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Ageing Well in the Right Place: Partnership Working with Older People

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Emerald

Working with
Older People

**Ageing Well in the Right Place: Partnership Working with
Older People**

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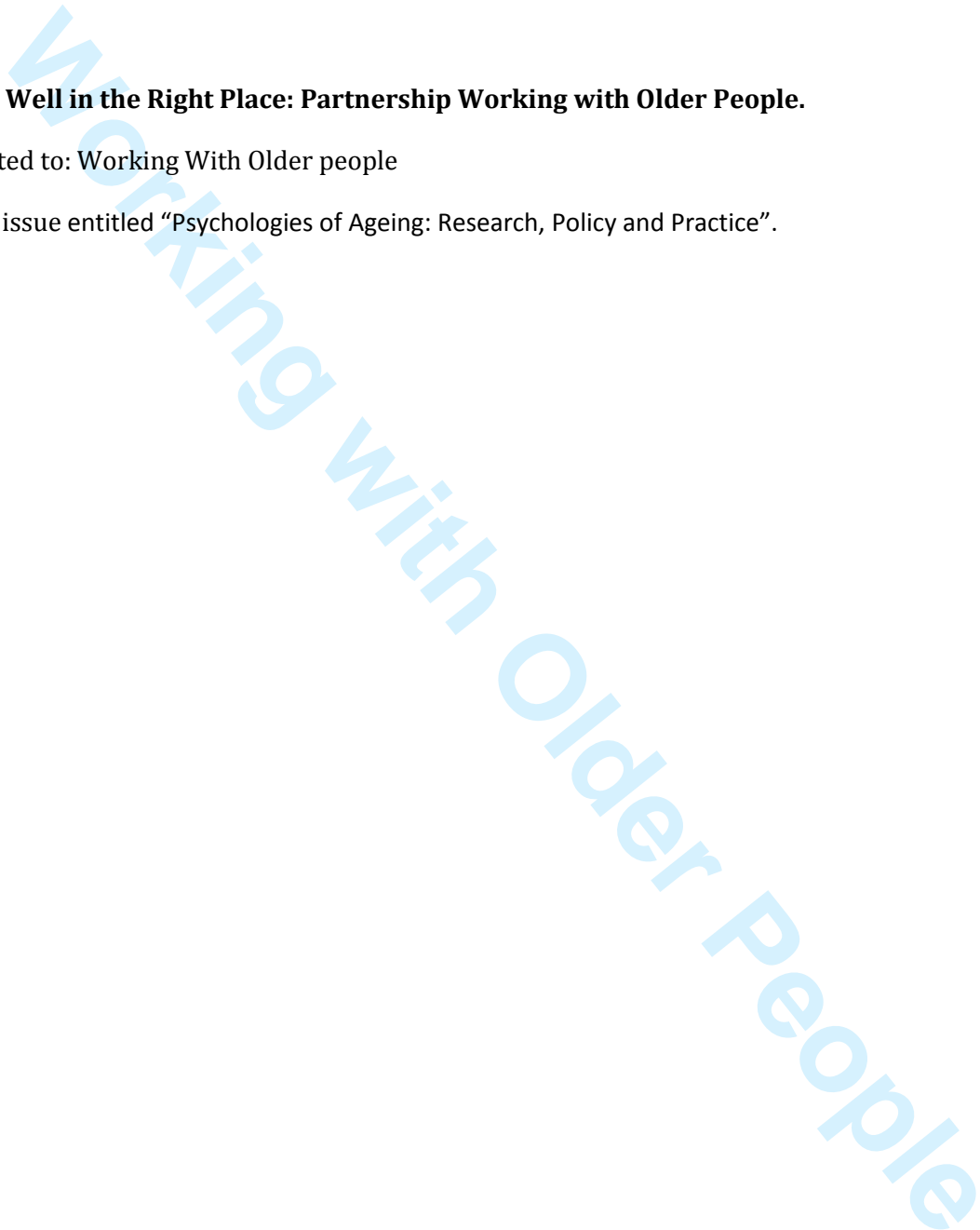
Older People

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Ageing Well in the Right Place: Partnership Working with Older People.

