

Review

# Public Spaces for Older People: A Review of the Relationship between Public Space to Quality of Life

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**Abstract:** This paper investigates the relationship between public spaces and quality of life (QoL) for older adults, aiming to identify knowledge gaps within the context of population ageing and urbanisation. Recognising the growing importance of sustainable urban development, the research explores how cities can foster active ageing and improve QoL through accessible and inclusive public spaces. A scoping literature review identifies five key QoL domains for older adults: autonomy, meaningful activities, positive social relationships, leisure opportunities, and health. To identify knowledge gaps, a review of the literature was conducted for each of the highlighted themes. The review highlights areas requiring further investigation, including the interplay between environmental design and social connections, intergenerational perspectives on public space liveliness, the influence of context on QoL and the built environment, and the value of qualitative research in this field. By contributing to the understanding of QoL in relation to public spaces through the lens of person–environment fit theory, this study aims to inform urban design, landscape architecture, and policymaking in the creation of age-friendly communities with inclusive public spaces.

**Keywords:** public space; quality of life; built environment; older people

**Citation:** Younes, S.R.; Marques, B.; McIntosh, J. Public Spaces for Older People: A Review of the Relationship between Public Space to Quality of Life. *Sustainability* **2024**, *16*, 4583. <https://doi.org/10.3390/su16114583>

Academic Editors: Angeliki Paraskevopoulou and Chrisovaladis Malesios

Received: 17 March 2024

Revised: 21 May 2024

Accepted: 21 May 2024

Published: 28 May 2024



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## 1. Introduction

An ageing population and increasing urbanisation are two global trends that significantly affect humanity [1–3]. The proportion of people living in urban areas has been increasing steadily over time, and by 2018, cities housed 55% of the world’s population [4]. By 2030, cities will accommodate two-thirds of the world’s population, and many large urban centres in developed countries will have 25% or more of their inhabitants aged 60 and over [5]. Ageing is associated with biological changes that result in a gradual decline in capacity, increased disease risk, and depletion of physiological reserves [6,7]. It also leads to the degradation of various systems, such as mechanical, skeletal, control, sensory, and communication, increasing the risk of cancer, cardiovascular and neurodegenerative diseases, diabetes, and dementia [8–11] and posing challenges for older individuals in daily tasks, especially in urban environments [12].

Cities need to provide a liveable environment for older people to age well. The notion of an age-friendly city or community has arisen to challenge and recast older people from passive service receivers to active contributors to society [3,13]. To take advantage of the potential of older people for continuous human growth, cities must secure their inclusion and provide full access to urban areas, structures, and services [1]. The positive vision of ageing pictures older people as active contributors to the community; however, the environment and public outdoor spaces are designed with younger people in mind [14]. Given the rebalancing of population demographics, it is essential for the economic survival [1,13] and social well-being of cities [15] to provide an environment that

accommodates the needs of older people and improves their quality of life (QoL). Otherwise, these issues may pose challenges to the sustainability of the urban environment.

While the study of QoL is gaining momentum, there is no consensus on its scientific definition due to its multidimensional and interdisciplinary nature (see Table 1). QoL is a complex concept that includes physical, psychological, and social components [16]. It is approached from different perspectives, such as happiness, satisfaction needs, and life satisfaction based on need satisfaction [17], and it is utilised in various fields, including medicine [18], health sciences [19], urban design and planning [20], environmental science [21], economics [22], etc. QoL is often associated with a good life [23]. However, QoL goes beyond the satisfaction of needs and environmental attributes and offers a subjective perspective that reflects contextual assessments made by an individual or group regarding the variables affecting their relationship with their surroundings [24].

