

夕阳无限

世界当代养老院与 老年公寓设计



SENIOR LIVING
ARCHITECTURE

凤凰空间·北京 编

江苏人民出版社

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图书在版编目 (C I P) 数据

夕阳无限：世界当代养老院与老年公寓设计 / 凤凰空间·北京编. — 南京：江苏人民出版社，2013. 1
ISBN 978-7-214-08726-3

I. ①夕… II. ①凤… III. ①养老院—建筑设计②老年人住宅—建筑设计 IV. ①TU246. 2②TU241. 93

中国版本图书馆CIP数据核字(2012)第199823号

夕阳无限——世界当代养老院与老年公寓设计

凤凰空间·北京 编

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美术编辑：周宇
出版发行：凤凰出版传媒股份有限公司
江苏人民出版社
天津凤凰空间文化传媒有限公司
销售电话：022-87893668
网 址：<http://www.ifengspace.cn>
经 销：全国新华书店
印 刷：深圳当纳利印刷有限公司
开 本：965 mm×1270 mm 1/16
印 张：20
字 数：160千字
版 次：2013年1月第1版
印 次：2013年1月第1次印刷
书 号：ISBN 978-7-214-08726-3
定 价：298.00元 (USD 56.00)

(本书若有印装质量问题，请向销售部调换)



FOREWORD 序言

孟子曰：“挟泰山以超北海，此不能也，非不寿也；为老人折枝，是不寿也，非不能也。”

我国即将步入未富先老的时代，是惧怕或者危言耸听，还是为潜在的商机和政绩窃喜？解决养老问题，让老有所依、老有所乐，让年轻人无后顾之忧，是我们的目标。但是依照孟子所言，我们不可能一劳永逸地“挟起泰山越过北海”，我们的负担太重，能力还不够。但我们可以“为老年人折下一条绿枝”，开始这些容易实现的小爱善行，哪怕是跬步之进，也不失为切实的行动。按照这一想法，本书的编辑组历尽一年的时间，网罗了英、法、美、日、葡、西、荷兰、挪威、芬兰等十余个发达国家的40余所养老院，只为引荐这些养老制度相对完善的国家的养老经验。

本书为我国的老人们折下一条来自异域的“绿枝”，使我们不仅可以了解到这些国家的老龄化数据，如何助老养老，还可以了解到不同类型的养老机构是如何设计、运作的，更能看到不同地域的建筑和人文风情。从中回避风险，弥补不足，以发展我国即将大步迈开的养老事业。文后还附有我国《老年人建筑设计规范》(JGJ 122-99)，为建筑从业者提供了有效、准确的参考依据。我们希望在不久的将来，全国各地创造出一个又一个美丽生动的“老年之家”。如果要为这种理想找一个理由，那就借康德之言：“老年时像青年一样高高兴兴吧！青年，好比百灵鸟，有他的晨歌；老年，好比夜莺，应该有他的夜曲。”

Mencius once said, "Such a thing as leaping over the North Sea with Mount Tai under one's arm is a case of not being able to do it, but such a thing as making a polite bow to the elderly is a case of not doing it rather than not being able to do it."

China is about to step into the era of "aging before getting rich". Shall we be feared, exaggerate it just to scare people or gloat over the potential opportunities and benefits? It has always been our goal to make the elderly live a reliable and happy life and to free the young from worries. According to what Mencius said, we are not able to "leap over the North Sea with Mount Tai under our arm" because the burden is too heavy for us to bear. However, we can set about small but more realisable goals with benevolence, such as "making a polite bow to the elderly". Even one small step is a practical achievement. With this in mind, we spent a year collecting more than 40 senior living architecture projects from the developed countries such as UK, France, USA, Japan, Portugal, Spain, the Netherlands, Norway, Finland, so as to introduce the experience of these countries with advanced elderly care systems.