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Abstract

Purpose: The provision of home and community supports can enable people to successfully age-in-place by improving physical and mental health, supporting social participation and enhancing independence, autonomy and choice. One challenge concerns the integration of place-based supports available as older people transition into affordable housing. Sustainable solutions need to be developed and implemented with the full involvement of communities, service organisations and older people themselves. Partnership building is an important component of this process. This article details the intricacies of developing partnerships with low-income older people, local service providers and nonprofit housing associations in the context of a Canadian housing development.

Approach: A Community Based Participatory Approach was used to inform the data collection and partnership building process. The partnership building process progressed through a series of democratized committee meetings based on the principles of Appreciative Inquiry, four collaboration cafés with nonprofit housing providers, and four community mapping workshops with low-income older people. Data collection also involved 25 interviews and 15 photovoice sessions with the housing residents. The common aims of partnership and data collection were to: (i) understand the challenges and opportunities experienced by older people, service providers and nonprofit housing providers; (ii) identify the perspectives of service providers and nonprofit housing providers for the provision and delivery of senior-friendly services and resources; and (iii) determine actions that can be undertaken to better meet the needs of service providers and nonprofit housing providers in order to help them better serve older people.

Findings: The partnership prioritised the generation of a shared vision together with shared values, interests and the goal of co-creating meaningful housing solutions for older people transitioning into affordable housing. Input from interviews and photovoice sessions with older people provided material to inform decision making in support of ageing well in the right place. Attention to issues of power dynamics and knowledge generation and feedback mechanisms enable all fields of expertise to be taken into account, including the experiential expertise of older residents. This resulted in functional, physical, psychological and social aspects of ageing in place to inform the new build housing complex.

Limitations: The time and effort required to conduct democratized partnerships slowed the decision making process.

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Originality: The findings confirm that the drive toward community partnerships is a necessary process in supporting older people to age well in the right place. This requires sound mechanisms to include the voice of older people themselves alongside other relevant stakeholders. Ageing well in a housing complex requires meaningful placemaking to include the functional, physical, psychological and social aspects of older people’s everyday life in respect to both home and community.

Working with Older People

Introduction

With expected growth in the numbers of older people, especially those at oldest ages, a current societal concern has developed concerning how we will support and care for our older populations as they grow older and become more frail. By 2036 in Canada, one in four people is expected to be over the age of 65 years (United Way Lower Mainland, 2011). In the UK, adults over the age of 65 years account for 17.7% of the total population and this figure is projected to increase to 24.3% by 2039 (Humby, 2016). This demographic shift in population ageing is happening in most developed countries across the world, bringing with it new dilemmas on how best to support older populations' quality of life, health and wellbeing. The prospect of the growing cost of supporting an increasingly aged population has created a 'tsunami of alarmism' (Means & Evans, 2012) which has propelled a variety of cost saving measures to be considered such as the development of health and care related technologies (Weiner et al., 2003), service rationalizations across the public sector (Federation of Canadian Municipalities, 2013) and policies centring on the concept of 'ageing in place', especially in relation to housing and health (Sixsmith et al., forthcoming).

