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***Master Planned Communities and the Re-formation of Cities for Health and Wellbeing: The Case of Selandra Rise***

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## **Summary**

*Master planned estates are a common feature of modern cities. This paper explores residents' social practices to reveal connections between spatial and social features, daily routines and health and wellbeing.*

## **Abstract**

Master planned communities (MPCs) are designed to give residents a 'complete living experience' including access to educational facilities, shopping centres and parks. Although MPCs aspire to be suburban utopias much research focuses on identifying negative outcomes to reinforce notions that dreams of utopian futures are rarely realised. However, as a dynamic form of city re-formation, MPCs create an opportunity to 'get it right' by putting into practice lessons learnt from the past and principles of best practice planning. Selandra Rise is an MPC in Melbourne, Australia that has been designed to maximise the health and wellbeing of residents. Key elements incorporate access to nature, open space for physical activity, diverse housing, access to education, public transport, a local town centre and a focus on generating employment. This paper presents the details of a study designed to measure the role of built, natural, social and economic environments in the health and wellbeing of residents, taking account of the key design features listed. Using a social practice approach rather than taking an individual behavioural stance, the research focuses on households as a unit of study to reveal the connection between spatial and social features, daily routines and health and wellbeing. The paper presents the methods, outlines findings to date, and reflects on potential policy implications for creating neighbourhoods and cities to improve social and physical health.

## **Introduction**

Master-planned housing estates (MPEs), or master-planned communities (MPCs) are an increasingly common feature of residential landscapes around the world, and for many countries like Australia, are the newest form of suburb creation (Costley 2006; Cheshire et al. 2010; Johnson 2010). Despite recognition that in modern times that there is a weaker association between communities and place than has been reported historically, there is considerable policy concentration in encouraging and supporting place-based communities, accompanied by an intense interest in 'creating community' by developers of residential housing estates (Costley 2006; Walters and Rosenblatt 2008; Rosenblatt et al. 2009). This trend is perhaps partially explained by the influence of 'new urbanism', a North American planning tradition which emphasises place-based communities, and the role of the physical environment in creating community (Goodman and Douglas 2010).

Regardless of the underlying reasons, leading greenfield developers in Australia and elsewhere brand and market new housing estates around the idea of 'ready-made' and thriving communities ((Walters and Rosenblatt 2008; Rosenblatt et al. 2009). In the absence of any pre-existing community, and in order to redress non-existent social services and physical infrastructure, the estates are 'master-planned' as a way of meeting the new community's needs. Beyond the provision of housing, master-planning includes streetscapes, landscaping, parks and open space, recreational and other facilities for community use and support for community development (Costley 2006; Rosenblatt et al. 2009). Such estates (from here on referred to as MPCs after Rosenblatt et al. 2010 and Bajracharya and Kahn 2010) are designed to give residents a 'complete living experience' hence the developer also often plays a key role in negotiating the

