

CHAPTER 4

BOOMERS IN BOOMTOWN: AGE-FRIENDLY PLANNING IN AUSTRALIA

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INTRODUCTION

Population ageing is a worldwide phenomenon that is becoming a planning-policy priority in most industrialised nations. It has received much academic, policy and media focus in recent years and is increasingly identified as one of the most pressing challenges facing society (Beard et al., 2011; Government of Australia, 2015). Coupled with growing urbanisation, these phenomena are transforming societies and having profound economic and social effects on cities and countries throughout the world (Bloom et al., 2015). Consistent with trends seen in other capital cities across Australia (Hugo, 2014a), the once ‘boomtown’ city of Perth is likewise ageing (Atkins & Tonts, 2016); the baby boomers of boomtown are about to take centre stage.

Declining birth rates and increasing life spans are shifting the age distribution of the population towards older ages resulting in a ‘longevity revolution’ (Kalache, 2013; UNDESA, 2013; World Health Organization, 2000). This trend towards population ageing brings both opportunities and challenges for planning and policy. Longevity offers people new opportunities to participate actively in society for longer (Foster & Walker, 2014; Lui, Everingham, Warburton, Cuthill & Bartlett, 2009; World Health Organization, 2007). On the other hand, population ageing is seen as a ‘grey tsunami’ (Christensen, Doblhammer, Rau & Vaupel, 2009) that will have significant impacts on labour supply and economic

output and on the delivery of appropriate, affordable and accessible infrastructure and services. It will also inevitably impose significant pressure on government budgets (Burnley, 2003). The ageing of the baby boomer cohort (those born between 1945 and 1965) is driving an agenda on how to plan not just for an ageing population, but for the whole life course (Pinnegar, van den Nouwelant, Judd & Randolph, 2012). It is widely recognised that the design of cities can influence the health and well-being of people as they age (Beard & Petitot, 2010; Lui et al., 2009) and that using an ageing lens in planning can help create age-friendly cities (AFC) not just for the elderly but for the whole of the community (Kalache, 2013). Age-friendly environments are an important element of liveable cities, as seen in chapter 12. Prescient planning and appropriate policies are therefore critical to achieve these goals.

This chapter investigates to what extent the AFC approach has been guiding planning in Perth and Peel (henceforth referred to as metropolitan Perth). It begins by outlining some of the main ideas around active ageing and the AFC approach and presents the key elements of AFCs influencing policy globally and in Australia. Next is an analysis of ageing trends in Australia and in Perth, followed by a discussion on how the AFC approach has influenced ageing policies in Perth at different scales and across different sectors. Three sectors are looked at in greater detail — health, housing and transport — and some of the barriers to the delivery of AFC policies and initiatives are examined. The chapter concludes with a discussion on the way forward to meet the requirements of an ageing population and the creation of age-friendly environments.

THE AGE-FRIENDLY CITY APPROACH

Making cities and communities age-friendly has emerged as a policy response to the challenges of population ageing and increasing urbanisation. Central to this is the concept of active ageing which, although part of the literature since the 1940s, has gained

currency in recent years (Boudiny, 2013). Active ageing is defined as ‘the process of optimising opportunities for health, participation and security in order to enhance the quality of life as people age’ (World Health Organization, 2002, p. 12). To promote this, various initiatives have emerged such as the American Association of Retired Persons *Liveable Communities* (AARP, 2005); the *AdvantAge* Initiative (Feldman & Oberlink, 2003), and *Life Time Homes, Life Time Neighbourhoods*, UK (see Steels, 2015 and Beard & Petitot, 2010 for a comprehensive discussion). Active ageing formed the basis for the World Health Organization (WHO) ‘Global Age-Friendly Cities’ project launched in 2006. Understanding AFCs to be inclusive and accessible urban environments that promote active ageing, the project sought to identify AFC features (WHO, 2007). Extensive qualitative research was undertaken in thirty-three cities in twenty-two countries, including two Australian cities: the City of Melville (WA) and the City of Maribyrnong (Victoria). The research findings were presented in *Global Age-friendly Cities: A guide* (2007) offering a checklist of city features that influence the health and quality of life of older people in cities (ibid.). These were grouped around eight key domains: outdoor spaces and buildings, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Ageing-in-place is a critical component of AFC concepts and is understood as the ability of people to live independently in their homes and communities with access to accessible and affordable services (Lui et al., 2009; WHO, 2007). Ageing-in-place is supported by comprehensive planning and the provisions of a wide range of support services in the community, as well as the removal of barriers that segregate older people and limit their activities (ibid.). The WHO conceptualisation of AFCs has been increasingly used across the world to guide policy on ageing (Fitzgerald & Caro, 2014) and in 2011 the WHO established the Global Network of Age-friendly Cities and Communities, now including 287 cities and communities in thirty-three countries (WHO, 2015a).

An essential feature of the AFC approach is that it embraces a combined bottom-up and top-down approach: it seeks input from the community and encourages all sectors, especially the public sector, to respond to this (Plouffe & Kalache, 2010). The WHO AFC checklist is a guide, rather than a prescriptive recipe for success, and much depends upon the social, economic and political environments and level of government, where AFC approaches are being created (Buffel et al., 2014). Higher-level policies are often broad and comprehensive and have been critiqued for not being responsive enough to the diversity of urban environments and the heterogeneity of older people (Ball & Lawler, 2014). Alongside this they can be challenging to implement, monitor and evaluate (Glicksman, Clark, Kleban, Ring & Hoffman, 2014). Local-level policies can be more inclusive and responsive to the needs of different socioeconomic and cultural groups within the community and they are perceived to be easier to implement and monitor (Kendig & Phillipson, 2014). Local governments play a critical role in determining the well-being of people as they age (Everingham, Warburton, Cuthill & Bartlett, 2011) since it is at this level that most of the age-friendly programs are delivered.