Ageing in place "refers to the ability to live in one's own home and community safely, independently and comfortably regardless of age, income, or ability level" (Centers for Disease Control and Prevention, 2013). This policy direction is driven by a number of assumptions that ageing in place: enables personal choice, facilitating the preferences of older people (Keating, Eales, & Phillips, 2013; Vasunilashorn, Steinman, Liebig, & Pynoos, 2011) and their families, has tangible quality of life and health benefits, holds cost benefits for both older people and society, and enables community participation conferring wellbeing benefits at social and intergenerational levels. However, research into actual ageing in place highlights a number of detrimental effects, in effect constituting an ideal forced on older people to make them less expensive (Vik & Eide, 2011). Ageing in place at home and in the local community can, as Sixsmith and Sixsmith (2008) have argued, be a negative experience. Home can be perceived as a prison, burden, or worrisome environment (Sixsmith & Sixsmith, 1991). This is especially so if the older person has limited financial resources with which to maintain their home (Carter, 2005), has physical, mental or mobility limitations which prevent them from getting out of the home or lacks the social and cultural capital needed to support social participation (Carter, 2005). Moreover, while ageing in place may be a desirable situation for some older people, it can be complicated by an increasing number of older people who need help amidst inadequate social programmes and services (Lehning et al., 2013) and require home modifications (Hwang et al., 2011). As such, the goals of ageing in place with its positive

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3 assumptions may act to prevent older people from seeking appropriate solutions to challenging
4 living circumstances.
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8 Certainly, attention to the diversity of needs, desires and wishes of older people suggests that a 'one
9 size fits all' solution to ageing in place will not reap the personal and social benefits expected of
10 such policy. Indeed, there is still much to be understood in terms of how older people live at home
11 and in their communities and how to best enable them to achieve a good quality of life and mental
12 health and how to tackle social isolation and exclusion (Sixsmith & Sixsmith, 2008). Simply helping
13 older people to remain in their homes for as long as possible without providing for individual, social
14 and cultural differences or improving housing is likely to leave many in sub-optimal, sometimes
15 detrimental, living conditions. Further, the social and physical community as well as the service
16 landscape needs to be conducive of positive ageing. This locates age-friendly communities as
17 central to the social aim of ageing in place.
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25 Acknowledging such problems, Golant (2015) has advocated for 'ageing in the *right* place'.
26 However, the questions remain: Whose ageing? What place? Who decides? The stakeholders
27 relevant to designing homes and communities for people to age in the right place include housing
28 authorities, city planners and developers, builders, architects, health and social care professionals,
29 voluntary sector personnel and so on. However, at the heart of such provision is the requirement
30 for the genuine participation of older people, their families and carers in planning and design; a
31 necessary step if age-friendly communities and homes are to be realized.
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37 **Partnership Working**