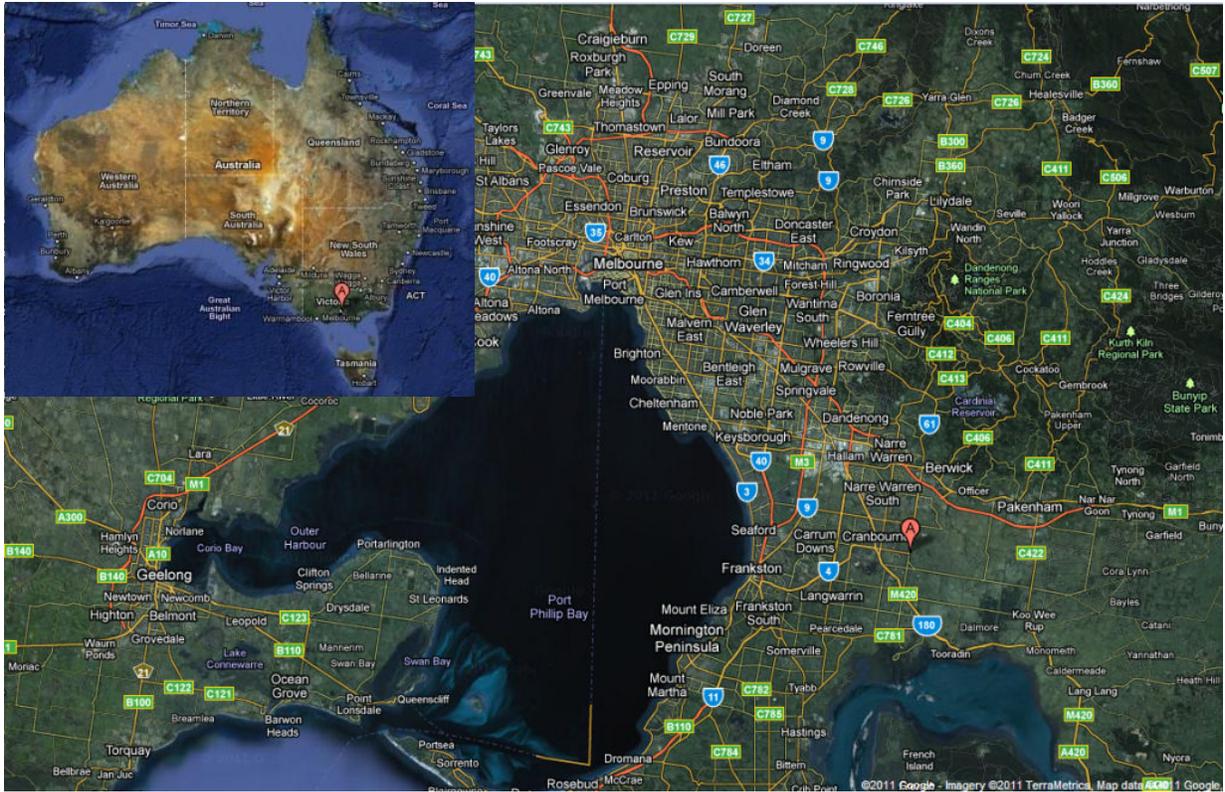
provision of educational facilities, retail outlets or ‘town centres’, employment (Bajracharya and Khan 2010; Johnson 2010) and health services (Costley 2006).

Historically, as well as in more recent times, the creators of MPCs held aspirations that these estates would be suburban utopias (Johnson 2010). Yet much research has focused on identifying the negative outcomes of these developments to demonstrate that utopian dreams are rarely realised. Similar to those directed at suburbs in the early 20th century (Johnson, 2010), criticisms of MPCs have included that they have homogeneous populations of residents (Kenna 2007) who are exclusive and affluent (Gleeson 2002), and that residents are entirely reliant on cars for transport (Yigitcanlar et al. 2007), resulting in reduced health and wellbeing. However, as Cheshire, Johnson and colleagues (Cheshire et al. 2010; Johnson 2010) have argued, the evidence for these claims is limited. Further, these and other social outcomes of MPCs are determined by the type of experience offered, including the size of the estate, degree of separation from surrounding neighbourhoods, the target market, and the governance structures in place (Cheshire et al. 2010). For this reason, there is renewed interest in MPCs and there are calls for research “...to deconstruct the various myths about MPEs with robust empirical research, particularly those myths that routinely dismiss them as elite enclaves of urban affluence” (Cheshire et al. 2010 p. 370). As Johnson (2010 p. 376) proposes “[MPCs] indeed have their limitations but also provide a framework within which a host of contemporary social and environmental problems can be, and are being, addressed. [MPCs] are therefore far from being pariahs but offer a range of valuable panaceas to urban Australia.”

In public health, and more specifically, in health promotion, the interaction of natural, built and social environments has long been recognised as having a significant effect on health and wellbeing (Frumkin 2003; Maller et al. 2010). MPCs are therefore an ideal subject for research exploring the links between city (re)formation and planning for health and wellbeing. An example of one such a community is ‘Selandra Rise’, a housing project in an outer suburban growth corridor of Melbourne, in south-eastern Australia (Figure 1). Using best-practice planning for health and wellbeing, the Selandra Rise estate aims to “...set new benchmarks in liveability and social sustainability” (Stockland Corporation Limited 2011) and is being evaluated based on planned, emerging and accidental health outcomes for the community. Key elements of the design incorporate access to nature, open space for physical activity, diverse housing, access to education, public transport, a local town centre and a focus on generating employment. Master-planning for the estate has focused on meeting three core objectives:

1. A healthy and engaged community
2. The provision of local employment
3. Diversity of housing.

This paper presents the details of a study designed to measure the role of built, natural, social and economic environments in the health and wellbeing of residents of Selandra Rise, taking account of key design features. The paper presents the methods, outlines findings to date, and concludes by reflecting on the potential policy implications for creating neighbourhoods and cities to improve social and physical health.