In this book, we not only get the aging data of these countries, understand their elderly care systems, learn about the design and operation of a variety of elderly care facilities, but we can also get to know diverse architectural styles and cultural customs of different countries. With the elderly care experience of these countries, we can avoid the risks and make up for the shortages so as to improve the elderly care system in our country, so as to make big strides toward the future. At the end of the book, there is "Code for Design of Buildings for Elderly Persons JGJ 122-99", providing effective and accurate references for architectural practitioners. We hope that more and more beautiful and happy 'homes for the elderly' can be built across the country in the near future. Let's borrow Immanuel Kant's words—"Old age is like young happily! Youth, like lark, had his morning song; older, like the Nightingale, should have his nocturne."

INTRODUCTION 绪论

现状

据世界人口统计学数据显示,世界人口正在步入老龄化。在2000年,全球60岁以上的人口共有6亿人;到2025年,这个数字将达到12亿;而到2050年,这一数字将达到20亿。到那时,历史上将首次出现老年人口的数量超过年轻人的情况。

作为世界上老年人口最多的国家,中国自1999年进入老龄化社会后,老年人口数量不断增加,老龄化程度持续加深。据国家统计局最新数据显示,2011年中国老年人口达1.74亿,占总人口的12.78%以上。其中,80岁以上高龄老年人达到2 132万,占老年人口总数的12.25%。预计到2015年,我国60岁以上老年人口将达到2.16亿,约占总人口的16.7%,年均净增老年人口800多万,超过新增人口数量;65岁以上空巢老年人口将超过5 100万,约占老年人口的1/4,老年人的居住和照料问题更加突出。

我国更突出的或者与发达国家的不同之处在于“未富先老”。不同年龄层次的情况又各不相同。就经济条件稍好的城镇居民来讲:70~90岁这个年龄段的老人只有1 000元左右的退休金,他们是建国初期的主力,经历坎坷,依然保持传统、守旧的观念,因子女较多不愿意去养老院养老。60~70岁的老人出生于建国之前,经历了战争、“文革”等事件,多数人缺少较好的教育;中年时经历改革开放,多为企业职工,部分人还经历了下岗等。但他们多享受了福利分房,无房贷压力,经济有一定的自主权,但可支配资金依然不多。50~60岁的准老年人有部分人接受了较好的教育,子女少,儿女多为80后,但赶上高房价,父母用养老钱支持子女买房,形成经济共同体,可支配资金依然不多。

根据快速老龄化的基本国情,以及考虑我国传统居住文化和经济特点,政府确立了基本养老方针。我国的社会养老服务体系主要由居家养老、社区养老和机构养老等三个有机部分组成。国务院办公厅提出构建“9073”养老格局,即:90%的老年人在社会化服务协助下,通过家庭照顾养老;7%的老年人通过社区照顾服务养老;3%的老年人入住养老服务机构集中养老。

截至2010年底,全国各类收养性养老机构已达4万个,涵盖福利院、养护院、敬老院、荣军养老机构、老年公寓等多种类型,养老床位达289万张,比1999年增长了近2倍。社区养老服务设施得到进一步改善,社区日

间照料服务逐步拓展,已建成含日间照料功能的综合性社区服务中心1万个、留宿照料床位1.5万张、日间照料床位3万张。

中国在2011年3月召开的全国“两会”期间明确提出:在未来发展计划中,将以解决民生问题作为国家的首要问题,这其中解决老年人的社会保障体系、生活和居住环境尤为重要,国家将在未来五年中注入大量财政资金对老年人养老事业进行建设。针对我国养老事业,制定出《中国老龄事业“十二五”规划(草案)》。

但仅这些还远远不够,我国的养老院还存在着数量不够、理念过老、设施不全、分布不均等问题。加上如今的老年人的感知和认知能力、生理健康程度、身体活动性和思维灵敏度都与以往有了很大的改善,原来的设计早已不能满足今天的需求。面对养老助老如此严峻的现实,本书的编辑组历尽一年的时间,网罗了英、法、美、日、葡、西、荷兰、挪威、芬兰等十余个发达国家的40余所养老院等素材,只为引荐这些养老制度相对完善的国家的养老经验。

分类

书中的项目按地域分章,分为西欧、北欧、南欧、中欧、亚洲、北美洲、大洋洲7个章节,每章涵盖多个发达国家的项目。在每章的前面简要介绍该区域中几个国家的人口老龄化状况及其老年居住建筑的发展、现状及前景。