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39 Building an understanding of the lived everyday realities of being older into the ageing in place
40 transformation process may, as Rowles and Bernard (2013) have argued, need a strong disruption
41 of current professional expertise-based planning processes and practices. This disruption requires
42 more collaborative and partnership based models of design whereby simultaneous 'drawing on'
43 and 'letting go' of expertise in a safe, trusting environment is encouraged. The aim in these models
44 is to overcome the "benign ageism" that is implicit in the power relationships that legitimizes and
45 confers decision-making authority to particular professionals and practitioners. The basic principle
46 is that no one body of expertise can provide effective solutions to complex social problems such as
47 the provision of housing and community settings for ageing in the right place. What is needed is a
48 transcendence of disciplinary, inter-professional and sectoral boundaries such that innovative ways
49 of thinking and working can emerge (Boger et al., 2016). Such transdisciplinary, innovative
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3 approaches are important for ensuring that models of urban planning and ageing move beyond
4 universal accessibility (i.e. adapting environments based on progressive disability) to ones that
5 focus on environments that enable older adults to fulfill a positive role in old age (Fang et al., 2016).
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9 A collaborative and partnership model of working towards designing and building new residences
10 for older residents was undertaken in Vancouver, BC Canada in a project focused on building a new
11 affordable rental housing for low-income seniors (approximately \$300 per calendar month,
12 significantly lower than market rental prices averaging \$1,200 per calendar month in the region).
13 Rosewood Manor ¹ was a run down 3-storey apartment block in Metro Vancouver, housing 149
14 seniors. In 2012, water damage to the structure resulted in a resident falling through the
15 floorboard, provoking discussions of renovation and relocation between Rosewood City and the
16 Rosewood Senior's Society who owned the land and the property. Rosewood Manor residents were
17 reluctant to move, excluded from the renovation and relocation discussions, and viewed the
18 impending move as a forced relocation. The discussions transitioned into plans to create a new
19 build, Rosewood Towers, a 16-storey purpose-built high-rise apartment block with 296 units for
20 able bodied, independent living older people developers, Rosewood Senior's Society, and Rosewood
21 City envisioned this solution as a location for residents to age-in-place. Existing residents were not
22 positive about this solution and felt that forced relocation would result in hardship and burden for
23 them. To better include the residents in the development process, the research team at Simon
24 Fraser University were asked to facilitate resident involvement and explore relocation experiences.
25 In total, the relocation process spanned three years and transitions of residents from Rosewood
26 Manor to the new Rosewood Towers were examined. Rosewood Manor was an established (but
27 ageing) three-storey apartment building reserved for seniors with limited financial means where
28 almost 70% were visible minorities of Chinese descent.
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43 In order to provide for the voices of residents in the design, planning and development of
44 Rosewood Towers, the research team formed a partnership with Rosewood City, the developers,
45 Rosewood Senior's Society, residents and not-for-profit housing and service providers in the
46 locality. The research was funded by the Vancouver Foundation to document and analyze residents'
47 transitional experiences of forced relocation in order to foster meaningful ageing in place. A further
48 objective concerned the promotion of older people as active 'placemakers' in community planning
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57 ¹ The name of the housing complexes, the Senior's Society and the City have been changed to
58 'Rosewood' to maintain anonymity.
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3 and development. The remaining sections of this paper discuss the collaborative, partnership
4 process.
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8 Creation and maintenance of the partnership progressed guided by partnership synergy theory
9 which holds that the fair and equitable combining of skills and resources of multiple stakeholders
10 increases the research process and achievability of results over time (Lasker, Weiss, & Miller,
11 2001). Creating a partnership set the scene for positive conceptualisations of ageing in place that
12 could translate into the development and implementation of sustainable solutions with
13 involvement from communities, organizations and the people affected.
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18 The research took a Community Based Participatory Research (CBPR) approach over a 2-year
19 period. CBPR aims to bring marginalized, often powerless and misunderstood, voices to the fore
20 within social processes; in this case, the voices of residents in the planning process whereby
21 tokenistic involvement is avoided and replaced with genuine community engagement. CBPR
22 constitutes an approach to research in which researchers and community stakeholders (both
23 individuals and organizations) form equitable partnerships and co-construct research for the
24 mutual and complementary goals of community health improvement and knowledge production
25 (Minkler & Wallerstein, 2008).
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33 Partnership working began by developing a shared vision not just for the development of the new
34 build, but also for engaging older people in design and planning process. This sense of shared
35 venture created the medium for shared values, interests and goals underpinning the vision for the
36 new housing development, and these emerge alongside a sense of solidarity between partners. In
37 order to promote shared vision, values and interests, appreciative inquiry techniques were used.
38 Appreciative Inquiry (Cooperrider, 2004; Cooperrider & Whitney, 2005) supports groups with
39 different knowledge bases, points of reference and ways of thinking to share ideas and work
40 practices in an atmosphere of valuing difference, openness and trust. It also encourages active
41 listening and joint solution building. Moreover, Appreciative Inquiry emphasizes the key
42 participatory principles of 1) propositional knowing where people collaborate to design
43 appropriate questions and methods, 2) practical knowing in which knowledge is applied within
44 practice, 3) experiential knowing based on experiences in everyday and working lives, and 4)
45 presentational knowing which highlights the application of new forms of understanding within
46 collaborative frameworks (Heron & Reason, 2006). Such forms of knowing are all deemed
47 equally important to solving complex social problems. These principles were introduced to the
48 Rosewood project partnership in committee meetings and in dialogues led by the research team.
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5 Committee meetings were initiated with the development of terms of reference which all partners
6 shaped and agreed. Dialogues during meetings progressed beyond the business of project
7 management to an appreciation of power dynamics and differentials inherent in the partnership
8 (Lawthom et al., 2007). In this way, there was a movement towards the *democratization of content*
9 of the meetings as older people began to take control of shaping the meeting agendas and fully
10 contributing to discussions and a *democratization of method* as joint decision making was
11 facilitated. Meetings were regularly held within local community settings to facilitate local
12 attendance, bring planners into the community and highlight value of the community. A key
13 element of committee work was the celebration of achievements from all partners and feedback to
14 the Rosewood residents. A further important aspect of committee work was facilitation of site
15 visits by 'grandfathered' and future residents as the building progressed to provide reassurance
16 that the structural and aesthetic promises of the developers were coming to fruition.
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26 **Informing the Partnership**