**Table 1.** Definitions of quality of life.

Definitions	Author	Year	Page	Source
Necessary conditions for happiness and satisfaction	McCall	1975	13	[25]
The ‘goodness’ of life and being able to live successfully and happily within our environments	Brown and Brown	2005	720	[26]
“The degree to which a set of characteristics of human life meets the demands placed upon it”	Andráško	2013	24	[27]
“Individual’s overall satisfaction with life”	Spilker	1990	4	[23]
“An individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns”	WHOQOL	1995	403	[28]
“A multidimensional concept emphasizing the self-perceptions of an individual’s current state of mind”	Bonomi et al.	2000	1	[29]
“The set of evaluations that a person makes about each major domain of his or her life”	Lawton	1983	352	[30]
“The result of a contextual judgement by an individual or collection of individuals about the factors which influence the relationship between human beings and their environment”	Compton	1993	7	[31]

The definition of Compton [31] considers both the individual and their surroundings and is accomplished by achieving an optimal balance between the two through subjective evaluation. To compensate for the changes brought on by ageing, older adults require supportive and enabling living arrangements. Outdoor mobility barriers can limit older adults’ autonomy to engage in outdoor activities and negatively impact their social relationships, health, and quality of life. Person–environment fit theory will be used in this study to explain the interaction between individuals and their surroundings. The theory posits that a mismatch between individual needs and environmental possibilities

can result in reduced behavioural functioning and well-being [32]. Person–environment fit theory focuses on the connection between individual traits and the environment, in which the individual not only impacts his or her surroundings, but the environment also influences the individual [33]. While several studies have explored the impact of various environmental factors [34,35], such as indoor environment [36], urban green space [37], and the relationship between open space and social cohesion [38] on older adults, the effect of public spaces on older adults requires further examination. This study aims to investigate the relationship between public spaces and older adults' quality of life and identify gaps in knowledge. The objectives of this paper are (1) to identify the relevant quality of life domains for older adults in public spaces, (2) to review literature on the identified domains, and (3) to present knowledge gaps based on the literature review. In particular, this study seeks to explore which factors and specific elements of public spaces and the outdoor environment contribute to older adults' well-being and QoL.

## 2. Methodology

A scoping literature review was conducted first to identify the relevant QoL domains concerning the qualities of public spaces for older adults. The resulting articles were analysed using inductive thematic content analysis, and relevant QoL domains were identified (see Table 2). Then, a literature review was carried out to review each identified theme to find gaps in knowledge. Two searches were conducted, one in Google Scholar and one in Scopus. To obtain relevant journals and papers, keywords were carefully chosen. The search was conducted from November 2021 to January 2024 to retrieve all pertinent literature in the field. A combination of terms such as “quality of life”, “public space”, “city”, “community”, “active-ageing”, “age-friendly”, “ageing in place”, “older person”, “older adult”, and “elderly” with appropriate Boolean operators were used to search in both Google Scholar and Scopus. Peer-reviewed and published journal articles and edited books in English were selected. Non-English articles, conference proceedings, and articles in press were excluded from the results. In addition, literature not related to older people, QoL, public space, or city was filtered and not included in this study. Overall, 139 articles were found on Google Scholar and 38 articles were found on Scopus. Abstracts were downloaded and reviewed. First, duplicates and articles without full-text availability were excluded. Overall, 141 references were excluded following the abovementioned exclusion criteria. Furthermore, 8 articles that were highly relevant were added to the approved list through snowballing, taking the total number to 44 articles as part of this scoping review (see Figure 1).

**Table 2.** Various domains of QoL from different studies.

Domains of QoL	Author	Year	Source
Family relationships			
Social contacts			
Activities	Farquhar	1995	[39]
Health and functional status			
Social and family relationships			
Health			
Comfort			
Safety	Gabriel & Bowling	2004	[40]
Leisure activity			
Psychological well-being			
Financial security			
Independence			
Care environment and ethos of care	Murphy et al.	2007	[41]