老年建筑主要分八种主要建筑类型,本书中的项目涵盖了多个类型。

这八类建筑分别是:

—老年门诊(Geriatric Outpatient Clinic):一种专业医学门诊。诊疗范围广泛,包括身体的、心理的、社交的以及主要与身体老化有关的医学需要。

—成人日间看护/成人日间保健机构(Adult Day Care/Adult Day Health):这是一项每日机构,面向那些仍然居住在自己家中或者与家人同住的老年人,在白天为他们提供包括社会与医学支持在内的多种综合服务。

—护理院/长期护理机构(Nursing Homes/Long-Term Care):传统上,这是一种医学基础的护理模型,为需要24小时监护的非常虚弱的老年人提供服务。

—援助式居住生活机构(Assisted Living Residence):这个名字包罗万象。它拥有广泛多样的项目内容,通过对“日常生活活动”(ADLs)的支持

来维持居住平衡,这些日常活动包括洗浴、更衣等。

—痴呆症/阿尔茨海默症护理机构(Dementia/Alzheimer's Care):这是一种专业机构,针对认知能力损伤者的特殊需要提供专门服务,这里的损伤主要包括与思考、感知和记忆有关的能力损伤。

—独立式/居住式/公寓式/集合式住宅(Independent/Residential Living/Apartment/Congregate Housing):这种住宅可以提供专为老年人设计的服务,比如每日一餐、家政服务以及适当的活动。

—连续护理型退休社区(Continuing Care Retirement Community,简称CCRC):这是一种面向退休后的老年人的居住模型,提供了全方位的服务和居住设施,从独立式居住模式到援助式居住模式以及专业护理模式。

—有活力的成人社区(Active Adult Community):这里设有多种可选择的生活模型,经过设计之后的机构,只是为参与者提供了更加无忧无虑的居住环境,可以从事主动的健身、娱乐活动,享有继续受教育的机会以及使用卫生保健与社区服务的便利。

与过去相比,现在的老年客户年龄更大,需求更多,尤其是他们对于高品质的住房和活动设施的需求也更高。我们希望在不久的将来,类型全面、建筑新颖、空间人性、配套完善的“老年之家”在我国“遍地开花”!

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Current Situation

One of the most obvious changes currently occurring in the world is reflected in the demographic data. The world is stepping into an aging society. The number of people aged 60 and over on the globe reached 600 million in 2000. The number will rise to 1.2 billion by 2025 and 2 billion by 2050. The elderly people will, for the first time in history, outnumber young people by then.

China has the largest old population in the world. The number of elderly people has been constantly increasing with the continuous aging trend since China stepped into the aging society in 1999. According to the latest figures from National Bureau of Statistics of China, the number of elderly people had reached 174 million by 2011, taking up 12.78 percent of the total population. The number of people aged over 80 had reached 21.32 million, taking up 12.25 percent of the old population. It is estimated that the number of people aged 60 and over will rise to 216 million, which will approximately take up 16.7 percent of the total population. The average annual net increase of elderly people will be over 8 million, which will surpass the newly born population. The number of 'empty nesters' aged 65 and over is expected to reach over 51 million, which will approximately take up 1/4 of the elderly population. Therefore, the residence and care of the elderly people will become more prominent.

One of China's distinctive features differing from developed countries is the situation of "aging before getting rich". Each aged group has its specific characteristics. Take the town citizens whose financial condition is relatively favorable for example, the urban elderly people aged between 70 and 90 only get a monthly pension of about 1,000 RMB. They used to be the main force in the early struggles of the nation who gained rich experience from the tough days, and now they still keep the conservative and old-fashioned thoughts. They are reluctant to spend the rest of their lives in elderly care facilities because they prefer to rely on their children to take care of them. For the people aged between 60 and 70 who were born before founding new China, they lack good education due to the wars, the Cultural Revolution, etc. They experienced the "Reform and Opening-up" period during their middle age and some of them were laid off. Nevertheless, most of the urban citizens benefited from the welfare-oriented public housing distribution system, they are free from mortgage loan and have a certain amount of savings. But their disposable money is far from enough. For the "will-be" elderly people aged between 50 and 60, they have received good education and don't have many children. However, most of their children are post-80s who have to face the high housing price. The parents spend most of their pensions to help their children purchase houses and thus their disposable money is still limited.

