Boomer Planning: The production of Age Friendly Cities

Abstract
It is well established that population aging is a global phenomenon. As in most developed countries, and in particular New Zealand and the United States of America, Australia also has an aging population and Baby Boomers (b1946-65) constitute a significant percentage of the populace. Between 1993-2013 the proportion of Australia’s population over 65 years increased by 2.8% to 14.4% and the percentage of people over 85 has doubled. The over 65 cohorts are projected to increase to 25% of the population by 2056 and to 28% by 2101 (ABS 2013). There are a number of trends/issus related to an aging population: a reduction in the workforce and an increase in welfare/pension dependence, and a change in consumer and lifestyle patterns. Baby Boomers are often characterised as a generation with high expectations and a desire to stay involved with working life. As a consequence Boomers are in the process of remodelling what retirement means, a stage of life characterised by part time work and focused on lifestyle amenity. Many Boomers live in single households and have higher living standards than preceding generations. All these characteristics have significance for urban and regional planning policy and the fabric of the built environment.

This paper will focus on some of the planning implications related to an ageing Boomer population, with an emphasis on creating built environments that foster health and well-being for this cohort. Qualitative case study methods will be used to collect and analyse data to support arguments for both planning education and planning practices to focus on the production of Age Friendly Cities.
Introduction
Population ageing is a global demographic trend. According to the United Nations, the proportion of the world’s population aged 60 years or over is projected to more than double over the next half century. Currently (2015), one out of every eight persons worldwide is aged 60 or over, while by 2030, people aged over 60 are projected to account for one in six people in the world. (United Nations, Department of Economic and Social Affairs, Population Division, 2015). Similarly, the ageing of Australia’s population, which is already evident in the existing population age structure, is projected to continue. This has been attributed to sustained low fertility and increased life expectancy as well as the maturing of the Baby Boomer (born 1946-1965) generation (ABS, 2013b). Australia’s demography, similar to many other OECD (The Organisation for Economic Co-operation and Development) nations, has been highly influenced by the Baby Boomer generation. As a result of the high levels of fertility and immigration within the post-war years, Baby Boomers have created a progressive ‘shock wave’ of rapidly growing numbers at each life-stage (Hugo, 2003). In 2001, the first wave of Boomers reached 55, the age at which many could access superannuation and take early retirement. In 2011 the first wave of Boomers celebrated their 65th birthday and entered the older age group as defined by the Australian Bureau of Statistics (ABS, 2012). By 2021 many Baby Boomers will turn 75, and this increase is expected to make a substantial impact on public sector health services (Access Economics Pty Ltd, 2001).

An ageing population presents significant challenges in a wide range of areas including a reduction in labour force (Beer et al., 2009; Carey, 1999); an increase in public sector expenditures (Beer et al., 2009) including the raise in government costs for public pensions and health care services such as aged care (The Australian Treasury, 2015); and the demand for appropriate housing stock (Beer et al., 2009). In response governments have put a range of new policies in place to encourage longer participation in the labour force, more independence among older people and extended period of living in the family home (Judd, 2011). These policies have been, to some extent, informed by the Age-Friendly City (AFC) movement, launched by the World Health Organisation (WHO) (2007). WHO’s AFC movement is founded in encouraging ‘active ageing’ in cities; where opportunities for participation across a range of areas (i.e. physical, social, cultural, economic) are promoted. AFCs advocate for environments that foster health and security for older people and environments that are inclusive of older persons with varying needs and capabilities, which then contributes to the quality of life of people as they get older (WHO, 2007).