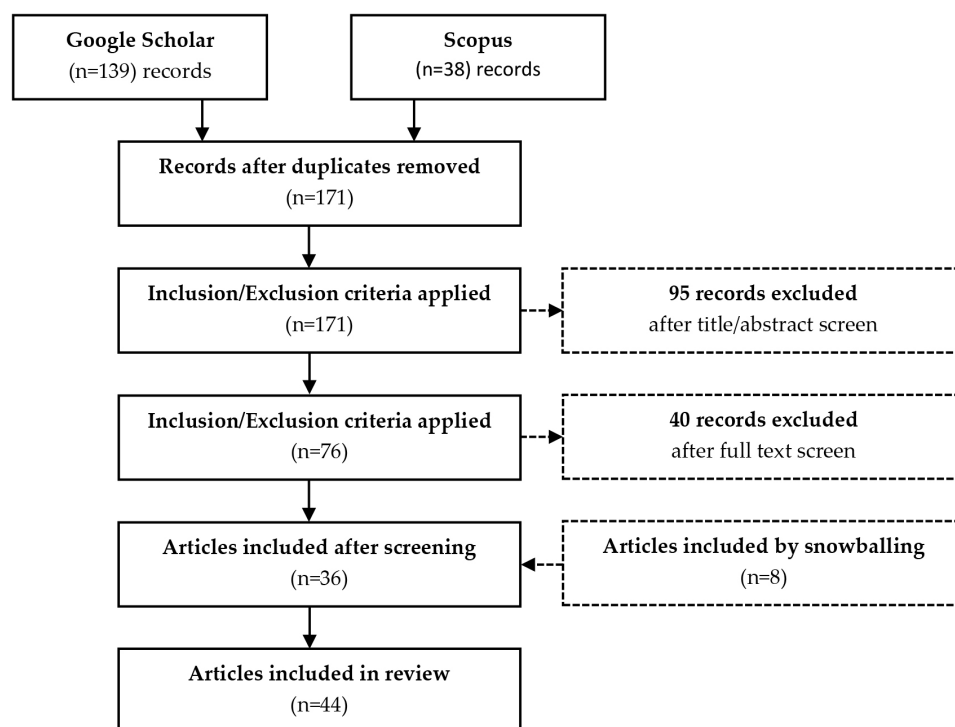
Safeguarding personal identity			
Sense of belonging to the family and to the community			
Provision activities and therapies			
Having robust health			
Sufficient level of independence and autonomy	Boggatz	2016	[42]
Having a social network and access to social support			
Being able to participate in meaningful activities as you become older	Rodríguez and Forjaz	2021	[43]
Being in a good financial position			
Living in a welcoming and accessible environment			
Maintaining one's sense of self; providing care in an environment that supports residents' autonomy, dignity, and particular needs;	Kuboshima and McIntosh	2022	[44]
maintaining one's sense of self; participating in communal and social activities			
Leisure activities			
Family			
Relationships	Hall et al.	2011	[45]
Social life			
Independence			
Peace and contentment			
Relationships			
Family			
Health			
Activities	Robleda and Pachana	2019	[46]
Community			
Security			
Beliefs			
Independence			
Well-being			
Health			
Family			
Maintaining social networks	Rojo-Perez et al.	2009	[47]
Leisure			
Economic situation			
Family			
Personal health			
Leisure/social activities	Seymour et al.	2008	[48]
Leisure			
Economic situation			
Being active			
Control	Scharlach	2016	[49]
Maintaining social connections			

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Contribute to the well-being in meaningful ways  
 Opportunities to create new causes of accomplishment  
 Economic situation

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This study proceeded in two main directions. First, the literature was reviewed based on the concept of QoL in relation to older people and public space in order to identify the relevant domains of QoL that would be studied further. Next, each domain was examined to identify any gaps in knowledge.



**Figure 1.** Literature search, inclusion, and screening process.

### 3. Identifying Relevant Domains of QoL

There are two main approaches to dealing with the concept of QoL. It can be seen as a single, unified entity [50,51] or, alternatively, as a collection of separate domains [52–54]. In particular, considering the assessment of QoL for older people, various studies have proposed different sets of domains. Older individuals generally acknowledge the significance of social relationships, family relationships, health, comfort, safety, leisure activities, psychological well-being, financial security, and independence to their overall quality of life [39,40]. For example, Murphy, O Shea, and Cooney [41] identified four QoL domains: care environment and ethos of care, personal identity, connectivity to family and community, and activities. Other studies suggested that factors like good health, a reasonable level of independence and autonomy, the presence of a social network and social support, the capacity to participate in meaningful activities, a stable financial status, and living in a welcoming place greatly influenced the QoL of older people [42,43]. In other studies, health, independence, family, activities and leisure, social network and connections, and finances were the most relevant QoL domains among older people; however, the order of the domains varied among countries and samples [45–48]. In their study of QoL for older people with care needs, Kuboshima and McIntosh [44] identified independence and control, privacy, personal identity, meaningful activities, relationships,