Based on the basic national condition that China is rapidly aging and the characteristics of traditional residential culture and economy, the government set out the basic guidelines for elderly care services. China's social elderly care service system consists of three parts, home-based care, community care and facility care. The State Council put forward "9073" elderly care structure, which means 90 percent of elderly

people rely on home-based care with the assistance of socialised services; 7 percent rely on community elderly care services; 3 percent live in elderly care facilities.

By the end of year 2010, China had established 40,000 various elderly care facilities, including welfare house, nursing home, rest home, care home for disabled soldiers, apartment for the elderly, etc., providing 2.89 million beds which had nearly tripled the number since 1999. The community elderly care services have been further improved and the day care services have been gradually expanded. Around 10,000 comprehensive community centres providing day care services have been built so far, providing 15,000 stay beds and 30,000 day care beds.

During "two sessions" in March 2011, the government explicitly stated that ensuring and improving people's well-being would be put in the most outstanding position in the future development plan. Therefore, improving the social security system, living condition and living environment of the elderly is of significant importance. The government will invest a large amount of funds in elderly care industry in the next 5 years and work out "the 12th Five-Year Plan on Aging Development (Draft)" with respect to the aging situation in China.

However, the efforts mentioned above are not nearly enough. There still remain many problems with the elderly care system, such as insufficient nursing homes, out-of-date concepts, incomplete facilities, uneven distribution. In addition, nowadays elderly people's perception, cognition, physical health, physical mobility and mind sensitivity have been greatly improved. The old-fashioned designs cannot meet current needs. Facing severe situation of elderly care, we spent a year collecting more than 40 senior living architecture projects from the developed countries such as UK, France, USA, Japan, Portugal, Spain, the Netherlands, Norway, Finland, so as to introduce the experience of these countries with advanced elderly care systems.

Classification

This book is divided into 7 chapters according to different regions, which are Western Europe, Northern Europe, Southern Europe, Central Europe, North America, Asia and Oceania, each covering several projects of developed countries. In the beginning of each chapter, it introduces the aging status of these countries as well as the development, present situation and prospect of senior living architecture.

There are eight major building types with the general framework of design for aging, and several types are covered in this book.

The eight building types are as follows:

- Geriatric Outpatient Clinic: A specialised medical clinic that focuses on the wide range of physical, psychological, social, and medical needs related primarily to aging;
- Adult Day Care / Adult Day Health: A daily programme that provides a varying blend of social and medical support during daytime hours for those still residing in their own homes or with their families;

—Nursing Homes / Long-Term Care: Traditionally, a medically based model of care for very frail seniors requiring 24-hour care;

—Assisted Living Residences: A catchall name for a wide variety of programmes that balance housing with support of "activities of daily living" (ADLs), such as bathing, dressing, and so on;

—Dementia / Alzheimer's Care: A specialised programme and setting crafted to meet the special needs of people with cognitive impairment, that is, impairment of abilities related to thought, perception, and memory;

—Independent / Residential Living Apartments / Congregate Housing: Housing with services designed for the elderly such as one meal per day, housekeeping, and activities;

—Continuing Care Retirement Community (CCRC): A model of retirement living that provides a full spectrum of services and living accommodations, from independent living through assisted living and nursing care;

—Active Adult Communities: A variety of lifestyle choice models of living that may simply provide more carefree living with an appropriately designed residence linked to active recreation, entertainment, and continuing education options as well as proximity to healthcare fitness and other community services.

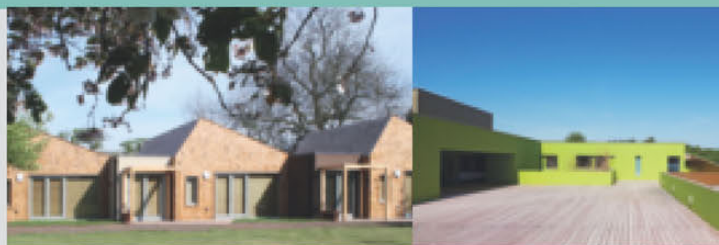
Compare with the past, there are many changes with nowadays elderly people. They are older with longer lifetime, higher education, and more needs. They expect higher-quality housing and activities. With this in mind, we hope that more and more beautiful and happy "homes for the elderly" with innovative design, humanity space and advanced facilities can be built across the country in the near future.

