<CN>Chapter 3.<CT>Planning for healthy ageing: how the use of third places contributes to the social health of older populations*

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<A>INTRODUCTION

Today over half of the world's population resides in urban areas, although the level of urbanisation varies in different countries (United Nations, Department of Economic and Social Affairs 2014). Throughout history, urbanisation has been associated with economic and social transformation, which has produced changes in the urban demography. An example of this demographic change in cities is population ageing (United Nations, Department of Economic and Social Affairs 2014). A low fertility rate, along with longer life expectancy, has resulted in a change to the population pyramids of many countries, creating an increasingly older age population. (United Nations, Department of Economic and Social Affairs, Population Division 2015). Australia is one of the most urbanised countries with over 85 per cent of the population living in cities (ABS 2014). At the same time, the ageing population constitutes a significant proportion of the city dwellers in Australia (ABS 2013).

The ageing of the population poses challenges for the planning of inclusive cities, where the needs of all people, including the older age cohort, are equally accommodated (ALGA 2006). An ageing population has significant implications for urban transport systems, since older people's travel behaviour and mobility is considerably different from that of younger age cohorts (Golob and Hensher 2007). In this context, it is important to note that while mobility refers to 'the movement of people or goods' (Litman 2003, p. 29), accessibility refers to 'the ability to reach desired goods, services, activities and destinations' (Victoria Transport Policy Institute 2014). As people age, they are more likely to have limitations in walking and driving their own car and thus they are more reliant on public transport (see for example Collia et al. 2003, Schmöcker et al. 2008, and Schwanen et al. 2001). The retirement lifestyle also means that the everyday activity patterns of older people are different from and potentially limited compared to those of the average, generally younger and employed cohorts. In order for these older cohorts to maintain/strengthen and develop their social engagement networks, a suite of planning policies is required that address the changing travel behaviour and mobility of people as they age (Davey 2007; Marottoli et al. 2000; Oxley and Fildes 2000; WHO 2007). The policies need to focus on the places that older people go to and the ways through which they travel to socialise with others. The implementation of such planning policies would potentially minimise the chances of social isolation at older age which, in turn, promotes overall health and well-being of this age cohort (Brown 2003; Cornwell and Waite 2009).

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This chapter investigates the role of third places (popular public places where many people go to socialise) and accessibility in the social lives of older people. Research is focused on different built-form patterns, including: Master Planned Community (MPC) developments and conventional suburbs. The main question underpinning this research is 'How do third places, and their perceived level of accessibility affect the social lives of older people living in MPC developments and conventional suburban neighbourhoods?' A qualitative methodology was used to investigate how strong, weak and absent ties (Granovetter 1973), as three types of social ties, are formed and maintained for older people living in different neighbourhood built-form patterns. The impact of the built neighbourhood on the social lives of older people is an important area of study. Built on existing literature, the findings of this research have the potential to inform future research and planning policies aimed at promoting the social lives, and thus the social health, of the older age cohort.

The first part of this chapter reviews some of the literature on the importance of third places and accessibility to the social lives of older people. The case study areas are then introduced and the research methodology is outlined. The last part of the chapter focuses on the research findings, highlighting some of the main characteristics of the third places frequented by older people, and the importance of accessibility in allowing older people the opportunities to engage in these places. The findings highlight opportunities for interventions, in particular in relation to planning for third places and accessible spaces that will potentially contribute to the social lives or sociability of older people, and therefore promote their overall health and well-being.

<A>SOCIAL HEALTH, THIRD PLACES AND OLDER PEOPLE

Social life or sociability is a main component of social health (Greenblatt 1976; Keyes 1998; Larson 1993; Renne 1974; Yu et al. 2016) which, in turn, can contribute to people's overall health and well-being (Cornwell and Waite 2009; García et al. 2005; WHO 1948). Strong, weak, and absent ties are three different types of social ties which can be used to measure the level of social life or sociability of individuals. Strong ties or friendships are the most intense types of social ties, concentrated within clusters of friends. Weak ties are not as strong as strong ties. These refer to the relationships with acquaintances. Weak ties are bridges between different clusters of strong ties (friends). Absent ties, on the other hand, are the frailest type of social ties between people. They imply a lack of any significant relation between people and refer to the acknowledgement type of relationship, for example the nodding relationship between people who live in the same neighbourhood and who are not acquainted (Granovetter 1973).

Much of the literature in social networks has focused on the importance of strong ties, and there has been little attention to the role of weaker types of ties between people (Henning and Lieberg 1996). Granovetter (1973 1983) stressed the significance of weak ties as bridging ties between different (strong) networks which enable people to access resources that otherwise they would be deprived of. In Henning and Lieberg's (1996) research participants stated that weak ties meant a 'feeling of home', 'security' and 'practical as well as social support'. Their research demonstrated the importance of the neighbourhood as a suitable area for weak ties, as proximity and continuity, which are the main factors in the development of these kind of social ties, are encouraged to be established in the local vicinity (Henning and Lieberg 1996). Kavanaugh et al.'s (2005) research also confirmed the importance of weak ties and demonstrated that people with weak (bridging) ties across groups tend to have higher levels of community involvement, civic interest, and collective efficacy than those without bridging ties.