and quality of care as relevant themes. Through this review, the aspects (domains) of the QoL of older people that will be studied further in this study are autonomy, activities, social relations, leisure, and health (see Table 2). These were derived from the literature adopting a cluster analysis [55] where similar themes were grouped into distinct domains, thereby identifying patterns and relationships in the data.

### 3.1. *Autonomy*

Autonomy as a domain of QoL is widely studied in the literature [56–59]. It has been proposed that autonomy has a physical as well as a psychological dimension [60]. The psychological dimension relates to control over one's environment and the capacity to regulate and make decisions about one's life, whereas the physical dimension refers to mobility and low levels of physical limits, including the usage of the environment [58]. However, within these broad dimensions, the definition of autonomy is still contested. For example, autonomy is defined as 'the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own rules and preferences' [3]. Various phrases have been used to define the term, such as 'control', 'agency', 'mastery', 'self-management', 'self-determination', 'independence', and 'choice' [57,61,62]. The definition by Knight et al. [63] may best define autonomy from the perspective of the environment. They defined autonomy as 'having a sense of competence in managing one's environment, an ability to control external activities and to select or develop contexts suitable to one's needs'. Likewise, Lee et al. [64] defined autonomy as 'Mastery over environment'. These definitions are based on ecological models, namely person-environment fit, denoting the interaction between person and environment and, the concept of autonomy is studied in association with terms mobility, activity, health (person), and environmental barriers (environment).

The environment may pose serious challenges to older people's mobility and, therefore, autonomy if inappropriately designed. Outdoor independence declines as perceived environmental barriers increase [59] and the reduction in older adult's autonomy in participating in outdoor activities is accelerated by perceived environmental constraints to outdoor mobility [58]. The most frequent environmental elements that have a negative impact on older people's autonomy include narrow, uneven, cracked, steep sidewalks [35,59,65,66], high curbs, curb ramps [35,59,65,67], puddles and poor drainage [35,65], problems with pedestrian crossings [66], inappropriate signage or a lack of signs [59,68], a lack of resting places [59,66,69], poor lighting of sidewalks [35,59], a lack of public toilets [59,66,70], and the distance to important destinations [59,71,72]. Other pieces of evidence support the association between being active and autonomy [59,66,73,74]. Limited mobility is typically associated with a diminished sense of autonomy [58,75]. Health is another factor that can adversely affect autonomy, and people's poor health is an underlying cause of physical and psychological dependence [76], not to mention a barrier to successful old age.

### 3.2. *Meaningful Activities*

There is a close relation between the study of QoL and active ageing; in fact, high QoL is an outcome of active ageing. Defined and promoted by the World Health Organization (WHO) [3], active ageing is "the process of optimizing opportunities for health, participation, and security in order to enhance QoL as people age". According to this definition, active ageing is composed of two vital components, a positive attitude about ageing [77,78] and an encouragement to participate in social, economic, cultural, and spiritual activities [79], and these two components are intertwined. Additionally, research has linked perceived environmental barriers outside to physical inactivity and a reduction in participation in community events [58,80]. Being inactive has many physical, functional, and psychological consequences that can adversely affect QoL. Physical inactivity is a substantial risk factor for cardiovascular disease, type 2 diabetes, obesity, some cancers, poor bone health, various aspects of mental health, and overall mortality [81,82].