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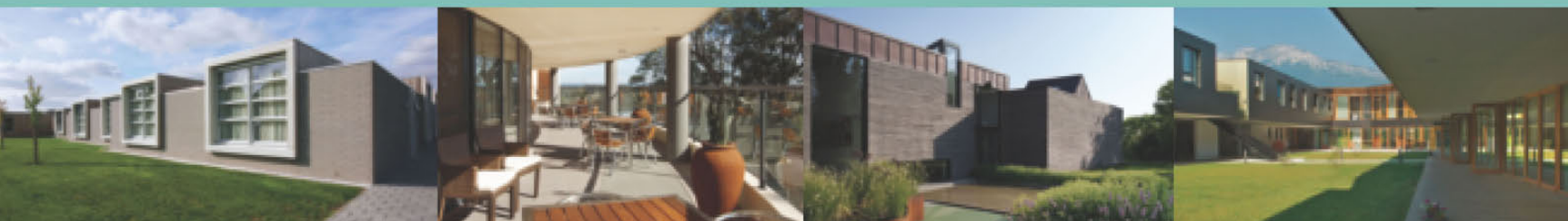
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CODE FOR DESIGN OF BUILDINGS FOR ELDERLY PERSONS 老年人建筑设计规范

西欧国家老龄化数据

Aging Data of Western European Countries

荷兰

NETHERLANDS

年代 Years	1950	1975	2000	2025	2050
总人口数 / 千人 Total Population (thousands)	10 114.0	13 666.3	15 863.7	16 571.1	15 845.4
60岁及以上老年人口数 / % Elderly Population 60+ (percentage)	11.5	15.1	18.3	29.4	32.8
65岁及以上老年人口数 / % Elderly Population 65+ (percentage)	7.7	10.8	13.6	21.9	26.5
平均寿命 / 岁 Life Expectancy (years)	72.1	75.3	78.3	80.6	82.2

法国

FRANCE

年代 Years	1950	1975	2000	2025	2050
总人口数 / 千人 Total Population (thousands)	41 828.7	52 699.2	59 237.7	62 753.4	61 832.5
60岁及以上老年人口数 / % Elderly Population 60+ (percentage)	16.2	18.3	20.5	28.7	32.7
65岁及以上老年人口数 / % Elderly Population 65+ (percentage)	11.4	13.5	16.0	22.2	26.7
平均寿命 / 岁 Life Expectancy (years)	66.5	73.7	79.0	82.0	84.0

英国

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

年代 Years	1950	1975	2000	2025	2050
总人口数 / 千人 Total Population (thousands)	50 616.0	56 226.0	59 414.6	61 243.1	58 933.0
60岁及以上老年人口数 / % Elderly Population 60+ (percentage)	15.5	19.6	20.6	29.4	34.0
65岁及以上老年人口数 / % Elderly Population 65+ (percentage)	10.7	14.0	15.8	21.9	27.3
平均寿命 / 岁 Life Expectancy (years)	69.2	72.8	78.2	81.4	83.0

注：表中数据摘自联合国人口司经济和社会事务部，《世界人口老龄化：1950—2050》。

NOTE: United Nations Population Division, DESA, *World Population Ageing 1950-2050*,
<http://www.un.org/esa/population/publications/worldageing19502050/pdf>, accessed August 30, 2012



010-091

西 欧

西欧各国经济发展水平高，政府普遍实行高税收、高福利政策，社会保障体系完备。因此，当一位老人暮年之际，往往喜欢选择养老院安度余生。西欧形成企业、政府和个人共担的养老模式，但由于日趋严重的人口老龄化和政府财政紧缩，这种模式正面临挑战，一些国家基本上实现私有化。老人一住进养老院，马上就可以享受营养配餐、定期体检、服药指导、健康咨询、心理医疗等方面的服务。为了使老人不感到寂寞，养老院经常安排老人参加各种社交活动。对于大多数的老年人来说，养老院就像家一样温暖，他们能够享受最好的服务，过着舒适的生活。

