregiving and management, a flat organizational structure. To a large extent, this model appears to be a subconscious transfer of chores at an architect’s office (Cuff, 1992), seemingly influenced by Mrs Husberg’s own experience as team leader for submissions in architectural competitions. However, it has to be mentioned that Mrs Husberg never uses this analogy herself in her own reflections on the realization of Vigs Ängar. On the other hand, Mrs Husberg describes the initial staffing situation as a type of sisterhood with a direct and open communication.

At this point of the implementation of an anthroposophically inspired space for the frail ageing, it appears as if the generator image for creating appropriate architecture for this stage in life is converted into a modus Vivendi for the realization of an alternative care and animating architecture for this intention. Hence, the key factors in the appropriate space for the frail ageing take the form of two clearly identifiable actors: on the one hand, the residents, and on the other hand, the fellow care providers. Nonetheless, at this stage of converting architecture into building in use, architectural design is no longer a moulding factor. It is the opposite way around; the available space is integrated in an existential use of space, where the potential usefulness in architecture is exploited for human needs of sensory, social and spiritual nature: body, mind and soul, see Figure 2. Over the years to come, other persons have been appointed head of the RCH, but Mrs Husberg has continued to the enthusiastic motor in the necessary process of introspection, so that the guiding principle for caregiving at the Vigs Ängar continues to evolve with maintained high quality, i.e. the residents’ quality in life and appraisal of caregiving, along with the fellow care providers’ satisfaction with work and work environment.

**Discussion**

This paper is a case study on resilient architecture for ageing, in which the focus has been set to the RCH of Vigs Ängar, often referred to as an exemplary model of architecture and caregiving for frail older persons. The ulterior motive for this research has been to unravel the key constituents of this type of architecture. Given the fact that the time lap between the starting point for conceiving the anthroposophical RCH, and the retrospective search for mechanisms that could explain contemporary circumstances is almost 25 years, the exact linkage between events is somewhat clouded. Similar to other public building projects, the correct logical course in a series of events cannot be retraced through documents registered in public archives. Hence, the main source of information about such projects is found among those who were involved in the project, closely or remotely. However, information retrieval in such viva voce processes always becomes subject to the individual researcher’s assessment of the interviewee as reliable or unreliable, a true key player in the process or a victim of human vanity to glorify one’s involvement (Pearce & Geoffrey, 2009).

In the case of analyzing Vigs Ängar, it becomes even more complicated, since a multitude of competences – architect, artist, care planner, care professional, care entrepreneur, coordinator, client representative, manager, fellow care provider, designer and many more – is concentrated to one person, Mrs Lillemor Husberg. One probable reason for the lack of poignant influence from the Vigs Ängar on other Swedish RCHS is probably the human pettiness to acknowledge the existence of such a variety
competences by one individual. However, this study is based on the firm belief that Mrs Husberg’s contribution to the realization of the RCH Vigs Ångar is one of the fundamental constituents of resilient architecture for ageing: such a project requires a special multi-competent person, who is able to shift from the tiniest functional detail to the most comprehensive understanding on the fit between human beings and architecture and built environments. The next logic constituent for realizing such a zooming capacity is the need of a theory that may help to explain how the different scales relate to each other. In the case of Vigs Ångar, this theory has become anthroposophy. However, little in the particular case suggests that this philosophy is the only one to rely on when realizing resilient architecture for ageing: The financial crisis of the early 1990s produced drastic restrictions on the original architectural idea, but did not inhibit a metamorphosis into a new type of space, somewhere in between anthroposophical architecture and local building tradition. Thus, a theory on the human fit with built space must contribute to elucidate the spatial features that are essential for creating an ageing-friendly environment. With reference to the case in this study, an accurate conclusion from such an ideologically inspired space analysis would be to emphasize the sensory aspect in architecture. This deduction is supported by American research in architecture and gerontology (Regnier, 2002; Schwarz, Chaudhury, & Tofle, 2004). It can also be corroborated by recent Danish research during the period of 2004 to 2008 on the appropriate habitat for ageing. This resulted in a twelve facet model that currently supplies holistic guidelines for the design of modern Danish residential care homes (Møller & Knudstrup, 2008).

Third key constituent of resilient architecture for ageing can be found in an exterior factor that requires a merger between perceptual features in the architectonic vision and concrete measures in the execution of a particular type of caregiving. In the case of Vigs Ångar, this factor can be attributed to the unexpected influence of the financial crisis of the early 1990s. However, the response to such a threat to the assembly of spatial ideas and functional requirements constitutes the fourth key factor in creating resilient architecture for ageing: Instead of implementing random budget cuts, these cuts must be deducted from a close analysis of possible reductions in the architectonic vision like square-metres, choice of building material and level of colour coating, but also the financial model for the project. Thus, a fifth key constituent for this type of architecture is actually the financial solidity that the building client can present. In the case of Vigs Ångar, the municipal backup and investment in the project were crucial factors for the mere realization of the project during a period of crisis. Hence, the allocation of financial means and the commitment from a legal and long-term perspective are also vital factors in ensuring the longevity of resilient architecture.

To conclude, this case demonstrates that the most essential and fundamental constituent for the creation of resilient architecture for ageing resides in the conscientious adjustment of architectural space to the plethora of human needs, which appear during the frail ageing process, and the prioritization of this particular focus on older people’s use of space all along during an eventful decision-making and planning process. This constituent is also congruent with other research, which detects an increasing weakening of chore values in an architectonic vision for a new RCH during the course from imaginary architecture to concrete realization of space (Knudstrup, Hovgesen, & Moeller, 2007). Adding the other constituents already listed above would form the necessary set of tools for creating other types of resilient architecture, however, not necessarily for the creation of space for ageing, but for any type of architecture in echo with human existence and lifestyles: Architecture is not just a built environment, it harmonizes the imagination and memories of space into a space for living (Pallasmaa, 2001).
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Ystad Kommun (2014). [x].


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1 Approximate translation of the Swedish denomination Äldreguiden, see [http://www.socialstyrelsen.se/jamfor/aldreguiden/jamfor](http://www.socialstyrelsen.se/jamfor/aldreguiden/jamfor).

2 This refers to the director of the Board of Social Welfare and Health, Mr. Lars-Erik Holm, the octogenarian liberal geriatric doctor and politician Barbro Westerholm, and the flamboyant entrepreneur and former right-wing politician Ian Wachtmeister, but also several statements by journalists, researchers and visitors to the Vigs Ångar.
Unfortunately, H.M. Queen Silvia of Sweden turned suddenly ill and could not attend the colloquium. However, the colloquium opened as planned in the presence of the province governor of Scania, while the Mistress of the Robes, Countess Alice Trolle-Wachtmeister, assumed the Queen’s place, and communicated with Her Majesty of the phone.

This building was designed in 1883 by architect and local politician Adrian C Peterson (1835-1912), who have designed several buildings for various purposes in central Gothenburg. The wooden building consisted of several older buildings used for housing poor people that were integrated into a larger structure. Source: http://www.nad.riksarkivet.se/sbl/Presentation.aspx?id=7137

This limited company is named Barevadsnäs Vårdbolag AB.