The built environment has a substantial role in promoting or hindering physical activities among older people. Older adults who live in an age-friendly environment are more likely to be active outdoors [59,83,84]. However, despite various incentives and policies [3], most older people in developed countries do not engage in enough physical activity. For example, in the UK, just 13% of those aged 75 and over and 25% of those aged 65 to 74 engage in the basic levels of physical activity recommended for adults (150 min of moderate-intensity activity or 75 min of vigorous activity or a combination of both per week) [82,85]. The most favoured activities reported by older people [56,86], other than physical exercise, were reading, gardening, watching television, strolling, caring for the home, shopping, knitting, travelling, visiting relatives, and cooking. Various environmental factors can promote physical activities among older people. A recent review concluded that safe, walkable, and visually pleasant neighbourhoods with access to general and specialised destinations and services increased older people's physical activity engagement favourably [87]. Living in the city centre and walking and cycling-friendly built environments positively impact physical activities [59,88,89]. Moreover, physical activities have positive outcomes for older people, including an improved sense of value, better sleep, stress reduction, and better social relationships [82,90,91].

### *3.3. Facilitating Social Relationships*

Social relationships have physical, social, and psychological implications for the ageing society. They impact physical and mental health and are closely related to other aspects of QoL, such as autonomy, physical activities, and health. While good social relations can have a positive effect, social isolation can be detrimental to the physical and mental health and restrict the QoL of older people. "Social isolation" is defined as having a narrow network of kin and non-kin ties and hence little or occasional contact with others" [92]. Social isolation and loneliness are common in older people. For example, in the United States of America, Europe, Latin America, and China, 20–34 per cent of older adults experience loneliness [92]. There is compelling evidence that social isolation and loneliness increase the chances of physical health diseases like cardiovascular disease and stroke, as well as mental health conditions, including cognitive decline, dementia, depression, anxiety, suicidal thoughts, and actual suicide among older persons [93–96]. In studying the social relationships of older people, it is important to consider both social and physical environments and focus on those factors that hinder or facilitate social relationships, which could improve social cohesion, place attachment, and QoL among older people.

Despite adequate physical infrastructure, people believe that the social environment might impact their personal well-being [97]. Social isolation can harm mental health and lead to depression [74]. In addition, studies suggest that good social relationships and maintaining social engagement are associated with the greater happiness and health benefits [84,98,99]. Compared to younger (working) individuals, older people spend more time in the same living environment and stay there longer [100,101]. Thus, it is important for older people to maintain their social contacts and relationships.

Similarly, it is well established that aspects of the built environment greatly impact older people's social ties. Evidence shows that senior women's social engagement and psychological health can both benefit from public spaces [102]. One study suggested that urban density does not affect the sense of loneliness, while satisfaction with the living environment, accessibility to major roads, and mobility can enhance social relations [103]. Another study suggests that feelings of loneliness are inversely correlated with contentment with neighbourhood facilities and services and perceptions of safety [100]. Additionally, studies suggest that green communal spaces and allotment gardens contribute to social inclusion and a sense of community [104,105]. These studies suggest that outdoor communal spaces contribute to satisfaction with living environments and self-worth and that the ability to congregate, either through denser living arrangements or through access to transportation, benefits QoL.

### 3.4. Accommodating Leisure Activities

Leisure activities are part of physical activities in our daily lives, potentially improving physical and mental well-being and enhancing QoL [106]. The development of positive emotions and identities, the satisfaction of crucial life needs, the preservation of our spiritual balance, the improvement of our social and cultural connections with others, the capacity to cope with and transcend challenging life situations, and the promotion of positive human development throughout our lifetimes are just a few of the meanings derived from leisure activities [106–108]. Leisure and recreational activities are deemed to be salient in people's lives. According to a study in the US, the vast majority of American adults (83 per cent) believe that parks, trails, and other open spaces are necessary for people's physical and mental well-being [109,110]. Leisure activities enable the setting or stage for emerging meanings that advance people's QoL [106].