**Figure 1: Location of Selandra Rise in Australia, in Melbourne's south-east growth corridor, indicated by the letter 'A' (Source: Google 2011)**

### **The Selandra Rise Research Project**

Selandra Rise is a 1200-1500 lot demonstration housing project being built by a land developer (Stockland) with a number of other organisational partners including, the local council (the City of Casey), a state government statutory body (the Growth Areas Authority), and a national planning body (the Planning Institute of Australia), who together have planned the project over the last 5-6 years. The aim of the demonstration project is to implement best practice planning for health and wellbeing. To evaluate the outcomes of this planning and other features intended to be part of the demonstration project, the Victorian Health Promotion Foundation (VicHealth) is funding an independent research project through its Research Practice Fellowships program. The research for this project will be carried out over 5 years and most likely over 4 to 5 phases (described in more detail below in 'Approach and Methods'). Rather than the research being conducted remotely from the project partners, there is regular communication and feedback of research findings to the partners who then have the opportunity to respond if required. A snapshot of the community and the local government area is provided in Box 1.

A number of different housing options will be offered from detached homes on various lot sizes to apartments, and town houses built with principles of universal design have also been considered.

**Box 1: Snapshot of the Selandra Rise housing estate, a new community in Melbourne's south east growth corridor**

**Selandra Rise locality and context (source City of Casey 2010)**

- Located in the City of Casey, 40km southeast from Melbourne CBD
- Urban/rural mix – high quality agricultural land nearby
- Growing population – 33% increase over last 10 years
- Population of approximately 240,000 or 79,000 households - 52 new households moving to Casey every week
- Young population - 30% under 18 years of age, only 11% over 60 years
- High cultural diversity and language groups - 30% born overseas (e.g. UK, Sri Lanka, India, New Zealand, Asia, Eastern Europe)
- Relatively low rental (17%) most residents are owner occupiers in detached housing
- Employment largely in retail, manufacturing, construction and agriculture
- High level of car-dependency

**Selandra Rise design features**

- Named by the local community (developer sponsored competition)
- 3 Village precincts including retirement living
- Onsite schools and a kindergarten
- Open space includes parklands, local creek, community garden, sports ovals and facilities
- A local 'Selandra Community Place' where residents can socialise and learn about sustainable living and participate in social programs
- Two local town centres – including a café, specialty stores, a supermarket and a home office hub
- Expected residents to include first home buyers, young families, retirees, migrants

Aside from the features in Box 1, a number of other initiatives are planned for the community, including:

- Encouragement of local businesses in the town centre
- Early delivery of shops, a school and transport (most likely through a bus service)
- Community gardens and a focus on food sustainability
- Emphases on walkability and multi-use parks
- A range of social programs to foster healthy eating, physical activity and financial planning among others.

Developers engage in community building in a number of ways. Aside from the marketing and branding of MPCs with communitarian ideals, developers also organise and fund regular community events and festivities such as markets, film nights and competitions which are communicated to residents via newsletters or websites. Further initiatives take the form of

funding and facilities for place-based community groups for a variety of ages which provide residents with the space and equipment to partake in group activities where they can bond with other residents (Walters and Rosenblatt 2008). In Selandra Rise, such activities will be coordinated through the Selandra Community Place which will serve as a hub for community building activities supported by the local council (who are funding a community development officer) and Stockland.