Key Elements of Age-friendly Communities

Much of the discourse around active ageing, ageing-in-place and AFCs has emerged from an ecological perspective of ageing that focusses on the links between an individual's capacity and the physical and social environment (Lawton & Nahemow, 1973). Research has focussed on the characteristics that define age-friendly communities, from their physical and social attributes to matters relating to their governance (Lui et al., 2009; Menec, Means, Keating, Parkhurst & Eales, 2011). This section looks at some of the elements, both physical and social, that have been identified as critical for the development of AFCs.

Key physical attributes for age-friendly communities include spatial planning, mobility, housing and the physical environment. Characteristics of the built environment and outdoor spaces affect

independence, mobility, quality of life and safety of older people (WHO, 2007). Places which promote well-being are conducive to active transport – walking, cycling and public transport use – (Michael & Yen, 2014), are safe (Lee, Zegras & Ben-Joseph, 2013; Marin-Lamellet & Haustein, 2015) and integrate planning for the natural, built and social environments (Colangeli, 2010). Spatial planning that takes a holistic, life-course approach and delivers higher-density developments, diverse land-use zoning and promotes reduced car travel and increased public transit usage is essential for the creation of age-friendly communities (Golant, 2014). Conversely, car-orientated urban forms with widely dispersed housing and scattered commercial and cultural resources present greater barriers to active ageing (ibid.).

Housing is a key factor influencing people's experience of ageing (WHO, 2007). Communities that offer housing choice with universal design features in dense neighbourhoods need less age-segregated, service-supported housing, such as nursing homes and assisted-living facilities (Fitzgerald & Caro, 2014). Research reveals that most people prefer to age-in-place within their community and not in residential aged care accommodation (Hansen & Gottschalk, 2006; Kendig & Bridge, 2007). However, as people age, their longstanding home may become unsuitable for their needs and in some cases home adaptations and modifications are necessary to facilitate ageing-in-place (Burton, Mitchell & Stride, 2011; Hwang, Cummings, Sixsmith & Sixsmith, 2011; Jones, de Jonge & Phillips, 2008). The WHO extends the concept of ageing-in-place to ageing in the 'right' place, which means the ability to live in the place with the closest fit with a person's needs and preferences – which may or may not be one's own home (WHO, 2015b). Diverse and innovative housing options across income levels, with good access to services and transport, are seen as critical to creating age-friendly environments (Pynoos, Caraviello & Cicero, 2009). Housing affordability is another important determinant of good ageing outcomes (Beer, Kearins & Pieters, 2007; Wood, Ong & Cigdem, 2014) as is house design and the adoption

of universal design principles (Ball, 2012; Rosenfeld & Chipman, 2008). Research suggests that future housing developments should proactively be designed to enable ageing-in-place through whole-of-life design that takes into account accessibility and visitability features (Pynoos et al., 2009). Accessible, flexible and affordable public transport solutions are key physical determinants of active ageing, social and civic participation, and access to community and health services (Lehning, 2012; Musselwhite, 2015; Schwanen, Banister & Bowling, 2012). A variety of transport options (public transport, walking and cycling) connecting key destinations is critical also for the creation of AFCs (McCormack, Giles-Corti & Bulsara, 2008; O'Hern & Oxley, 2015; Rosenbloom, 2009).

A number of social attributes have also been identified as key in shaping people's experience of ageing. These include the social environment, opportunities for participation and employment, informal and formal community supports and health services, and communication and information (WHO, 2007). Social isolation and exclusion are often experienced by older people as they age (Cann & Dean, 2009; Grenade & Boldy, 2008; Smith, 2009). Communities where people are respected and recognised and which have strong intergenerational and family interactions have better ageing outcomes (Hodgkin, 2012). Ensuring older people have opportunities to continue to contribute in their communities through paid work or volunteering, and to engage in the political process, is important for healthy ageing (Buffel, Phillipson & Scharf, 2012; Warburton, Everingham, Cuthill, Bartlett & Underwood, 2011). Access to health and support services that are affordable and appropriate is vital for older people to remain healthy and independent in the community (Gilroy, 2008; Joseph Rowntree Foundation, 2004). The opportunity to engage in leisure activities and recreational pursuits has been shown to have significant health and community benefits for older people (Breheny & Stephens, 2016). Likewise, supporting older people to participate in community events and to have ready access to

relevant information in a variety of forms are seen as an important elements of ageing well (Yoon, Cole & Lee, 2009).