Many personal factors promote the engagement and participation of older people in leisure activities. Being female, living with a partner, having a higher number of social contacts, having higher socioeconomic status, and psychological factors such as higher levels of self-efficacy are among the significant factors that predicate participation in recreational activities [111]. However, the reduction in engagement associated with growing age is one of its primary features in later life for reduced QoL [112,113]. Outdoor social activities and the variety of leisure activities were greatly impacted by one's level of fitness and health as well as the accessibility of transportation. Sports activities were mostly linked with men, those with higher education, those who drove vehicles, and those in good physical shape [114]. For older adults, higher socioeconomic status, widowhood, a broader network of friends, volunteering, transportation options, and fewer depressive symptoms all had a role in the degree of social leisure involvement [111]. It is generally well-established that leisure activities are linked to better physical and mental health outcomes [89].

Less attention has been paid to environments that might either facilitate or hinder the participation of older persons in leisure activities [111]. As mobility in its various forms is a prerequisite to being active, transportation possibilities are repeatedly mentioned as the factors that have a positive role in leisure activities [114,115]. Moreover, living in deprived neighbourhoods is associated with a lower frequency of leisure activities [113]. Leisure activities and satisfaction have been shown to be positively related to residential density, urban greenness, and local amenities [89,116,117]. Likewise, people are more likely to report less leisure walking if they live in areas with a low diversity of land use mix [118]. Access to gardens, grass spaces, walking routes, water features, wildlife, amenities, dog-related facilities, and off-leash dog parks were all found to be connected to promoting walking in public open spaces [119].

### 3.5. Fostering Good Health

Health in old age is linked to most domains of QoL. For example, meaningful activities, having good social relations, and leisure can all lead to better physical and mental health. Likewise, being active in later life is related to greater independence and autonomy [120]. There is a widespread agreement that health in old age cannot be defined effectively as the absence of disease; instead, health is viewed as a multifaceted construct. The reduction in functional capacity and the increase in the number of functional limitations are well-studied aspects of the ageing process [121]. Along with the decline in functional capacity, being inactive can pose serious physical and mental health risks. Up to 20 per cent of dementia risk in the population may be attributed to physical inactivity [7]. However, the proportion of the population achieving the required levels decreases with age. Studies by SAGE and WHO, using World Health Survey data, revealed that around one-third of persons aged 70–79 and one-half of those aged 80 and beyond fail to satisfy basic WHO standards for physical activity in old age [7].



The environment has significant implications for the QoL of older people. Following the ecological theory of ageing [122], there is a direct relationship between individuals' competence and the demands of the environment. In this context, people with less competency are more attentive to the needs of the environment than people with higher competence. Neighbourhood surroundings can help older people's health in two ways. One way is to provide opportunities for active participation. Another approach may be to provide areas where individuals can gather with others and appreciate nature [84]. Thus, being healthy is an outcome of mobility in activities that lead to independence and autonomy. Outdoor mobility is a crucial subject that has the potential to stimulate or inhibit autonomy and hence to compel or avoid impairment [123]. Walkable green streets, access to public spaces, and park density may contribute to older adults' health and health-related QoL (HRQOL) [124–126]. Other factors that promote health among older people include increased perceived diversity, safety, aesthetics, accessibility of neighbourhood amenities, leisure, social interaction, and less reported noise [124,125,127,128]. In addition, one study showed a solid correlation between lower depressive symptoms and the amount of urban greenery and commercial space within a 500 m buffer [129]. Overall, better health is associated with a higher QoL and life satisfaction [56,130], and the physical environment can positively contribute to better health.