The design and delivery of the Selandra Rise demonstration project specifically focuses on how best practice planning can influence the health and wellbeing of the residents of a MPC. For the research, this aim has been rephrased as an overarching research question, stated as: To what extent do best practice planning principles for space and place impact on the health and wellbeing of the community of Selandra Rise? In particular, the research will address the following objectives:

1. Determine key features of Selandra Rise that contribute to health and wellbeing and measure the impact
2. Determine residents' overall experience of living at Selandra Rise
3. Explore some of the flow-on effects of the Selandra Rise development on the surrounding community
4. Identify how the design and delivery of Selandra Rise can be improved.
5. Determine what lessons can be learned from Selandra Rise to inform the design, development and implementation of other master-planned communities.

In the short-term, the project will provide residents with an opportunity to share their experience of living in Selandra Rise and assist with the early reporting of benefits to health and wellbeing as well as identification of any key health issues that may require intervention. In the long-term, findings from the project will contribute to policy to ensure the creation of better designed housing estates and the formation of healthy residential communities. The first residents began moving in from November, 2011.

### ***Approach and Methods***

The approach is based on some key underlying concepts that inform the research. These are briefly outlined before an overview of the methods is provided. It is important to clarify that **'health and wellbeing'** does not refer simply to the absence of disease. Health and wellbeing as understood and endorsed by the World Health Organization is based on the following definition:

“[Health is] a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity... health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living.”(World Health Organization 1986)

Drawing on this definition, the importance of taking a **socio-ecological approach** to health is recognised. In other words, the Fellowship research will explore *the environments at Selandra Rise in which health and wellbeing are created*, including the built, social, economic and natural environments (Maller 2006).

Rather than looking at individualised behaviours, the project focuses on **social practices**. Using social practices rather than taking an individual behavioural stance, the research aims to reveal the connection between spatial and social features of the estate, daily routines and outcomes for health and wellbeing. Residents' health and wellbeing is treated as an outcome of engaging in particular practices. The key difference between social practice and behavioural studies is that the focus is on the practice rather than the person. Practices are social phenomena, performed by people across time and space. They include activities like cooking, exercising, travelling to work, or bathing. Practices can be considered to be made up of a number of different elements, including material infrastructures (e.g. objects, things, technologies), common cultural understandings about how and why to do things, and practical knowledge (both tacit and explicit) and skills (Reckwitz 2002; Strengers 2009; Strengers and Maller 2011). A social practice approach is useful for gaining an in-depth understanding of everyday life, which for this research means that it provides a key way to bring design features of the built and natural environment (considered to be material infrastructures) to the fore, and recognise their role in co-creating practice rather than being external factors or context. For example, looking at the practice of a child going to school: we might explore common understandings about the best way to get to school, with whom, how, and what is the safest route to travel; practical knowledge and skills would include how to walk, way-finding, how to ride a bike wearing a backpack, and time management about when to leave; and material infrastructures such as the bike itself, a backpack to carry books and lunch, signage, traffic lights and footpaths.

The working hypothesis for the research is that a place-based community that provides different (better) material infrastructures relevant for health and wellbeing and also tackles common understandings and practical knowledge (mostly occurring through social and community programs), will recruit residents into new practices or reconstruct or reconfigure existing practices, resulting in increased health and wellbeing.

Due to a lack of similar research, and the longitudinal nature of the project, the methods chosen combine qualitative and quantitative approaches. Households at Selandra Rise are the main unit of investigation. Using the household as a unit of study accommodates key aspects of residents' social life, including family dynamics and life stage, and their social practices. Households can be studied both before and after they move to the estate to allow for pre and post comparisons. The research has a number of stages with the latter stages dependent on findings generated by the earlier phases of the research.

A range of methods are planned for the research, however the key features are:

- Studying the same cohorts of households in the one community over number of years—to observe practice change.
- Before and after (or pre and post design) allows for comparison of how practices might change over time.
- In-situ interviews in resident's homes, with a particular focus on daily routines and why they do things the way they do.