In an attempt to make Australian cities more age-friendly, it is worth noting that Baby Boomers have distinct characteristics which make them different from previous generations. As a result, they enter older age with different aspirations and expectations, which have significant implications for urban and regional planning policy and the fabric of the built environment. For example, compared with preceding Australian generations, Baby Boomers are generally better educated (Hugo, 2003; Andrews, 2001), have higher average income (Hamilton & Hamilton, 2006; Bosman, 2012), greater private superannuation (Hugo, 2003), and higher living standard expectations (Bosman, 2012; Andrews, 2001). Australian Baby Boomers’ perception of their age is also found to be different from that of previous generations of older age people. Boomers tend not to accept that they are ‘old’ and they perceive themselves as much younger than their actual age (Hamilton & Hamilton, 2006; Quine & Carter, 2006). As Hamilton and Hamilton (2006, p. 55) noted, ‘For the generation that sang along to “Forever Young” and “Hope I die before I get old”, there is a visceral reaction against becoming
“old”. This perception has significant impacts on their perspectives on lifestyle, retirement and housing. They generally desire to stay engaged in work and live an active life for longer (Hamilton & Hamilton, 2006). They are also more likely to opt to remain in their current house for as long as possible (National Seniors Australia and Group Homes Australia, 2011). This becomes more significant knowing that the majority of Boomers are living in single households (Hugo, 2003; Quine & Carter, 2006), in low-density outer suburban areas with poor access to facilities and services (Hugo, 2003).

Given the particular aspirations and expectations of the Australian ageing Baby Boomers, it becomes a growing imperative for governments at all levels to adopt innovative AFC policies aimed at responding to the requirements of this cohort. This paper will focus on some of the planning implications related to the Australian ageing Boomer population, with an emphasis on creating urban environments which contribute to the health and well-being of this cohort. The aim of this paper is to explore policies which may contribute to making Australian cities more ‘age-friendly’ and thus enabling Boomers live a healthy and active life. This in turn potentially reduces government expenses and in particular in the health services portfolio. The paper provides a review of the literature on ‘age-friendly cities’ followed by an investigation of some relevant endeavours in the Australian context. The paper then investigates the degree to which some Australian cities are age-friendly. This investigation is supported by qualitative case study research based in the city of the Gold Coast, Queensland, Australia.

**What is an age friendly city: a review of the international literature**

Since the launch of the Age-Friendly City (AFC) movement by the World Health Organization (WHO) (2007), a number of models and initiatives at local, state, national and international levels have been established to promote AFCs and enhance the health and well-being of ageing populations. We reviewed the literature on AFCs worldwide using the key words: ‘age friendly city’; ‘elderly friendly city’ and ‘healthy ageing’. The review of the literature revealed that although the AFC models and initiatives vary greatly from each other, they all share common areas of interest: namely, a focus on ageing in place, and an integrated approach to improve both the physical and social features of the built environment to support the varying needs of people as they age.

The importance of ageing in place is emphasised in AFC concepts. These concepts advocate for governments and policy makers to take a major role in supporting individuals to live independently, in their local area and delay the transition to aged care centres (WHO, Heumann & Boldy, 1993; Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009; Rowles, 1993; 2007). Ageing in place policies are centred around the provision of accessible and affordable services and facilities for older people in their homes and within their communities to enable them to age in their local area (WHO, 2007). The in-home support might include retrofitting the existing home, such as bathroom modifications and the placement of handrails (Boldy, Grenade, Lewin, Karol, & Burton, 2011), and the provision of technological devices such as panic buttons which reduce risk and support older people maintaining their independence and staying in their own home for longer (Simpson, 2010). The provision of accessible and affordable public services and facilities such as health care at close proximity to older age residents also contributes to their ability to age in place (WHO, 2007). Without access to appropriate and affordable transportation options, ageing in place may become difficult or even impossible (Menec, Means, Keating, Parkhurst, & Eales, 2011).
Ageing-in-place policies thus, deal with a wide variety of domains which have impacts on older people. To be effective, these policies, however, need to be adapted to the personal circumstances of older people such as age, income, health status and other levels of influence such as the political and social environments in which the person lives (Menec et al., 2011). Ageing-in-place policies also need to be accompanied by programs aimed at improving wider community awareness of the services and facilities available to people as they age (WHO, 2007).