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28 As part of the CBPR approach, interviews were undertaken with older people (n=25) once they had
29 transitioned out of Rosewood Manor. These semi-structured in-depth interviews (Longhurst, 2009)
30 captured resident relocation experiences. As many of the residents were of Chinese origin and did
31 not speak English as their first language, the interviews were conducted, when necessary, in
32 Mandarin or Cantonese. For residents who struggled to verbally articulate their experiences, the
33 option to take part in the research extended to photovoice sessions. Photovoice is a visual method
34 (Wang & Burris, 1997) grounded in qualitative participatory research principles used to explore
35 personal experiences of a particular phenomenon (Nowell, Berkowitz, Deacon, & Foster-Fishman,
36 2006). This method is often used to facilitate community engagement whilst simultaneously
37 producing powerful images that have the potential to influence policy agendas in the areas of public
38 health, education and social work (Catalani & Minkler, 2010). As such, photovoice was well suited
39 to serve the purposes of this research and was selected to capture sense of place needs of residents
40 (n=16).
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50 A series of 4 participatory mapping workshops (Fang et al., 2016) were also conducted in which
51 residents and service providers (n=38) worked on visioning homes and community as age-friendly
52 places. Participatory mapping is used in public health and policy realms to raise awareness of
53 community issues, facilitate local decision-making and empower communities to be active place-
54 makers (Corbett, 2009). These workshops involved presentation of the ideas surrounding ageing in
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3 place within Rosewood Towers, presentation of the resident stories (drawn from the interviews
4 and photovoice sessions) and experiential group walks around the community to map leisure,
5 service and amenity spaces. Large scale maps and plans were used to focus attention on the local
6 community and Rosewood Towers. The workshops concluded with discussions of ageing in place in
7 the home and community and how this could translate into living in Rosewood Towers.
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12 Finally, 4 collaboration cafés were held with service providers (n=21) to enable them to identify the
13 barriers and facilitators to providing existing services in the community and to identify actions that
14 can be undertaken to meet the needs of the nonprofit housing sector in order to better serve older
15 people. Collaboration cafés are based on the idea of world cafés (Brown, 2002) which bring people
16 together in informal café type settings to openly discuss a given topic of mutual interest, thereby
17 surfacing collective knowledge, sharing ideas and deepening understanding of the issues involved.
18 Café outcomes should lead to actionable knowledge in the form of action plans or improved
19 decision-making and innovation practices.
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27 **Working Towards Ageing Well In and Around Rosewood Towers**