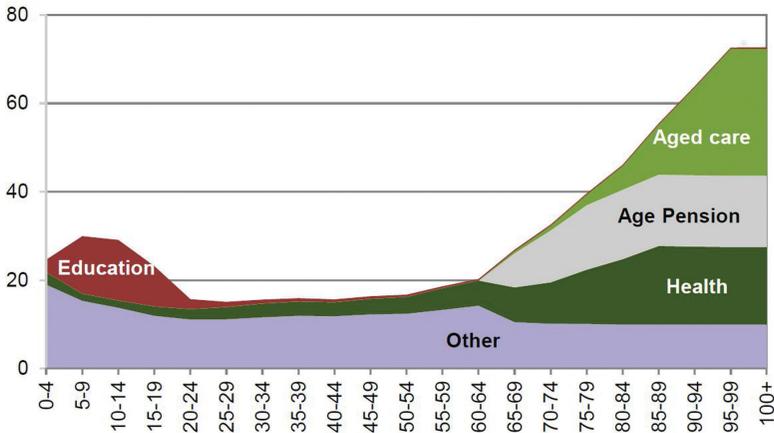


Figure 1: Australian age-related government spending, all governments, \$'000 per person 2011–2012. Source: Productivity Commission (2013) p.11.

AGEING IN AUSTRALIA

In Australia there are a number of significant demographic factors that will shape the ageing policy debate over the next few decades. Firstly, population ageing is expected to continue and it is projected that by 2056 over-sixty-five year olds will make up 25 per cent of the population, up from 14 per cent in 2011 (ABS, 2013). Secondly, there are significant changes in the spatial distribution of the ageing population when compared with previous generations (Wilson, 2015). Increasingly, people are ageing-in-place in peripheral parts of cities and this will have significant effects on resource allocation and the provision of housing, services and local labour market performance (Han & Corcoran, 2014; Hugo, 2014a). It is expected that much of the aged care infrastructure will be increasingly mismatched with the location of older Australians (Blueprint for an Ageing Australia, 2014). Lastly, the characteristics of the

baby boomer generation entering retirement differ from those of preceding generations – economically, socially and in their values, attitudes, expectations and health status (Hugo, 2014b). They are generally healthier and wealthier, better educated and better travelled (Hugo, 2003; Pinnegar et al., 2012). Moreover, they are more culturally diverse, more likely to remain in the workforce for longer, enter retirement with mortgage debt and live alone in older age (Hamilton & Hamilton, 2006; Hugo, 2003). These factors will have significant policy and planning implications. Although far from homogenous, the baby boomers will have different demands for housing and service provision to the previous generations (Hugo, 2014a; Pinnegar et al., 2012) and will require environments that offer extensive and varied opportunities. Kalache (2013) has coined the term ‘gerontescence’ to refer to a new period of transition in the longevity revolution characterised by baby boomers who will ‘age loudly’, demanding to have their needs met and to play an active role in their communities. In planning terms, the business-as-usual model is unsustainable and unaffordable and new solutions are required to both service and fund the needs of an ageing population and ensure that people do not simply live longer, but live better into old age.

In the latest Intergenerational Report (Government of Australia, 2015), population ageing is highlighted as a major challenge to policy makers in light of increasing budget constraints. Age-related government spending increases sharply for people over the age of sixty (see Figure 1). The Productivity Commission has highlighted the need for people to remain healthier, in the workforce and living within the community for as long as possible in order to reduce health care, pension and aged care expenditure (Productivity Commission, 2013). The challenge is to ensure that this is promoted, while enabling people to retain a high quality of life in suitable environments with access to necessary services and facilities as valued members of society (Beard et al., 2011; Biggs, 2014).

Ageing in Perth

Although Western Australia has the lowest proportion of people aged over sixty-five of all the states in Australia, its population is nonetheless ageing, especially in regional areas where ageing is occurring disproportionately faster (Dockery, Duncan, Nguyen, & Ong, 2015). By 2050 the population is expected to double to 4.3 million and a quarter of the population will be over the age of 65 (ABS, 2013). In metropolitan Perth the number of people aged 65–84 is expected to double and the number of people over 85 to quadruple by 2050 (Government of Western Australia, 2012; Western Australian Planning Commission, 2015). As discussed in chapter 3, Perth has a unique demographic character and, while most of metropolitan Perth is experiencing ageing ‘accumulation’, the process is taking place unevenly across the area (Atkins & Tonts, 2016). Figure 2 shows an analysis of population change between 2001 and 2011 using a population ageing matrix (Atkins & Tonts, 2016) and this reveals that the areas experiencing the highest growth rates in the over-sixty-five population group are all situated in peripheral suburbs, especially in parts of the southwest and the northwest. Assuming present trends continue, we can expect that a significant number of the over-sixty-five population will be located in outlying areas of the city currently characterised by low-density housing, suburban malls, a poor public transport network and low density of services for the elderly, as detailed in chapter 7 on Perth’s urban form.

In metropolitan Perth people prefer to age-in-place and ‘in community’ (Boldy, Grenade, Lewin, Karol & Burton, 2011). Yet, many are experiencing vulnerability in relation to their accommodation (Freilich, Levine, Travia & Webb, 2014). Forty-two per cent of seniors in Perth are entering retirement with a mortgage and this trend is expected to increase (Shelter WA, 2015). Homelessness is increasing, with low-income older women being especially at risk (*ibid.*). Indigenous Australians make up 4 per cent of the population of Western Australia and one-third live in Perth