#### 4. Discussion and Gaps in Knowledge

In this study, the QoL of older adults was addressed in the domains of autonomy, meaningful activities, social relations, leisure activities, and fostering good health (see Table 3 for a summary of themes and subthemes). As the concept of QoL is a multidimensional and complex construct, there is no clear consensus on its definition, and different authors use different domains to deal with the concept as it relates to the issues that they are studying. When considering the QoL of older people and the physical environment, the QoL domains are closely related to each other and are not discrete. For example, the autonomy of older people is highly dependent on the level of mobility and physical activity, which in turn can enhance physical and mental health. Meaningful physical and recreational activities have been associated with improved physical and mental health outcomes, and maintaining social relations can promote good mental health. Keeping good social connections can promote health, meaningful activities, and a sense of autonomy. While some of these relationships may appear circular, there are varying degrees of influence between the domains. Further research is required to establish which QoL domains are contextually most or least important for QoL in older people. Many studies on QoL mainly focus on life domains that facilitate or hinder mobility, activities, or leisure activities, enhancing health and QoL among older people; however, few studies focus on the extent to which QoL domains are most or least essential for older people's QoL. This will have implications that can inform policymakers and city planners [46].

There is a lack of qualitative studies that address the various aspects of QoL for older people in the urban context. Although many studies have been conducted that address the QoL of older people from different perspectives, there are fewer qualitative studies in this regard. The majority of studies addressing QoL in relation to the environment are quantitative studies that mostly explore the correlation and association between two or three variables. Also, while some studies have reviewed subjective well-being and the built environment [89,131], other aspects, particularly when considering the range of domains of QoL, have not been included. Some qualitative studies on older adults and the built environment constituted different domains for studying older people [44]. While the set of QoL domains and the research design were similar to those in this research, there is a need for further exploration of public spaces to give better insight and provide rich information about built environments that positively accommodate older people.

Some aspects of the QoL of older people have been well documented, while others have received less attention. While there is much recognition that the design of inclusive

public spaces can benefit all generations [132], the interplay between older people and younger generations in public space is underexplored, in particular the integration or segregation of generations within public spaces and the social interactions that may influence the accessibility of public space by older people. There is a gap in the knowledge from an intergenerational perspective on how the involvement of older adults and their interaction with younger generations may influence the liveliness and vibrancy of public spaces. There is also a need to research the QoL of older adults and the built environment in different contexts. For example, QoL may vary across different cultural groups. Due to its dynamic nature, the environment may affect different groups differently. There is a gap in our knowledge concerning how older adults from different cultural and socio-demographic backgrounds might experience public space and how this might impact their QoL. In a similar vein, while many environmental features have been studied, there is a lack of knowledge on how external elements (for example, parks and open spaces, public buildings, benches, walkways, and recreational areas) foster chances to enhance social connections, create relationships with neighbours, and maintain a sense of place [133]. In sum, there is insufficient research establishing the relationship between environmental characteristics and social connection in the full complexity of the urban realm.

Finally, this study acknowledges the complex mutual relationship between different aspects of the daily life of older people and its significance to the built environment. For instance, being active is positively associated with better health and vice versa, and the environment can either facilitate or hinder older adults' participation in leisure activities [111]. The connection between social relationships, being healthy, and leisure activities for older adults in the public domain remains an area that needs further research.

**Table 3.** Summary of findings.

Thematic Domains of QoL	Underlying Themes	Subjective Factors and Environmental Features and Elements	Source	
Autonomy	Being active	Physical activities	[59,66,73,74]	
	Health	Poor health conditions	[76]	
	Mobility	Distance to important destinations	[59,71,72]	
		Lack of resting places	[59,66,69]	
	Environmental barriers	Narrow uneven, cracked, steep sidewalks	[59,66,69]	
		High curbs, curb ramps	[59,66,69]	
		Poor drainage	[35,65]	
		Problems with zebra crossings	[66]	
	Meaningful activities	Physical activities	Inappropriate signage, lack of signs	[59,68]
			Poor lighting of sidewalks	[35,59]
Lack of public toilets			[59,66,70]	
Visually pleasant neighbourhoods			[87]	
Access to general and specialised destinations			[87]	
Access to services			[87]	
Living in city centre			[59]	
Walking- and cycling-friendly built environment			[59]	
Urban density			[103]	
Satisfaction with the living environment			[103]	
Accessibility to major roads	[103]			
Mobility	[103]			
Contentment with neighbourhood facilities and services	[100]			
Perceptions of safety	[100]			
Green communal spaces	[104,105]			