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29 The primary aim of the data collection was to translate experiences of relocation and sense of place
30 into design for living. However, this information also served to input into the importance of
31 building partnerships (Jones & Barry, 2011) to inform decisions on how Rosewood Towers could
32 provide for ageing in the right place. Research findings were continuously presented in committee
33 meetings so that all partners were fully aware of ageing in place functionality and participation
34 issues. In terms of functionality, resident interview and community mapping findings indicated the
35 need for access to grocery stores, health services and transportation close to Rosewood Towers.
36 One problem was insufficient time allotted to cross the main road outside of Rosewood Towers in
37 order to reach the shops opposite. Here, resident concerns very much reflect the World Health
38 Organisation (WHO, 2007) checklist of age-friendly cities which covers:
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46 Outdoor spaces and buildings; Transportation; Housing; Social participation; Respect and
47 social inclusion; Civic participation and employment; Communication and information; and
48 Community and health service. (WHO, 2007)
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52 To address these issues, the partnership worked with local shops and service providers to deliver
53 groceries to apartments and support health service providers' use of communal spaces in the
54 building. Transportation links were developed with local bus services and voluntary private
55 transport services. Finally, work with the local municipality resulted in the installation of new
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3 traffic lights outside Rosewood Towers to lengthen the time allotted for pedestrians to cross the
4 road safely. This meant that residents were supported in their access to local shops, leisure and
5 park facilities. As the research findings highlighted that residents were often unaware of local
6 provision, the developers and local municipality undertook awareness raising promotions to
7 ensure greater knowledge local services. This reduced resident fears that living in high rise
8 apartments might limit mobility and participation. Central to any redevelopment initiative is, “the
9 active development of trust and the social relationships (Hibbitt, Jones, & Meegan, 2001, pg. 141)”
10 between persons who are directly (residents) and indirectly (local community stakeholders)
11 impacted and those with decision-making powers (municipal government and developers).
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19 Resident concerns highlighted the need for apartments to be safe, secure and comfortable,
20 accessible, affordable and provide facilities for washing and drying clothes. In this way, residents
21 reiterated that the psychological components of home (Iwarsson et al., 2007; Sixsmith, 1986) are as
22 important as the functional requirements. Working with this knowledge, the partnership
23 emphasized how these aspects of the new build were taken into account when developing the new
24 apartments. As the rental cost of Rosewood Towers was significantly higher than it had been at
25 Rosewood Manor (which caused concern to former residents), service providers and developers
26 worked with the residents to access welfare support to pay a portion of the rental costs.
27 Nevertheless, some Rosewood Manor residents were still unable to afford the higher rental costs
28 and so decided not to move into Rosewood Towers.
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37 In terms of social participation and reduction of loneliness, the research findings highlighted the
38 need for acceptance of pets, places for family members to stay, social and communal spaces, and a
39 regard for cultural sensitivities and language differences. This last issue is particularly important
40 given that immigrant older people are at greater risk of experiencing social isolation, loneliness and
41 reduced social participation (Stephens, Alpass, Towers, & Stevenson, 2011; de Jong Gierveld, Van
42 Tilbur, & Dykstra, 2006) and that those who are more socially integrated tend to live longer
43 (Antonucci et al., 2014). Accordingly, there is evidence to suggest that pet ownership can directly
44 enhance health and wellbeing or indirectly act as a buffer against stressful events, particularly for
45 older people (Garrity, Stallones, Marx & Johnson, 1989; Winefield, Black, & Chur-Hansen, 2008).
46 Yet, despite strong representation from older people and the Rosewood Seniors Society that pets
47 are perceived as family members and provide older people with necessary companionship, the
48 management of Rosewood Towers maintained that no pets were allowed to live on premises. This
49 meant that several Rosewood Manor residents chose not to move in rather than lose their pets.
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3 However, in terms of providing for resident wishes, there were architect designed communal
4 spaces for family and social gatherings, equipped with refreshment areas. The communal areas
5 were located beside the washing and drying facilities so that residents could socialize while doing
6 household chores. In addition, these facilities were not located in basement areas so that they
7 remained light and airy, minimizing trip hazards. Secure locks on public facing doors also increased
8 feelings of safety and security. Finally, the residents, service providers, the municipality and
9 building management collaborated to put in place a range of in-house activities and programs
10 based on knowledge gained from interviews and community mapping methods. Here, outside social
11 groups and activity provision was made available to residents as well as resident groups being
12 formed so that skills and resources could be shared between residents. For example, resident
13 musicians were engaged in voluntarily providing music for social gatherings or teaching musical
14 instruments. Finally, building management ensured that notices and alarm systems were posted
15 and signaled in key languages of residents in the building (eg. English, Cantonese). In this way,
16 residents felt more at home and a sense of belonging to the apartment community and able to
17 develop social roles and social ties which are so vital to good quality of life (Victor et al., 2009;
18 Mistry et al., 2001).