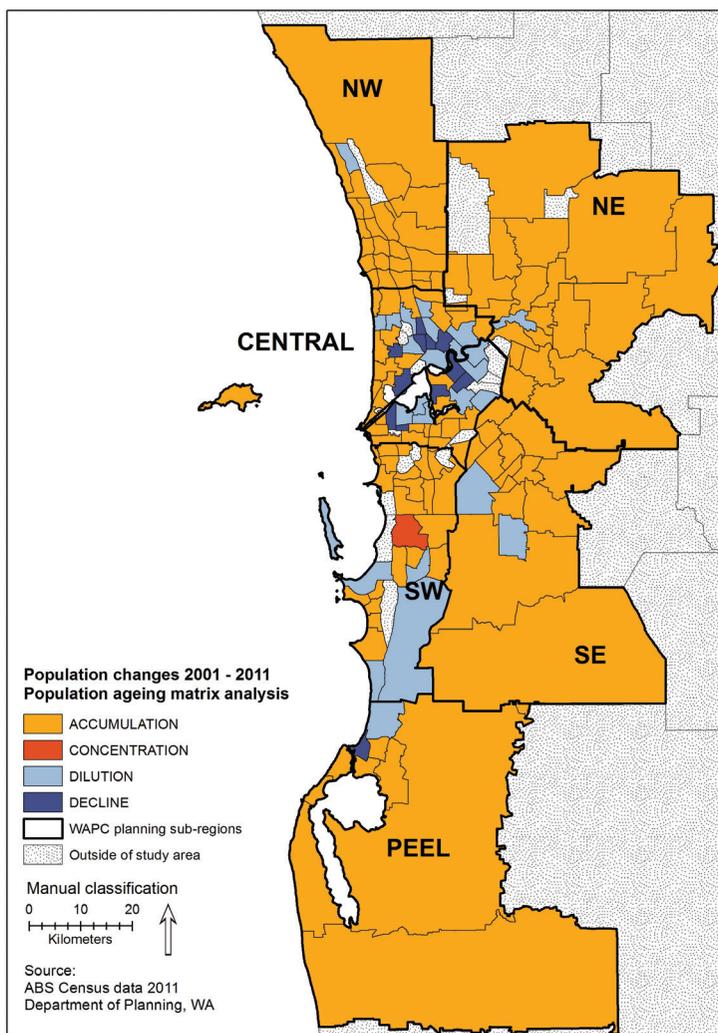


Figure 2: Ageing growth areas in Perth and Peel 2001–2011.

(25,531 in 2011), where they face particular challenges relating to policy and planning, as outlined in chapter 6. Older Indigenous Australians are a vulnerable group in terms of life expectancy and active-ageing outcomes and there is a marked health disparity between Indigenous and non-Indigenous Australians (Australian Indigenous Health *InfoNet*, 2014; Department for Communities Seniors and Volunteering, 2012b).

AGEING POLICIES 'DOWN UNDER'

Age-friendly policies have begun to emerge, in varying degrees, at all levels of Australian government (Alidoust & Bosman, 2016; Kendig, Elias, Matwijiw & Anstey, 2014). Australia's federal system of government shapes how age-friendly initiatives and policies are delivered. The national (Commonwealth) government controls revenue sources and income taxes and has responsibility over income support, aged care and employment policies. It shares revenue with state governments and supports other tiers of government and voluntary organisations. Although state governments have limited and variable revenue streams, they have constitutional authority for land-use regulation and service provision. Local government, on the other hand, has very limited resources and primarily focusses on property-related regulations and services.

In Australia the traditional model for housing older people has been in institutionalised care provided by retirement villages and nursing homes. The funding and administration of residential aged care places falls under the Commonwealth Department of Health and Ageing, which determines the number of beds and community-based care packages according to Commonwealth benchmarks. However, in recent years there has been a shift away from this towards policies supporting ageing-in-place and the provision of home care through the Home and Community Care (HACC) program. Providing in-home formal or informal care for older adults is seen as being less costly for government than providing institutional care because government bears a significant proportion of residential care costs (AHURI, 2010; Warburton et al., 2011).

At a national level the main document outlining a general framework for the building of age-friendly communities in Australia is the *National Strategy for an Ageing Australia* (Commonwealth of Australia, 2001). Despite being well received, the document has faltered in the absence of political leadership and because of policy disagreement between levels of government and departments (Kendig & Browning, 2011). To reduce the cost

burden of aged care on government and to encourage independent and active ageing, ageing-in-place strategies have been promoted in a number of key national policies: the *National Housing Strategy* (Commonwealth of Australia, 2001), *Age-friendly Built Environments* (Australian Local Government Association, 2006); *A Community for All Ages* (Department of Health and Ageing, 2004). A number of other higher-order policies and strategies exist at the national level influencing the physical and social environments for ageing. However, most have focussed on the physical elements of the built environment and there has been less focus on the wider social and cultural dimensions of AFCs (Lui et al., 2009). The interconnectedness of ageing issues — such as income, housing and care needs — are not easily integrated since different ministerial portfolios and departments are responsible (Kendig & Browning, 2011). As a consequence, healthy ageing policy has focussed narrowly on chronic illness prevention and management, with little attention paid to social and cultural influences on ageing.

Avant-garde Measures in Perth

This section provides an overview of AFC policies and initiatives at play in metropolitan Perth and examines how successful they have been at creating age-friendly environments. Figure 3 presents a schematic summary of some of the main AFC policies and initiatives and shows how they intersect in terms of scale and sector. They range from higher-level policies at the international, federal/national and state level (already discussed), down to municipal and local government policies. Sectoral level policies covering health, housing and transportation are also discussed.