To ensure that older people have opportunities to remain socially active, meaning that they have the ability to establish new, and to maintain existing, strong, weak and absent ties, there is a need for a deeper understanding of the challenges affecting their travel behaviour and mobility. One way to address this concern is to investigate the characteristics of third places where older people socialise, and to understand the challenges that older people face in accessing different third places in different sub/urban neighbourhoods. According to Oldenburg (1989), a third place is not the first place (home) nor is it the second place (work/school). It is a place where people have opportunities to socialise with others and expand their social networks. Third places include a wide range of places from indoor areas (e.g. cafés, restaurants) to public open spaces (e.g. children's playgrounds, urban squares). They provide an accessible, socially-level neutral ground to facilitate social interactions between regulars (Oldenburg 1989). Oldenburg (1997) sees the third place serving functions in response to individualisation, which contribute to the social well-being and psychological health of people.

A growing number of studies have focused on the social dimension of third places and demonstrated the significant role that third places play in creating opportunities for social interaction between people of all ages (Alidoust et al. 2014, 2015; Hickman 2013; Lawson 2004; Matthews et al. 2000; Rosenbaum et al. 2007). A limited number of studies also focused on the particular role of third places in the social life of older people. Some examples are Cheang's (2002) and Rosenbaum's (2006) research which highlighted the role of restaurants as third places which facilitate social interaction between regular older age clients.

Third places are advocated as being important social spaces for older people, as they provide them with opportunities to keep in touch with others (Oldenburg 1997). Accessibility, perceived or otherwise, is essential if these places are to be utilised as places for social engagement (WHO 2007). The importance of accessible neighbourhood amenities and the positive impacts this has on the social lives of older people is supported in the literature (see for example Alidoust and Bosman 2015, 2016; Judd et al. 2010; Levasseur et al. 2011; Richard et al. 2009). Access to public transport and/or the ability to drive is an important indicator of accessibility, and enhances opportunities for older adults' social engagement and community participation (Banister and Bowling 2004; Phillips et al. 2005). A review of the literature suggests a high level of car reliance among older people (Alsnih and Hensher 2003; Banister and Bowling 2004; Schmöcker et al. 2008). For many older people, to some degree, driving contributes to their level of independence and affords them opportunities to engage in social life. Limitations in driving capability can restrict the social lives of older adults (Davey 2007; Oxley and Fildes 2000). This is particularly the case in the sprawling car-dependant suburbs, which are the dominant urban pattern in Australian cities (Hugo 2003). One alternative to private transport for retired drivers is public transport. An effective public transport service can play an influential role in the social lives of older people and can contribute to their social health. Policies are required to ensure the provision of accessible, affordable and reliable public transport services which accommodate the varying needs of the ageing population (WHO 2007).

<A>METHODOLOGY

Qualitative methodology was employed to acquire in-depth information about the role and accessibility of third places for the social lives of older people living in different neighbourhood built-form patterns: (1) conventional suburban neighbourhoods, and (2) Master Planned Community (MPC) developments. Conventional suburban

neighbourhoods are comprised largely of detached, and in recent years (<2000) semi-detached, and attached housing. All types of street patterns (e.g. cul-de-sacs and grid patterns) are included in this grouping. MPC developments, on the other hand, refer to a wide range of housing developments which are designed in line with a specific comprehensive master plan, and they generally have distinct physical boundaries and a uniform design aesthetic (Cheshire et al. 2010). MPCs include a wide range of developments from age-segregated to mixed-age, and from gated to non-gated. High-rise buildings, both age-segregated and mixed-age, are also included in this category.

Study Areas

This research was based in the city of the Gold Coast, Queensland, Australia. The Gold Coast is located on the eastern coast of Australia, and has been known as an overgrown resort town which has now become the sixth largest city of the nation (Dedekorkut-Howes and Bosman 2015). The population of the Gold Coast is ageing and 15 per cent of its population was recorded as being aged 65 years or over in 2013 (ABS 2013). The proportion of older people is similarly high in all three case study areas: Southport, Hope Island and Mermaid Waters-Clear Island Waters. In spite of this similarity, as illustrated in Table 3.1, the three case study areas vary significantly in terms of the population density and some main physical features, such as the land-use mixture, built-form pattern and public transport service. Southport is a mixed-use area with a high level of public transport provision, including bus and light rail, compared to much of the Gold Coast. Southport is a relatively densely populated area by Gold Coast standards, with 18.11 persons per hectare (ABS 2011). The built-form pattern in Southport is mainly conventional suburban neighbourhood in grid street patterns.