In addition to an emphasis on ageing in place, AFC concepts focus on both social and physical environments with the aim to produce inclusive urban environments that cater for the varying needs of people as they age. A comparison of six prominent international AFC models undertaken by Lui et al. (2009) revealed the importance of both the physical and social environments in achieving health and well-being for older people. For instance, the Lifetime Neighbourhood model (Bevan & Croucher, 2011) created by the Department for Communities and Local Government, UK, identified the six key features of an AFC as: built environment; housing; social cohesion and sense of place; social inclusion; and innovative and cross-sectoral planning. Similarly, the Liveable Community model (Kihl, Brennan, Gabhawala, List, & Mittal, 2005) established by the American Association of Retired Persons, referred to land use; transport and mobility; housing cooperation and communication; and public education and involvement in community planning leadership as the main features of an AFC (Lui et al., 2009).

Similarly, WHO’s (2007) AFC framework which encompasses the majority of the features covered in other AFC models relied upon the integration of the physical and social environments with appropriate policies and programs to improve the health and well-being of older people. In terms of the physical features of the environment, WHO’s framework includes three elements: outdoor spaces and buildings; transportation; and housing. Each of these include a checklist of action points which cover a wide range of areas. The provision of a clean, safe and accessible environment; the availability of well-maintained green spaces, walkways, cycle paths; places to rest in the city (e.g. the seating areas in public spaces); and age-friendly design features in buildings (e.g. the provision of elevators, escalators, and ramps) are some of the main features of outdoor spaces and buildings which need to be addressed. Affordable and accessible public transport is also advocated as a key element of active ageing in WHO’s framework. The availability of affordable housing options for older people, and in particular in their local area and support for maintenance and modification of the house to make it responsive to the varying needs of the ageing residents are listed as the key characteristics of age-friendly housing (WHO, 2007).

The WHO’s checklist on age-friendly social environments includes three sections: social participation; respect and social inclusion; and civic participation and employment, all aimed at improving older people’s social engagement and mental wellbeing. Social participation deals with support for the engagement of the ageing population in recreation, socialisation, as well as cultural, educational and spiritual activities. The availability, accessibility and affordability of the events and activities, which are at the same time well-communicated to the older people, are some of the core features. Respect and social inclusion refers to how people of younger age cohorts behave towards older people. Civic participation and employment, on the other hand refer to opportunities for citizenship, voluntary and paid work (WHO, 2007).
In summary, WHO’s framework, in line with the majority of other AFC models, adopted a holistic view and is focused on a variety of interconnected domains as being influential in achieving health and well-being for Boomer cohorts (Menec et al., 2015). In spite of different approaches adopted by different models, these models appeared to set the goal of achieving ‘utopian’ or ‘ideal’ cities through appropriate policy interventions (Buffel & Phillipson, 2012). Nevertheless, it is noteworthy that the idea of ‘age-friendliness’ would not be complete, if it is does not consider ‘the right to the city’ for the older age residents. As Purcell (2003, p. 577) argues, the right to the city implies two main rights for its inhabitants. ‘(1) the right to appropriate urban space; and (2) the right to participate centrally in the production of urban space.’ This emphasises the importance of adopting bottom-up approaches and involving older citizens in decision making and planning processes, to ensure their right to voice their concerns (Purcell, 2003).

A review of AFC policies in Australia

As noted earlier in this paper, there is a tendency for many Boomers to age in place. In Australia, the importance of supporting older people in living an independent life in their own home/community has been recognised in a number of key national policies. These included the National Housing Strategy (Howe, 1992), the New Homes for Old Strategy (AURDR, 1994), and the National strategy for an ageing Australia: An older Australia, challenges and opportunities for all (Andrews, 2001). Some recent attempts have also been centred on establishing guidelines on how to enhance the housing environment for the ageing population. Examples include the Liveable Housing Design Guidelines (Livable Housing Australia, 2015) and the National Dialogue on Universal Housing Design Strategic Plan (Australian Government, Department of Social Services, 2010) which were developed in a joint project by all different levels of government and the disability, community, aged, building and construction related sectors, and aimed at designing Australian homes to meet the changing needs of households as they age. These policies and guidelines have been accompanied by community aged care services, which provide older Baby Boomers with different types and levels of assistance within their own community and thereby delay the transition to residential aged care facilities. These include Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) (AIHW, 2012).