Western European countries are highly developed countries. The governments generally adopt a 'high-tax, high-benefit welfare system' and their social security systems are well-established. Therefore, the elderly in Western Europe would prefer elderly care facilities for the rest of their lives. In Europe, elderly care is undertaken by government, enterprises and individuals. Nonetheless, this model is facing severe challenges due to the increasing aging population and the governments' tight budget. The elderly care facilities have already been privatised in some countries. Once moving into a care facility, the elderly can enjoy the services such as nutrition prescription, regular check-up, medication instruction, health consulting, physiological treatment. Social activities are often organised for the elderly to get rid of their loneliness. For most of the elderly, these care facilities are as warm as their homes where they can enjoy the best services and live a comfortable life.

WOZOCO APARTMENT FOR ELDERLY

荷兰 WOZOCO老年公寓



项目设计: MVRDV
项目地点: 荷兰, 阿姆斯特丹
客户: Het Oosten Housing Association
面积: 7 500 m²
功能: 100 户公寓
预算: 450万欧元
承建商: Intervam
工程顾问: Bureau Bouwkunde
结构设计: Pieters Bouwtechniek
建筑物理: DGMR
摄影: Rob 't Hart Fotografie

Architects: MVRDV
Location: Rotterdam, the Netherlands
Client: Het Oosten Housing Association
Area: 7,500 m²
Programme: 100 apartments
Budget: 4.5 million euros
Contractor: Intervam
Building Advisors: Bureau Bouwkunde
Structure: Pieters Bouwtechniek
Building physics: DGMR
Photographs: Rob 't Hart Fotografie

阿姆斯特丹的西部花园城市建于20世纪五六十年代, 随着人口密度的快速增长, 面临公共绿地减少的威胁, 从而使城市市区失去其最可贵的品质。作为革新的一部分, 这里计划为55岁以上的老年人建造一座100套的集合公寓。

为了确保充足的光照, 按照常规设计方法只能设计出87套老年公寓, 距离计划设计100套老年公寓的要求相差13套。余下的13套如何解决呢? 如果将其置

于别的地方, 那么公共空间将会被进一步压缩。MVRDV采取了创新的设计手法, 巧妙利用“悬臂结构”将余下的13套公寓“悬挂”在建筑的北侧, 从而形成了占天不占地的“空中楼阁”。这些“悬挂”着的東西向公寓使南北向公寓更加完善, 在这里能够将附近的圩田景观尽收眼底。这些余下的公寓悬挂在建筑的北侧, 从而增加了底层空间, 尽可能保持了公共绿地的面积。面临人口密度快速增长的现实, WOZOCO老年公寓成为了西部花园城市的典范。