The overarching state policy document coordinating AFC approaches across scales and sectors is *An Age-friendly WA: The Seniors Strategic Planning Framework 2012–2017* (the Framework), administered by the Department of Local Government and Communities. This planning document is based on the eight age-friendly domains used by the WHO and draws upon research undertaken with a variety of local partners and integrates the

findings of two key research documents: the *Profile of WA Seniors* (Amonini & Braidwood, 2011); and the *WA Seniors Wellbeing Indicators* (Department for Communities, Seniors and Volunteering, 2012b). This strategic document endeavours to guide the various sectoral policies outlined in Figure 3. Although this is the first document of its kind in Australia and there is some evidence of its usefulness as a tool to guide AFC planning initiatives, it was met with criticism. The Community Development and Justice Standing Committee, which conducted an inquiry into the effectiveness of the Framework described it as a ‘well-meaning document which nevertheless lacks the kind of useful detail that would actually assist agencies and organisations to create age-friendly communities’ (Legislative Assembly, 2014, p. 187). The document has limited effectiveness in coordinating and guiding the implementation of AFC policies across sectors.

State and regional strategic documents outline policies that shape land-use, urban form and the wider infrastructure network of the city, elements that are crucial for good ageing outcomes. At the highest level, the *State Planning Strategy 2050* is the overarching strategic document that provides direction for all planning strategies, policies and approvals. At the regional level *Directions 2031 and Beyond* (Western Australian Planning Commission, 2010) puts forward the strategic plan for metropolitan Perth and provides a spatial framework to guide the detailed planning and delivery of housing, infrastructure and services. This is elaborated further in *Perth and Peel@3.5million* (Western Australian Planning Commission, 2015), a detailed, draft planning framework for land-use and infrastructure. Population ageing is identified as a major challenge for policy and planning, although it is dealt with implicitly within the various documents. These documents advocate for the creation of a more compact and integrated metropolitan area by promoting density infill, with the expressed goal of limiting urban sprawl, approaches that are understood to deliver better environments for ageing across the life course. There is also a realisation that the ‘business-as-usual’ approach will

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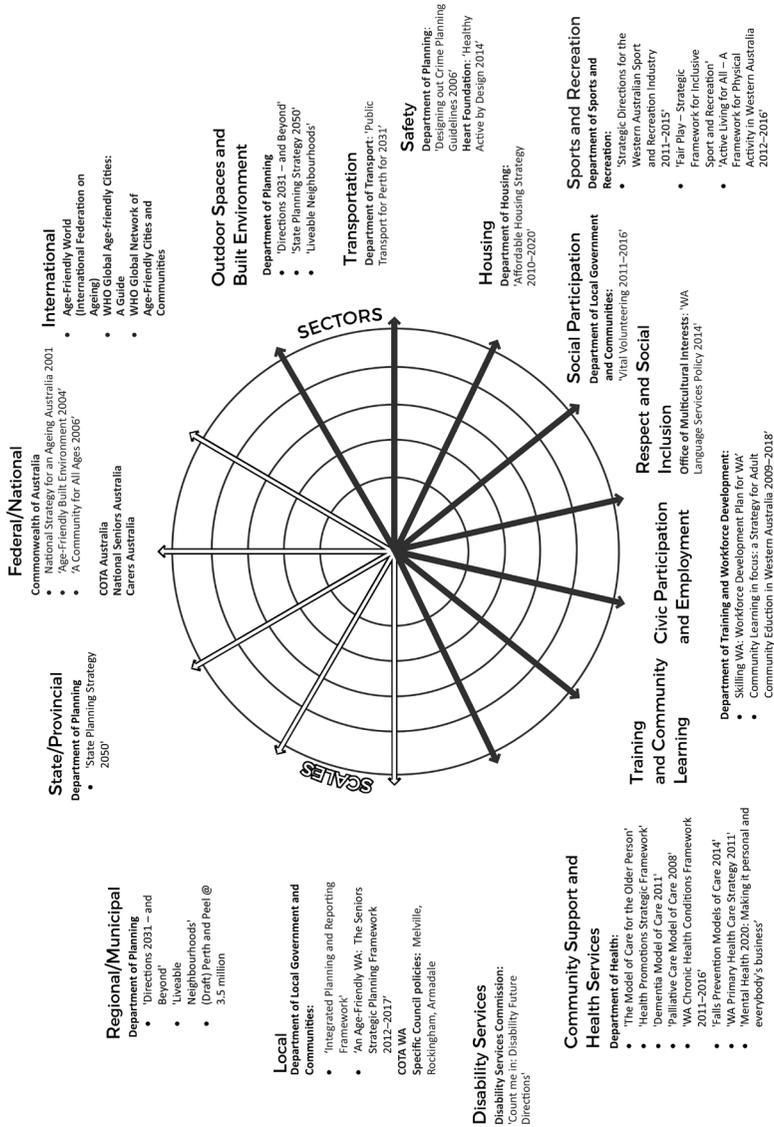


Figure 3: Schematic summary of selected planning policies and initiatives impacting on ageing in Perth.

not efficiently support an ageing population and new strategies are needed to deal with this: ‘as the State’s population continues to grow and age, incentives that enable residents to downsize their housing so that they can ‘age in place’, and remain in their communities will need to be explored’ (Western Australian Planning Commission, 2014, p. 95). However, no elaboration on what these incentives might be is given and no targets for age-integrated developments are provided. Indeed, of all the capital cities in Australia, Perth has the least ambitious infill development target (47 per cent by 2050) and a current infill trend of 30 per cent to 35 per cent of total new dwellings (Property Council of Australia, The Greens, & Australian Urban Design Research Centre, 2013). This peripheral green-field expansion continues to deliver environments which do not support good active ageing outcomes. Although certain AFC policies exist within various state and metropolitan strategic-planning documents, there is little collaboration between state government departments in relation to planning for an ageing population.