Some other policies have also been put in place to enhance the overall social and physical urban environments for ageing Baby Boomers. An example of the relevant policies is the federal government initiative, Disability Standards for Accessible Public Transport Guidelines (Attorney-Generals Department, 2004), which is aimed at ensuring equal access to public transport for all persons and removing any discrimination on the basis of disability. Other examples include An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017 (Government of Western Australia. Department of Local Government and Communities) and similar planning frameworks established by other state governments, informed by the WHO’s AFC guideline (WHO, 2007), with an emphasis on promoting the health and wellbeing of ageing cohorts. At the same time, there have been organisations like the Council on the Ageing (COTA) (n.d), at national, state and territory levels, which represent the interests, rights and requirements of the ageing population in Australia, and comment on policy issues from the perspective of older persons.

A remarkable point of the review of the AFC policies in Australia, is evidently the levels at which they are concentrated: national and state. These meso-level policies are aimed at comprehensively responding to the complex processes of ageing in urban environments. The comprehensiveness of
these AFC policies, can be aligned with Lawton and Nahemow’s (1973) ecological perspective, which draws upon the interdependence of individual adaptation and environmental modification in order to sustain living an active life at an older age. An understanding of the determinants of AFCs from a multilevel ecological perspective is crucial to develop and implement effective interventions to develop successful AFCs. However, the ecological perspective has been criticised as being too broad (Green, Richard, & Potvin, 1996), and as a result, too challenging to be implemented and monitored and also difficult to be tested and evaluated after implementation.

In addition, meso-level policies appear not to be inclusive enough, given the heterogeneity of Baby Boomers and the diversity of urban environments. These policies are required to be adapted to the regional and local levels to respond to the varying needs of Baby Boomers. For instance, AFC policies need to be adjusted to the particular needs of different ethnic groups or people with different socio-economic status. Similarly, the required AFC interventions in outer suburbs are quite different from those of the inner suburban areas of cities. These micro-level policies are not only more inclusive but also easier to be implemented and monitored. The micro-level AFC policies are also more likely to be successfully followed by evaluation programs in order to identify the areas of weaknesses and strengths and ensure opportunities for intervention and policy improvements.

In this respect, the Australian Local Government and Shires Association has been active in encouraging and supporting local councils in regard to planning for age friendly urban environments (ALGA, 2004, 2006). One point which needs to be further emphasised, is the importance of adopting bottom-up approaches and involving older people in the planning process at local levels. Policy strategies for AFC development are required to identify the barriers and opportunities regarding the engagement of Baby Boomers for developing age-friendly environments. Significantly, there is also a need to engage different groups within the ageing Baby Boomer population, given the contrasting challenges faced by different ethnic groups, and people with different health status, or different socio-economic status (Phillipson, Bernard, Phillips, & Ogg, 2000). Therefore, rather than prescribing a set of actions to achieve AFCs, the development of new models of community engagement are required to assist different groups of Baby Boomers with a range of concerns to be involved in AFC developments (Buffel & Phillipson, 2012).