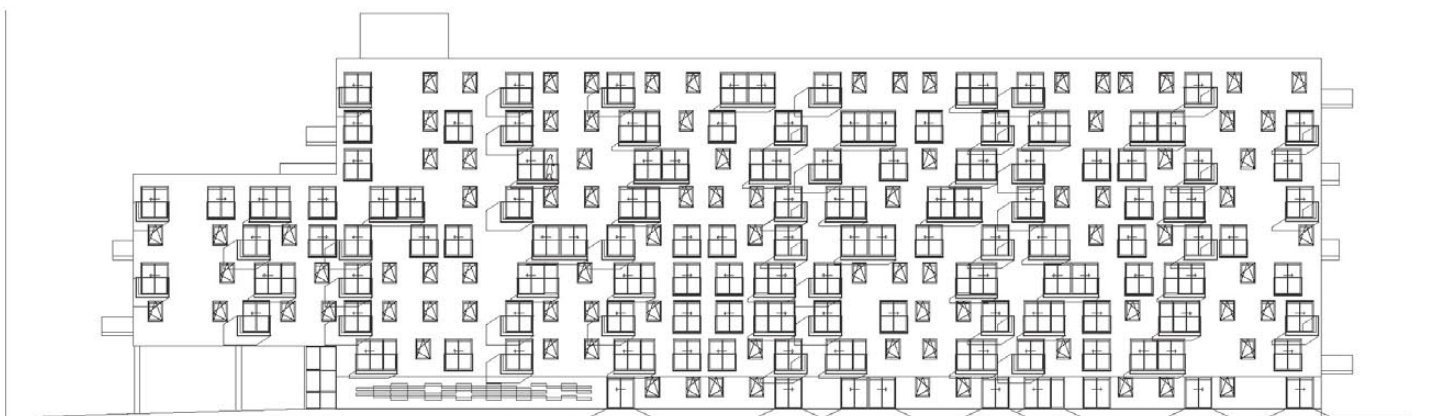
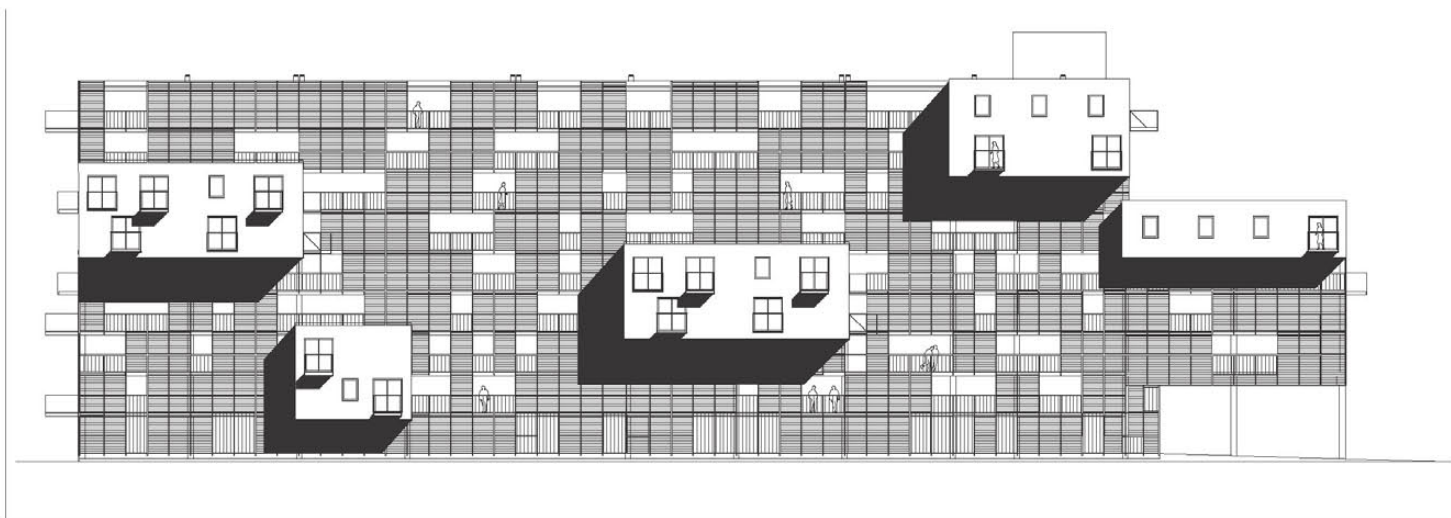






The Western Garden Cities of Amsterdam built in the 1950s and 1960s, were confronted with big increases in density that continue to threaten their open green spaces, the most important quality of these areas. As part of this operation, a block of 100 apartments for people over 55 years was proposed to mark the end of a facility strip for the elderly.

To still provide an adequate degree of sunlight penetrate the rooms, only 87 of the 100 units could be accommodated within the block. Where could the remaining 13 dwellings be positioned? If they were put elsewhere on the site, the open space would have been further reduced. By 'cantilevering' the remaining 13 units from the north façade, they are literally suspended in the air. The hanging East-West orientated types complete the North-South dwellings in the block with a view over the adjacent polder. By hanging the extra units on the north façade, the ground plane is kept as open and green as possible. A prototypic increase in density for the garden cities was achieved.



立面图 FAÇADES