The Australian Local Government Association has actively encouraged local councils to plan for age-friendly urban environments (Australian Local Government Association, 2006). The City of Melville, in partnership with the Department of Communities, was an early participant in the pilot project for the WHO Global Age-friendly Cities Project and it continues to be one of the leading age-friendly cities in Australia. AFC initiatives in the City of Melville include community buses, a seniors’ assistance fund for emergency assistance and digital hub classes. They have identified ongoing consultation with the older residents, as well as engagement with external stakeholders – such as government departments, private business and retail – as key to delivering age-friendly communities (Legislative Assembly, 2014). Following on from this success, the Department of Communities provided other local government authorities with a toolkit for conducting research to identify seniors’ needs and develop an AFC plan. This was trialled in Rockingham and Mandurah (2006–2007), and

in 2010–2011 eleven metropolitan and thirteen regional local governments were funded to undertake community research with seniors to explore how the WHO Age-friendly Framework could inform planning practices. Despite these initial research efforts, however, it is unclear how many local governments went on to create age-friendly community strategic plans. Also, having age-friendly policies and plans does not necessarily translate into having age-friendly practices on the ground. Although the state government showed a commitment to engage in the AFC movement through their support of research plans in various local government areas, their lack of financial support to implement AFC initiatives has been identified as a major failing of the program (ibid.). Alongside this, no mechanisms were put in place to ensure that local governments comply with the age-friendly agenda set out in the Framework. Similarly, no system of monitoring progress was established.

The key findings of the research undertaken at the local level with older community members identified the health, housing and transport sectors as the most important for creating age-friendly communities (Department for Communities, Seniors and Volunteering, 2012a). It is to these sectors that we now turn to examine how AFC principles intersect the policies and how this has been translated into practice.

Health

While Western Australians in general have a very good standard of health and older citizens are experiencing increasing life expectancies, with ageing the demand for health and support services will increase: ‘The incidence of age-related health problems including chronic diseases, injuries due to falls, disability and dementia is likely to escalate in coming decades, with important economic and workforce implications for the State and Commonwealth health systems’ (Department of Health, 2012, p. 17). In WA the health care needs of seniors are delivered through a variety of programs and initiatives that support people remaining healthier within

the community. The HACC program, jointly funded by the Commonwealth and state governments, provides basic support for frail older people with an ongoing functional disability to remain living at home, participate in social activities and stay connected to their communities (Department of Health, 2013). However, this separation of services between Commonwealth and state can be problematic and with the upcoming transfer of control to the Commonwealth government, it is feared that this may lead to a less personalised and flexible service (Legislative Assembly, 2014).

WA Health supports a number of other aged and continuing care programs aimed at reducing hospital admissions and maintaining older people in their homes. Initiatives, such as the *WA Health and Promotion Strategic Framework 2012–2016* (Department of Health, 2012), attempt to lower the incidence of avoidable chronic disease and injury by addressing health throughout the life course. The *Model of Care for the Older Person* is the Department of Health's main policy document which deals with the needs of older people with an emphasis on prevention and promotion programs that encourage self-management of health conditions (Aged Care Network, 2007). Other innovative policies include *WA Primary Health Care Strategy 2011* (Department of Health, 2011), promoting independence, mobility and health through primary health care, community care and appropriate training of the workforce (Department of Health, 2011); the *Hospital in the Home* program that provides short-term care in a patient's home for health conditions that traditionally would need hospital admission for treatment; and the *Friend in Need – Emergency (FINE)* scheme that provides older and chronically ill patients living in the community or in residential care with an alternative to hospital admission through a range of in-home services.

Despite these positive policies and programs, not all groups within the community are experiencing equally good health and ageing outcomes and this is especially the case within the Aboriginal community in WA where the difference between Indigenous and non-Indigenous life expectancy is the greatest in

Australia for females and the second greatest for males (Amonini & Braidwood, 2011). Overall, Aboriginal people in WA are not as healthy as non-Aboriginal people. Cardiovascular disease (CVD) is the leading cause of death for Indigenous Australians in WA and deaths from CVD are twice as common for Indigenous Australians as for the wider community (Australian Institute of Health and Welfare, 2013). Indigenous Australians are three times more likely to die from injury (including accidents and self harm), nine times more likely to die from diabetes and three times more likely to die from mental and behavioural disorders than non-Indigenous Australians (ibid.). They are more than twice as likely to need assistance with core activities compared to non-Indigenous Australians and this increases for ages over fifty-five (ibid.). The *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (Department of Health and Ageing, 2013) identifies priority areas across the life stages to 'close the gap' between Indigenous health outcomes and non-Indigenous population (Government of Western Australia, 2009). However, these efforts are directed overwhelmingly to younger people with less attention to those in mid and later life (Kendig & Browning, 2011). Although too early to evaluate the efficacy of this program on Aboriginal health outcomes, commitment to its ongoing financial support and political will are vital in order to embed this approach into the health system (Department of Health and Ageing, 2013).

Further research on dementia is also needed to better understand its incidence, extent and implications within broader Western Australia and especially within the Aboriginal population, where the rates are disproportionately high and where palliative care services are insufficient (Legislative Assembly, 2014). It was found that the sub-acute care sector is under-resourced and in coming years, as the population ages and demand increases, the aged care workforce (nurses, geriatricians and residential and community aged care staff) will be under increasing pressure (ibid.). This

has to be addressed at all levels of government and within the not-for-profit sector.