A case study in Australia

Having outlined AFCs and the relevant policies in Australia, this section focuses on the degree to which some Australian urban environments have achieved the ideals of an AFC. A better knowledge of the current status of urban environments in Australia reveals the opportunities and obstacles to the ageing Baby Boomers and helps to identify the policy implications which can contribute to an age-friendly urban environment, inclusive of the varying needs and capabilities of this cohort. Our discussion here is supported by qualitative case study research to provide in-depth information. The qualitative research is based in the city of the Gold Coast, located on the eastern coast of Australia in the state of Queensland. With a population of half a million, the Gold Coast is one of the fastest growing cities in Australia (Tourism Research Australia, 2008). It is also home to many older people, with 15% of the population aged 65 years or older in 2013 (ABS 2013a). The research was conducted in three suburbs of the Gold Coast. All three case study areas, Southport, Hope Island and Mermaid Waters-Clear Island Waters (see figure 1), have similar and significant ageing population profiles; however, they differ in terms of their population density (by Gold Coast standards), built-form and
the level of accessibility, including public transport provision. Southport is an inner suburb of the Gold Coast. It is a relatively densely populated (18.11 persons per hectare (ABS 2011c)), mixed-use area with a high level of public transport service, including bus and light rail. Southport is currently the focus of a state level policy intervention to realise the area as a Central Business District (see figure 2). Hope Island is an outer suburban area, it consists mostly of gated master planned residential developments built circa 2001 (.id, 2011). This particular case study site has a low population density (5.93 persons per hectare (ABS 2011a)). Public transport on Hope Island is limited and not easily accessed, given its pattern of gated residential development (see figure 3). Mermaid Waters-Clear Island Waters is also an outer suburb of the Gold Coast. It is a characteristic Australian suburb, comprising mainly detached and semi-detached houses, although there are some high-rise apartment buildings and gated communities. It has a medium density (13.61 persons per hectare (ABS 2011b)) residential profile. Public transport in Mermaid Waters-Clear Island Waters consists of buses with frequent services to the main commercial and retail centres. However, given the street network pattern of this case study, which is predominantly cul-de-sacs, bus services are not easily accessed by many residents (see figure 4).
Figure 1: Location plan showing the three different case study suburbs within the City of the Gold Coast. Hope Island to the North, Southport in the middle and Mermaid Waters-Clear Island Waters to the South. Image produced by Alidoust with data from ABS (2011d) and Gold Coast City Council.
Figure 2: An aerial photo of Southport showing the areas relationship to the coastline. The boundary of Southport is marked in black. Note the clustering of high-rise buildings demarking the area as the new CBD of the city of the Gold Coast. Image courtesy of Skyepics Aerial Photography (2014a). Used with permission from the copyright owner.

Figure 3: An aerial photo of Hope Island illustrating the low density suburban characteristics of the area. The boundary of Hope Island is marked in black. Note the extensive canals, water bodies and cul-de-sacs which make the suburb difficult to navigate through. Image courtesy of Skyepics Aerial Photography (2015). Used with permission from the copyright owner.
Data was collected through observation and face-to-face semi-structured interviews with 54 older men and women (aged 65 years or over). Interviews, an average of 60 minutes, were conducted with ethics approval from Griffith University Human Research Ethics Committee. A convenience sampling approach, together with snowballing method, were used to recruit men and women living in the case study areas: 19 participants from Southport, 15 from Hope Island, and 20 from Mermaid Waters-Clear Island Waters. Interview data was complemented by observing the physical characteristics of the three case study areas and the impacts these characteristics had on the older residents. Observation was undertaken to add contextual information to the interview data.

Interview and observation data analyses were both inductive and deductive (Berg & Lune, 2004), using NVivo 10 data management software. Initial coding developed various themes, informed by the main age-friendly city characteristics identified in the literature review. These themes were clustered around three categories: accessibility, walkability, and housing. Each cluster was then reviewed, and the themes in the cluster were revised and analysed to form sets of sub-themes. The associations and relationships between different themes and sub-themes were identified. Findings revealed insightful information about the opportunities and constraints of ageing in the Australian context.