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20 An evaluation of the participation of older people within the partnership has begun and is ongoing.
21 The older adult residents expressed a gradual reduction of the 'us and them' (Perdue, Dovidio,
22 Gurtman, & Tyler, 1990) mentality which was prevalent at the beginning of the process. This
23 dissipated as the complexity of working with building regulations, organizational barriers and
24 service provision restrictions were all jointly discussed and adequate feedback was provided to
25 resident questions. Perhaps more importantly, their own role in decision making, taking into
26 account such complexity, provided a sense of ownership of the outcomes of the partnership work.
27 As residents moved into the building, their overall assessment of their new housing solution was
28 overtly positive as a place in which to grow older. Interestingly, the high quality finish of the
29 building, communal furnishings and functional layout were all well received with some residents in
30 disbelief that their home was a place of such beauty. Designing for ageing in place does not need to
31 result in drab spaces and places.

32 **Concluding Remarks**

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34 The drive towards ageing in place has progressed despite indications that this is not always the best
35 housing solution for older people. It has been argued that ageing in place requires attention to
36 community places as well as home spaces (Sixsmith and Sixsmith, 2008). In addition, the
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3 psychological, social and service landscape all need to be taken into consideration. Given the
4 complexity of the problem area, transdisciplinary, collaborative partnership working provides one
5 way to work towards ageing well in the right place. The involvement of older people in the
6 partnership is a crucial element of the success of such enterprise. However, it is 'genuine' active
7 involvement in the work of the partnership rather than a tokenistic, passive 'presence' that was
8 instrumental in the effective creation of meaningful places for older people to live (Pratesi et al.,
9 2013). Here, the voice of older people was enhanced through the principles of appreciative inquiry
10 as well as the prioritisation in committee meetings of the experiential relevance of their stories.
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17 It is worthwhile to point out some limitations of this kind of participatory approach. The effort and
18 commitment on the part of partners to meaningfully engage their organisations and communities
19 can be very demanding and time consuming, extending the duration of projects and complicating
20 the ability to make quick decisions. This could be frustrating at times. Moreover, there is no clear
21 evidence that participatory approaches lead to significant health and social outcomes. Despite these
22 caveats, the older people who took part in this partnership felt that their experience was valued,
23 their expertise as older people recognised and their power enabled as joint decision makers. The
24 democratization of partnership working in terms of both structure and process challenged
25 conventional power relationships and opened opportunities for positive experiences of ageing in
26 place.
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35 As a lasting testament to the work of the partnership, the Rosewood Towers project has attracted
36 both international and local acclaim. The project received a community excellence award from
37 Rosewood City for building successful partnerships. As well, a Chinese delegation of scholars and
38 architects visited Rosewood Towers and bestowed an annual fund for residents to enhance and
39 sustain levels of social participation. The model of partnership working was embraced and an
40 ageing in place tour was organised to mobilise knowledge from the project and associated research.
41 Other benefits of the project have included the attraction of further funded projects stemming from
42 established community relationships between the Rosewood Seniors Centre and the University.
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49 Further research into placemaking with older people within the Rosewood project is planned and
50 data analysis is continuing alongside dissemination of findings. At present, the project strongly
51 suggests that well thought through partnership working can enhance opportunities for ageing well
52 in the right place.
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