		Allotment garden	[104,105]
Facilitating social relationship	Personal well-being	Impact on personal well-being	[97]
		Mental health	[74]
		Greater happiness and health benefits	[84,89,98,99]
	The built environment	Urban density and sense of loneliness	[103]
		Satisfaction with the living environment	[103]
		Accessibility to major roads	[103]
		Mobility	[103]
		Contentment with neighbourhood facilities	[100]
		Perceptions of safety	[100]
		Green communal spaces and allotment gardens	[104,105]
Leisure activities	Meaningful activities	Physical activity	[106]
	Engagement and participation	Being female	[111]
		Living with a partner	[111]
		Higher number of social contacts	[111]
		Higher socioeconomic status	[111]
		Higher levels of self-efficacy	[111]
	Social and physical activities	Level of fitness and health	[111]
		Accessibility of transportation	[111]
		Being men	[111]
		Higher education	[111]
Drove vehicles		[111]	
Leisure activities	Being in good physical shape	[111]	
	Higher socioeconomic level	[111]	
	Widowhood	[111]	
	Broader network of friends	[111]	
	Volunteering	[111]	
Health	Mobility and activities	Transportation options	[111]
		Transportation possibilities	[114,115]
		Living in a deprived neighbourhood	[113]
		Residential density	[116,117]
		Urban greenness	[89]
		Local amenities	[119]
		Low diversity of land use mix	[119]
		Garden and grass areas	[119]
		Walking routes	[119]
		Water features	[119]
		Wildlife	[119]
		Amenities	[119]
		Dog-related facilities	[119]
		Off-leash dog parks	[119]
		Walkable green streets	[126]
Access to public spaces	[124]		
Health	Mobility and activities	Park density	[125]
		Increased perceived diversity	[128]
		Safety	[128]
		Aesthetics	[128]
		Accessibility of neighbourhood amenities	[127]
		Social interaction	[127]

Less reported noise	[106]
Leisure	[125]
Urban greenery and communal space	[129]

## 5. Conclusions

Nowadays, the ageing population and increasing urbanisation are two challenging concerns for cities. The percentage of senior citizens living in cities is rising significantly, indicating an unusual urban ageing trend. In addition, the number of people residing in urban centres is growing. In modern cities, public open spaces are designed without considering the needs of older people. For the economic viability and sustainability of cities, it is imperative that accessible and inclusive public spaces are provided to accommodate the needs of all generations and promote active ageing. This study outlined the association between public spaces and the QoL of older people. The study was conducted in two steps. First, the literature was reviewed to identify the domains of QoL that are relevant to public space, the built environment, and older adults. According to the results, the research extracted five superordinate themes, which were autonomy, meaningful activities, social relations, leisure activities, and fostering good health. Second, the review of these aspects of QoL from the environmental and personal perspective expanded and enhanced the knowledge from previous related reviews. While in general, the need for autonomy, meaningful activities, leisure, and health was well documented, the specific needs of older adults and the facilitation of social relations did not receive as much attention, representing a gap in our knowledge. The review also exposed the need for further investigation of the relationship between environmental characteristics and social relationships; those environmental elements that are more or less essential for older adults' QoL, and the influence of other circumstances, such as intergenerational perspectives and different cultural orientations. Finally, there is a need for more rich qualitative research to supplement the quantitative research. There are few reviews in this regard that explore the relationship between public spaces and the quality of life for older people. More interdisciplinary research collaboration is necessary to address the specific requirements of older individuals in urban public areas. Integrating insights from disciplines like public health, architecture, gerontology, urban planning, and landscape architecture could lead to more welcoming and age-friendly spaces that improve the quality of life of senior citizens. The findings have implications for urban designers and policymakers in making age-friendly communities and promoting and designing inclusive public spaces.

**Author Contributions:** The research was conceptualised by S.R.Y., B.M. and J.M. The data collection, methodology, analysis, and writing were performed by S.R.Y. The paper was reviewed and edited by B.M. and J.M. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Conflicts of Interest:** The authors declare no conflicts of interest.

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