Housing

The recent resource boom in WA has led to a crisis in housing availability and affordability, as discussed in chapter 1, which has especially affected low-income older people who are either entering retirement with a mortgage or are renting (Dockery et al., 2015). In WA a number of policies and strategies have been introduced to address these problems. The state government's *Affordable Housing Strategy 2010–2020: opening doors to affordable housing* (Department of Housing, 2010) is a key instrument for the delivery of housing options. The *Affordable Housing Strategy* is the first of its kind in Australia and has a whole-of-government approach to increasing the supply of affordable housing with a minimum target of 30,000 additional affordable homes in WA by 2020 (Housing Authority, 2015). The Housing Authority is currently in the process of creating a *Seniors' Affordable Housing Strategy* targeting housing for seniors on low to moderate incomes. In addition, there are several housing information services available for seniors, such as the Seniors Housing Centre, established by the Department of Commerce in 2011 and now run by Council on the Ageing Western Australia, which provides independent and expert free advice on housing options for seniors; and the Disability Services Commission's Liveable Homes initiative, which is a free online resource advising people on universal housing design.

The Affordable Housing Strategy identifies older people as some of the most vulnerable in society, making up 30 per cent of the social housing tenants in 2012, and this demand is expected to rise (Government of Western Australia, 2012). However, in recent years the stock of public housing has undergone a significant decline and there has been a shift away from the government developing social housing to partnering with the private and not-for-profit sectors for the delivery of

rental housing. Two developments have received wide acclaim for offering innovative housing for a range of people, including seniors: the Department of Housing's Living Space development in Cockburn Central in Perth's southern corridor, which consists of medium-density, mixed-use housing with a mix of tenure options including affordable rental and social rental; and the Lime Street Project, which is a unique homeless facility that allows tenants to move from crisis to transitional and eventually long-term accommodation while remaining part of the same community. Although progress has been made to address housing shortfalls, there is still concern about whether supply can keep up with demand (Freilich et al., 2014).

There is also a lack of housing options for older people to downsize and age within their community (Legislative Assembly, 2014). Stamp duty for seniors is a barrier to downsizing (Judd, Easthope, Davy & Bridge, 2014) since it increases the cost of the transfer and reduces equity realised from the sale of the home (Australian Treasury, 2010). As outlined in the *Henry Tax Review* (Australian Treasury, 2010), the taxation of housing purchasers and the interaction with income support systems has a considerable impact on the decision to downsize. It recommended replacing stamp duties with land taxes, potentially reducing the cost of relocation by up to 50 per cent (ibid.). There are calls for a change to the stamp duty legislation to facilitate seniors' downsizing. This would release larger family homes to the market making housing more affordable for young families (Property Council of Australia, 2015), a phenomenon known as 'moving up the property ladder' (Beach, 2016).

There is evidence that baby boomers are increasingly seeking urban lifestyles in inner metropolitan areas within easy access to amenities, services and transport rather than the classic suburban retirement village option (although some will continue to choose to live there; Judd et al., 2014). Although transit-oriented developments have been in Perth's development agenda for some time (Holling & Haslam McKenzie, 2010), intergenerational developments which cater for the whole of the life course with

easy access to transport and services have yet to emerge as a widespread housing option in Perth. Community groups, such as PerthALIVE and FuturePerth, have recently formed to advocate for alternative urban design that accommodates people of all ages and income levels. They propose the development of vertical, multi-age precincts near transport and services as a way to support intergenerational living and promote ageing-in-place (Murray, Sagers & van Bocksmeer, 2014).

Transport

In Perth the main policy document dealing with public transport is the Department of Transport's draft *Public Transport for Perth 2031: mapping out the future for Perth's transport network* (Government of Western Australia, 2011). It recognises the important role public transport plays in 'improving the mobility of people who may not have access to any other form of transport – e.g. children, young adults, students, older residents, people with disabilities and those who cannot afford a car' (ibid. p. 12). The needs of an older population fall under the 'universal design' approach, meaning that transport is designed to be accessible for everyone, including people with disabilities. The transport needs of the older population are addressed through a range of transport programs and concessions, such as free and concession-based public transport through Transperth; public transport concessions while interstate; vehicle and driver's licence fee concessions; a pensioner annual free-trip voucher; as well as a range of transport concessions for eligible regional pensioners. Moreover, bus and train infrastructure is being upgraded to become accessible for all ages and abilities with station upgrades and low-floor accessible buses. Yet, need for better access to reliable, affordable and safe public transport, with frequent services connecting desired destinations, is cited in the findings of local government community research with seniors as deficient (Legislative Assembly, 2014).

The Public Transit Authority annual report states that in 2014 almost 85 per cent of properties within the Perth public transport

area were within the 500 metre accessibility standard of a bus route and/or train station providing ‘an acceptable level of service’; defined as having an hourly service during the day, with at least three trips per hour at peak times (Public Transport Authority, 2014). However, this threshold distance may be too far for some elderly people who would struggle to walk that distance to access public transport (Lin et al., 2014). As highlighted earlier, in metropolitan Perth, the areas with the highest number of ageing people are mainly at the fringes where access to public transport and service frequency are poor. Since many seniors do not use public transport during peak times — as this is outside the concession-travel-card period — the 85 per cent coverage is not applicable to them and off-peak services can be very sporadic. This can lead to isolation when the elderly can no longer drive and rely on public transport to get around. Bus routes are also a problem for older people, since they don’t always connect as desired: complex connections are often necessary to go where they want to go and although some local governments run shopping buses for older residents within the municipalities, this is not widespread (Legislative Assembly, 2014). Bus shelters represent an essential element for older people to use public transport, but only 3,000 out of 13,000 bus stops in the metropolitan area have a bus shelter (ibid.).