**Age friendly suburbs?**

The literature suggests that the majority of Australian Baby Boomers opt to age in place (National Seniors Australia and Group Homes Australia, 2011). However, some initial research demonstrated
that Boomers’ desire to age in place does not necessarily mean staying in the same house (Beer et al., 2009). Many Baby Boomers have reported they intend to downsize their family home and relocate to a place in a more convivial and desirable location in accordance with their lifestyle expectations and aspirations (Bosman, 2012). According to Murray (2007, p. 95) ‘For many baby boomers the home is increasingly viewed as an asset and its capital value as a conduit to a range of future lifestyle choices. . . The values of consumption and lifestyle have begun to take precedence over the role of the home as anchor of personal identity’.

A housing type which has been increasingly popular among older people is the master planned community (MPC) development. MPCs are large scale housing developments, delivered primarily by private property developers. MPCs include a wide variety of developments from gated to non-gated, age-segregated to mixed-age, greenfield to brownfield, and inner-suburban to outer-suburban.

Our research confirmed that MPCs are perceived as very safe environments by their residents (Gwyther, 2005; Kenna, 2007). The high degree of sense of safety in these developments was correlated with passive surveillance by residents, as well as additional security provisions such as CCTV cameras, security patrols, and in the case of gated communities, physical gates to restrict public access. This feeling of safety, together with the low-speed streets and quality pedestrian paths, within the boundaries of the MPCs were found to provide a walkable area for older age residents. Almost all our research participants who lived within a MPC reported that they walk almost every day within the physical boundaries of the developments. In accordance with the literature (Cheshire, Walters, & Wickes, 2010; Gwyther, 2005; Rosenblatt, Cheshire, & Lawrence, 2009), a high level of social interaction and community engagement was also revealed among these MPC residents. A high degree of social health was attributed to a sense of attachment to place and the frequent opportunities to participate in various social events and activities, which were arranged by the development managers and or social committees. All the characteristics of the case study MPCs are consistent with the features of an age-friendly environment. However, our research revealed that these developments, although featuring a relatively high-density population profile inside the development, are isolated and dispersed within the city fabric. The dispersed nature of these MPCs frequently results in inaccessible or no public transport provision and travel distances to popular civic services are significant. This locational characteristic, combined with the high level of place-based social interaction between residents informed a degree (assumed and actual) of social segregation from the wider community contexts. The majority of people who resided in the case study MPCs reported that they spent most of their time in the development, and did not have much social interaction with people outside the development. In this way, and consistent with the literature, a self/other binary is constructed between MPC residents and wider communities (Bosman, 2012; Kenna, 2007). This implies a social cost associated with MPC developments (Atkinson & Flint, 2004) and it contradicts the AFC principles, particularly those that emphasise social inclusion of older people at all levels and in all contexts. The segregation of older people potentially produces a barrier to intergenerational socialisation and can lead to a widespread ignorance about ageing in younger people. (WHO, 2007).

Socially segregated residential developments, illustrated by some MPCs, are not the only Australian built form model that contradicts some of the main AFCs characteristics. Australia is a suburban nation and comprises largely dispersed, low-density urban developments (ALGA, 2006). Our research
revealed, perhaps not unsurprisingly, that the suburban lifestyle for many older people means less or no access to public transport, more reliance on private cars as the main mode of travel, and less opportunity to walk and or cycle. All these aspects, which were greater in Mermaid Waters-Clear Island Waters and Hope Island, present significant obstacles to healthy ageing. The private car is the dominant mode of transport in Australia (Hensher, 1998). Approximately 7 out of 10 Australians (71%) aged 18 years and over use the car as the primary mode of transport to work or full-time study. This use, however, can be either as a passenger or a driver. Only 16% of Australians rely on public transport, while 4% usually walk and 2% cycle (ABS, 2014). Significantly, and in line with the literature, our research revealed a remarkably low reliance upon walking as a mode of transport among older people. The main reasons for a low frequency of walking among participants included destinations not always being within a walkable distance, the footpath is often of a low quality or did not exist, leading to a sense of feeling unsafe when walking. Our research also confirmed the role of the car as the dominant mode of travel enabling older people to access different resources in the urban environment. However, as participants acknowledged, the process of ageing is likely to lead to physical and or mental challenges which can then restrict their abilities to drive their own car. Following Marottoli et al.’s (2000) research, driving cessation was perceived by participants as being likely to restrict their outdoor activities and present major challenges to their access to services and resources. These challenges, however, could be heightened or mitigated by the availability of alternative modes of travel. The majority of respondents from Hope Island indicated that driving cessation would definitely negatively influence their outdoor activities, as there were few alternative modes of travel in that area. While participants from Southport found the thought of not driving challenging, the majority indicated that they would use public transport as an alternative. Responses from participants living in Mermaid Waters-Clear Island Waters sat somewhere in between those of the other two case study areas. Those living on or in proximity to the main roads found driving cessation less challenging, as they had more access to public transport, than the other residents of this case study area, particularly those living in cul-de-sacs.