The methods planned include:

- **In-depth interviews** in multiple cohorts before and after households move to Selandra Rise. Cohorts specific to youth, the elderly (to incorporate residents of the retirement village) and renters are likely to be included. The interviews focus on daily routines, perceptions of residents' own health and wellbeing, and expectations for life at Selandra Rise.
- **A Survey** (most likely including surrounding community) drawing on standardised questions from validated questionnaires about health and wellbeing to allow for comparison to national and other data.
- **Participant observation** via field note-taking will take place on the estate. Residents of all ages will be observed in their use of public open spaces and recreational areas, focusing on type of activity, duration, and interaction with others.
- **Visual and other** participant methods: possibly including activity maps, cameras, pedometers, diaries and social media. Using these methods residents will be able to participate in collecting their own data.

### **Findings to date**

As the project is in the early stages of its second year and data from the first round of data collection has not yet been fully analysed, only limited findings are able to be presented and they should therefore be considered as preliminary. It is expected that further findings from the complete set of 19 interviews and other aspects of the research will be available later in 2012.

To date, a cohort of 19 households has been interviewed before moving to Selandra Rise. Interviews were conducted between August and November, 2011. At the time of writing preliminary analysis of 13 interviews had been completed. In eight of the interviews, both partners/adult members of the household were present bringing the total number of participants to 21. Although most interviews were conducted in participants current homes, four were conducted either in cafes or participants workplaces. Table 1 provides a summary of the main features of the householders; however the main points to note are that they are generally young and most (7) lived together as a couple or with their children (six lived with one or the other's parents, siblings or other relatives). They are quite culturally diverse and three households were comprised of recently migrated couples who had been living in Australia from between three to 10 years. Ten households were first home buyers, and being of a young age many of these had not lived out of home before. Income for households as a whole ranged from AU\$110,000 or less, up to AU\$150,000. Overall, they were high income earners relative to the average for the City of Casey.

Topics explored in the data analysis to date included: current health and health practices; satisfaction with current living arrangements and neighbourhood; and expectations and aspirations for life at Selandra Rise. These are briefly discussed below. Where participants are quoted pseudonyms are used to protect their identity.

### ***Current health & health practices***

Few householders reported health problems that interfered with their daily lives. Chronic conditions were rare, although some mentioned depression, allergies, some women were concerned about their weight or their daughters' weight, and work stress.

“My work has been really affecting my health and my well-being: it’s horrible, to put it bluntly.” (Anna)

Overall, most reported being interested in exercising more than they currently do; there seemed to be a general lack of undertaking vigorous physical activity, with many reporting walking or riding in the local neighbourhood as their main form of exercise. Although some reported drinking alcohol, this was mostly consumed on the weekends as part of social activities. Few engaged in the practice of smoking. Most householders prepared their own meals with the majority of meals cooked and eaten together with other family or household members each night. There was a small amount of interest in eating healthier and for some this meant growing their own food, which was expressed as something they would like to engage in at Selandra Rise. These and other expectations are discussed in the next section.

**Table 1: Summary of households interviewed**

Variable	Data	Summary point
Age (n=21)	17 younger than 34 (4 < 25), 4 aged 35-44 No participants aged > 44	Young
Gender (n=21)	12 Women, 9 Men	Roughly equal
Household type (n=13)	10 couples (2 with children) 3 singles (2 with children)	Mostly couples with no children
Cultural background (n=21)	8 Australian, 4 Indian, 2 Zimbabwean, 2 English, 1 Sri Lankan, 1 Italian, 1 Chilean/Spanish, 1 Serbian, 1 Chinese	Diverse
Education (n=21)	1 Year 11, 6 Year 12, 3 Diploma, 8 Bachelor degree, 3 Higher degree	Reasonably educated
Occupation (n=21)	4 Finance, 3 Office administration, 3 IT, 3 Health, 3 Transport/Manufacturing, 1 Engineering, 1 Racing, 1 Viticulture, 1 Teaching, 1 Homemaker	Various: mostly white collar professional
Household income (gross) (n=11)	6 earn AU\$110,000 p.a. or <, 5 earn AU\$115000 - AU\$150000	High for local area
Current living arrangements (n=13)	4 couples alone (living in small units), 3 couple/single with children, 6 with parents and/or other relatives	Cramped
First-home buyers	10/13	Mostly

***Satisfaction with current living arrangements and neighbourhood***

There was a mix of satisfaction regarding current neighborhoods and living arrangements, ranging from very dissatisfied through to very satisfied. Generally, most households were very

positive about living in their current neighbourhood, with many living in their childhood home. Overall, they felt safe and they thought that most shops and facilities they needed were conveniently located. Some also reported enjoying living in an established neighbourhood with full-grown vegetation (especially trees), and they described their local community as diverse and vibrant.