Yet, Perth is recognised as a car-centric city with the highest per capita car ownership rates of all the capital cities in Australia (eighty-three cars per 100 people; Western Australian Planning Commission, 2015). Older people in particular have a culture of driving and the baby boomer generation has been identified as being especially attached to the car (Marin-Lamellet & Haustein, 2015). But as people age, they often find that they are no longer able to drive safely and this can lead to a host of problems, including reduced social activity and depression (Musselwhite, Holland & Walker, 2015); see chapter 14). The transition to being a non-driver is not well supported in WA and this has been identified as an area requiring greater state government attention (Legislative Assembly, 2014).

The provision of traditional, timetabled bus services may not be the most appropriate intervention for many older people and there is much potential to use alternative transport options, such as paratransit or on-demand transport options (Alsnih & Hensher, 2003), which are flexible passenger transport modes that do not follow fixed routes or schedules. This system is used successfully in a number of places, such as Boulder, Colorado. The recently released *On-demand Transport (Green Paper)* (Department of Transport Planning and Local Infrastructure, 2015) explores ways in which on-demand transport, such as taxis, can use technological advancements to play a key role in servicing the travel needs of the population, especially in areas with low bus coverage (Department of Transport Planning and Local Infrastructure, 2015). Emerging mobility technologies, such as mobility scooters (gophers) and e-bikes, are gaining in popularity and may require changes in legislation to enhance safe use (Musselwhite, 2015; see chapter 23 for an examination of possible future transport technologies in Perth). In the future, advanced-driver assistance systems (e.g. collision avoidance and self-parking features) and driverless cars could mean fewer older people will lose their mobility as their perceptive faculties fail (Mackett, 2015). This may influence where and how older people live and the support provided to them by other people (Shergold, Lyons & Hubers, 2015).

CONCLUSION

This chapter presented an overview of the AFC approach and how it has influenced the policy discourse in Australia as seen through an examination of ageing in Perth and the policy response to this. The diversity of the ageing population and of the environments where people are ageing was highlighted. Of note is that people are ageing-in-place in peripheral suburbs of the city in environments that contrast with the main AFC elements highlighted in the literature. Moreover, there are wide discrepancies in the ageing experience of different groups within society and many

are especially disadvantaged, such as older Aboriginal people. Aboriginal seniors are particularly marginalised because ageing policies are often narrowly focussed on the health sector to the exclusion of income, housing and culturally appropriate age care (Kendig & Browning, 2011). Greater integration between sectors, and levels of government, as well as more involvement of marginalised groups in planning and management (see chapter 6) are needed to ensure equal life opportunities for those disadvantaged by health and socioeconomic circumstances.

The influence of the AFC approach can be seen in a number of key planning policy documents across different scales and sectors of government. Some innovative policy approaches have emerged, such as the *Seniors' Strategic Planning Framework*. However, this high-level document lacks detail and implementation strategies need to be developed to make it meaningful. The spatial heterogeneity of ageing accumulation and the diversity of older people means that policies must respond better to local context. Age-friendly policies require institutional support at both state and federal levels and better monitoring and evaluation at the local level is required to determine their effectiveness. Government funding is critical for converting age-friendly policies into successful action: without government funding beyond the initial research pilot projects, many local government authorities have not progressed beyond this stage and have highlighted the need for more financial and human resources to support project implementation. Making age-friendly policies a mandatory requirement, as opposed to simply encouraging age-friendly approaches, would likewise bolster the age-friendly movement. A formal monitoring process with established benchmarks and progress milestones is required to support this approach and the adoption of WHO's effectiveness indicators, or a similar system, would help with this (Legislative Assembly, 2014). Age-friendly policies intersect at all scales and across sectors, cut across multiple policy portfolios and are administered by different agencies. From a governance perspective a whole-of-government approach working at various scales — from

the state to the local — and across sectors is essential to ensure coordination of ageing-related policies and programs. Political will is crucial to implement this.

Community support is likewise critical for transforming policy into reality (Keyes et al., 2014). Although there is much debate within the public arena about the types of environments that are amenable to active ageing (higher density, mixed-use developments with access to public transport etc.), considerable opposition exists within established suburbs. Having suitable housing choice to downsize into within communities is critical for supporting ageing-in-place. Community groups, such as PerthALIVE and Future-Perth, have an important role to play in advocating for a more compact and connected urban lifestyle for all ages in multi-age precincts. Further research is needed into ways in which suburbs can be adapted to facilitate ageing-in-place and into the practical ways of delivering more AFCs that are walkable, with mixed land-uses and with easy accessibility to a range of public services and facilities. Research is needed into how to build cooperation between diverse stakeholders and ways in which to involve older people in the planning and delivery of age-friendly policies.

As Perth baby boomers transition into retirement, planning for an ageing population is gaining urgency. The AFC approach has done much to guide policies and shape initiatives. Planning is the integrative mechanism that can help to realise policy into practice by engaging with all groups in society, from government to the private sector and the broader community. It is essentially a political activity and decisions have to be made regarding budget allocations and priorities in order to make the city friendly for all ages.

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