Public transport is thus, a valuable alternative mode of travel when older people are no longer capable of driving their own cars. An age-friendly public transport service (WHO, 2007) is required to accommodate the needs of the ageing population. However, a number of concerns raised by participants, coupled with observational data, point to some significant barriers to older people’s use of public transport, all of which are in contrast to the age-friendly transport principles, defined by WHO (2007). In many instances public transport did not provide access to a majority of the key destinations, and if access was provided, in many instances it was infrequent and or unreliable. Unaffordable public transport service was also a concern raised by some participants. Although there were free council funded bus services for seniors, they were not operational in all the case study neighbourhoods. The only available transport for many participants who were not able to drive was a taxi. This option however was cost prohibitive for most participants. A few participants had access to subsidised taxies such as community taxies or the city council taxi service; this was not the case for all.

**Conclusion**

Given the rapid ageing of the Baby Boomers in Australia, there is an urgent need to reassess and produce planning policies that address the varying needs of this cohort. Our paper provided a synopsis of some of the AFC policies internationally and in Australia. The discussion on AFC policies
in Australia was supported by the findings of a qualitative research study, based in the city of the Gold Coast, Queensland, Australia. The qualitative research provided context for some of the challenges to the development of age-friendly urban environments in Australian. It revealed that different types of MPC developments appeared as an alternative to ageing in place for some Australian Baby Boomers. This relatively high density, secure, and sociably constructed form of residential development includes various types from gated to non-gated and age-segregated to mixed-age. Some MPCs however, potentially inscribe degrees of social segregation into the landscape, an outcome that contradicts AFC principles. With the majority of MPCs located in outer suburban areas, poor access to public services and facilities is another obstacle to providing an age-friendly living environment for the Australian ageing Baby Boomers who live in these housing developments. The accessibility issue, however, is not only impacting on the residents of MPCs. Significantly, the majority of Australian Baby Boomers are living in low-density suburbs with poor access to a wide variety of civic services and facilities. A high reliance on private cars, less access to public transport, and a low frequency of walking and cycling are the prominent characteristics of many Baby Boomer lifestyles which are all in contrast to the characteristics of AFCs.

Australia’s urban context contradicts some of the major AFC principles highlighted in the literature. This implies a need to focus on innovative urban planning policies to address the obstacles to developing Boomer-friendly suburban environments. These policies need to be aimed at providing mixed land-uses with higher levels of accessibility to a range of public services and facilities along with greater opportunities for reliance on active modes of travel for ageing Baby Boomers. In addition, due to the diversity of urban environments and the heterogeneity of older Baby Boomers in Australia, these AFC planning policies need to be focused at micro (regional and local) levels, while involving different groups of older Baby Boomers in the process of planning. Micro-level bottom-up planning is a valuable planning strategy to develop AFCs. For this approach to become mainstreamed into practice it needs to be emphasised at early stages of planning education. Micro-level planning approaches are more likely to lead to policies which are inclusive of the varying needs of older Baby Boomers. They also frequently more suited to insightful and productive evaluation processes because they are focused on local issues and involve local people.
References