However, 11 participant households were either living in small homes (units or apartments) or were living in a larger home with several one or the other's parents, siblings and/or other relatives, where living conditions were felt to be rather cramped. Not surprisingly, these households were at a point of transition and indicated they were looking forward to moving out on their own and having more space.

“...so I decided it was time to save and buy my own place and move out so yeah, that was the really big part of wanting to move out and have my first home.” (Deborah)

As many are first-home buyers and have not lived out of home before they may be unprepared financially for the responsibilities of owning and maintaining a home. Such financial stress could impact negatively on their health and wellbeing. Further, they may not have had experience with everyday practices such as shopping for food and preparing meals, which also could have consequences for health and wellbeing.

In further analysis we are exploring whether households who are unhappy in their previous homes have higher expectations for their life at Selandra Rise. If these expectations are able to be met, it implies that there may be flow on effects for householders' health and wellbeing.

### ***Expectations and aspirations for life at Selandra Rise***

Overall, households had high expectations of moving to Selandra Rise and settling into a new community. In particular, some householders had are high expectations of moving into a ready-made community and meeting people early on, as well as close proximity or 'walkability' to shops, schools and the other facilities planned.

“What sold me, [was] just the fact that it was going to be this little community where you could have everything and people might even be coming to your community for things. You know, [somewhere] where people didn't have go everywhere for everything else.” (Karine)

“[We have] a regular routine of walking outside. ...it makes you feel really energetic and we're looking forward to that once we move into Selandra Rise and having more avenues to walk outside and other activities, sports activities.” (Hemavati)

Every householder interviewed expressed an interest in local parks and open spaces. It could be readily assumed that this interest is due to householders wanting to engage in physical activity practices (as suggested in the extract above). However, in half of the interviews households mentioned that they exercised at the gym and a further three who did not currently use a gym expressed an interest in one. When parks were mentioned in relation to exercise it was mostly about walking for leisure, walking or exercising dogs and for children's play. This finding indicates that although parks rate highly for residents they may be more about aesthetic value, passive activity or socialising, and mental health than for physical exercise. If they are intended

for physical exercise it is less likely to be vigorous. This topic is being explored further in the analysis.

As indicated above, there were also hopes for good access to fresh food, with a few households current shopping at specialty Asian grocers for fruit and vegetables.

“We do a lot of our shopping in Springvale because of the Asian vegetables, [we] can’t really get it at [the supermarket].” (Paul)

“...Fresh food would be really nice...Like a fresh fruit and veg shop, even just one would be great ... apart from [supermarkets], so yeah that would be really nice to have fresh food.” (Karine)

For some, there was also an expectation of meeting like-minded others, particularly from young couples hoping to meet others at a similar life stage, transferring from dependence on parents to being independent.

“... When we came here and that woman held the door for me, I mean I never experienced that in Preston, I was just like ‘oh my god, like these sorts of people exist!’ We want to live here...” (Nenad)

Of nine households who didn’t already have children, four mentioned they intended to, with three others likely to. We are exploring the notion that higher expectations for life at Selandra Rise may be expressed by people that do not already have children, but who wish to, as they may not be that well connected in their current community and may be more interested in new friends and socializing generally.

“We are actually not very well placed in terms of having social groups [in Australia] at this stage. And that’s one of the things we are looking forward to once we move to Selandra.” (Hemavati)

These and other emerging themes will be explored in future analysis.

### **Practical outcomes and potential implications for policy**

Although only in the early stages of the research with findings still emerging, there are already some potential practical outcomes from this project and further, some implications for policy making to create neighbourhoods and cities that improve physical and social health. Reflecting on what Selandra Rise is trying to achieve through the project partnerships, and the design and delivery of the project, there are some early indications for how future communities and new cities could be planned and delivered, including:

- More timely delivery of key services such as transport, schools and shops (usually these are delivered only after two to three years when greater numbers of households have settled into the estate).
- Health being at centre of planning rather than an add-on means broader recognition of, and support for, social determinants of health such as employment, transport and education which currently treated as separate domains and outside the mandate of developers.

- Greater participation of the community in the design of MPCs and other communities – e.g. Selandra Rise was named by a local City of Casey resident and future households have contributed ideas to design of parks: could this type of engagement be up-scaled to encourage further developer-householder interaction?
- New forms of MPCs and other residential communities that demonstrate more diverse housing forms, varying patterns of densification, and multi-use features that integrate rather than segregate households from the surrounding community, should be encouraged and investigated. In their current form, most housing estates further entrench the notion of a detached home being the only option.
- Places for incidental encounters are likely to be important in helping households meet one another (e.g. local cafes, seating in parks, walkable streets).

Early findings from the data presented here indicate that:

- Some households may be vulnerable to financial stress and programs to support first-home buyers in developing practical financial skills may offset monetary difficulties before they develop into more serious problems and impact on health and wellbeing.
- There is value in the idea of encouraging or reconfiguring social practices through programs that assist households with new skills and practical knowledge such as shopping for (or growing) food, and preparing and cooking meals. Programs may need to be tailored to meet the needs and interests of different householders such as men, migrants and new parents.
- Although there is a clear valuing of parks as well as a professed interest in being more physically active, it is unclear whether parks will be used for physical activity, or whether the activity will be sufficient to improve health. Support through social programs may improve households' use of parks through providing new common understandings and practical knowledge which may increase their physical activity and help new residents to socialise with one another; however this idea requires further investigation.
- Expectations are important. If households' expectations of their new life at an MPC are not met it may negatively impact on their health and wellbeing. In particular, there is a high expectation held by prospective residents of Selandra Rise of being able to walk within their new community to access basic needs and services from shops and cafes to medical centres. Follow up interviews with households will indicate whether these expectations have been met.
- As many young households are transitioning to the next life stage and possibly becoming parents, programs that provide social and other support for new parents will be important to offset social isolation and build practical parenting skills.

What is clear from the above is that the design of new communities alone is not likely to create healthier and happier households; accompanying social programs, opportunities for socialising and support services across a range of practices involved in everyday life are required to provide households with opportunities to maintain current healthy practices as well as engage in new ones (e.g. of socialising or exercising), which ultimately will have a positive impact on health and wellbeing.

## **Conclusion**

This paper has described a study designed to measure the role of built, natural, social and economic environments in the health and wellbeing of residents of Selandra Rise, a new master-planned community in Melbourne, Australia. The project is the first time in Australia planning for health and wellbeing has been so comprehensively tested with a new community. By exploring social practices the research investigates how routinized daily activities are created to reveal the impacts on residents' health and wellbeing. Using social practices in a longitudinal study enables the connections between daily life and the environment of the estate (planned to maximise health and wellbeing) to be clearly articulated to form a solid evidence base for policy makers and future planning to improve the health and wellbeing of new and other communities.

The research differs from earlier work on MPCs which has focused on exploring the negative aspects of these communities, often ignoring the primary reason people buy into an MPC: home ownership and moving from one life stage to the next. As well as understanding in more depth the reasons behind purchase decisions there is also a gap in terms of understanding the lived experience of residents of MPCs. As Cheshire et al. (2010) research needs to include key aspects of social life such as neighbourliness, work-life balance and local service provision, all of which are arguably important for creating healthy communities. As Johnson (2010) observes, MPCs have their origins in utopianism and it is this aspect, the notion that they present a 'realisable alternative', that she believes has been underexplored and undervalued in recent research. Further, there are calls for MPCs to be recognised as a valid form of placemaking (Cheshire et al. 2010b). This move may be explained by renewed policy interest in supporting the creation of place-based communities, despite literature on community formation acknowledging that people are part of a wider range and diverse type of communities than in the past, and to a considerable extent, these communities are less likely to be associated with tangible places. Ultimately, there is further work to be done to explore the issues pertaining to creating neighbourhoods and cities to improve social and physical health of the community as well as understand the lived experience of residents. It is these and other aspects of creating healthy communities that the Selandra Rise research project will continue to pursue.

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