Hope Island is a residential suburb with a relatively low population density of 5.93 persons per hectare (ABS 2011). Given the pattern of gated MPC development and cul-de-sac streets in Hope Island, public transport is generally limited and is not easily accessed by people residing in this suburb. Mermaid Waters-Clear Island Waters is similarly a residential suburb. It has a population density of 13.61 persons per hectare (ABS 2011). It is mainly comprised of conventional suburban neighbourhoods with cul-de-sac street network patterns. Public transport is limited to buses with frequent services to the main roads. Bus services are not easily accessed by many residents, particularly those living in cul-de-sacs, as they are located a considerable distance from the main bus routes in this case study suburb.

Table 3.1The main characteristics of the case study areas selected for this research

Case study	Southport	Mermaid Waters-Clear Island Waters	Hope Island
Population Density (persons per hectare)	18.11	13.61	5.93
Land Use	Residential, commercial	Residential	Residential
Dominant Street Network Pattern	Grid	Cul-de-sac	Cul-de-sac
Dominant Neighbourhood Built-form Pattern	Conventional	Conventional	MPC
Other Neighbourhood Built-form Patterns	MPC	MPC	-

Data for this research was collected by conducting observations of older people participating in third places, as well as semi-structured interviews with 54 older people (aged 65 and over). The participants included 19 people from Southport, 15 people from Hope Island and 20 people from Mermaid Waters-Clear Island Waters. The median and mean age of the participants were 75 and 76.37, respectively. Participants included 21 men and 33 women. All participants were retired; 30 were doing some sort of voluntary work. Twenty-four participants were living in some type of conventional suburban neighbourhoods while 40 were living in MPC developments. Participants remained anonymous and were given pseudonyms to ensure confidentiality and to acknowledge them as people with individual life experiences. Interview questions about participants' perceived health status and walking ability revealed that all but one had the ability to walk out of their home. Three other participants also had some degrees of limitation in walking ability, meaning that they were not able to walk long distances (more than 15 minutes) because of health issues, and in some cases, they had to rely on walking aids such as canes and walkers.

Using NVivo 10 data management software, the interview data and observation notes were analysed applying both inductive and deductive approaches (Berg and Lune 2004). Initial coding developed various themes which were informed by the primary research question: 'How can planning respond to the changing mobility of older people in order to support their social lives?' and two related sub-questions: (1) What is the role of third places in the formation and maintenance of the three different social ties (strong, weak and absent) of older people? (2) To what degree is neighbourhood accessibility important in the social lives of older people? The themes were then clustered around four categories: third places; accessibility; different neighbourhood built-form patterns; and the three types of social ties (strong, weak and absent).

The Importance of Third Places in the Social Lives of Older People

This research corroborates the important role of third places in the social lives of older people. The majority of research participants stated that when not at home, they spent much of their time in third places, specifically so that they could interact with other people. This research adds to the existing literature by revealing some of the main characteristics of the third places which play important roles in the social lives of older people living in different neighbourhood built-form patterns.

Mixed-use places, as referred to by participants, generally comprised shopping areas, civic places like banks and post offices, and also cafés and restaurants. Participants from both neighbourhood built-form patterns described these places as being important social spaces which were convenient and which offered efficiency, as they afforded them opportunities to undertake multiple activities in one place and minimised their need to travel. Minimisation of travel was seen as a significant advantage, in particular by those with mobility restrictions. Ruth (age: 69) indicated: 'We go to Southport Park [the local shopping centre]. We usually combine going shopping [and meeting each other], I take friends who don't have cars ... so we'll go out and do the shopping and maybe have a cup of coffee together just as a little social bit in the middle of the shopping.' For participants, the mixed-use third places tended not to produce new strong ties, instead, participants were more likely to meet people with whom they already had strong ties, produced through other activities and other places. However, research suggested that the visitation frequency of these third places could lead to the formation of new weak and absent ties. For example, participants who regularly frequented the same local shopping centre were likely to form absent and or weak ties with sales assistants and other regular shoppers.

This research showed the significance of local third places in the social lives of the participants from both types of neighbourhood built-form patterns. Here the local third places refer to the public social spaces which were located outside the MPCs and were open to all people. Most of the participants, particularly those who still drove their own cars, did not tend to restrict themselves to the local cafés and restaurants. However, in the case of other third places, the majority tended to go to the local ones, especially third places such as churches, shopping centres, public libraries and clubs, which were shown to play an important role in forming and maintaining all three types of social ties. Particularly, the participants who have been living in their neighbourhood for longer, tended to attend the local third places more regularly and had more social ties established through these local places. Bella (age: 67) highlighted the importance of the local church to her social life:

<quotation>

... We come together at church and that's where I would meet others I guess that's the thing about church. We don't just go into church and go home. We come to church. We're there for the worship service and then afterwards we are talking to each other, having a drink of coffee and having friendship time after church. So that is why at church activities we do talk to each other, and it's more than just seeing somebody over the room and maybe saying hi and that's all.

</quotation>

Again, visitation frequency was considered to be a significant factor, contributing to forming new social ties for participants. A number of single men and women participants who regularly attended the same local restaurant, bar or café, said they had a strong sense of belonging to that particular place, and that they had established many strong, weak and absent ties with other patrons. This is illustrated by Tony (age: 67), a single older man from Southport:

<quotation>

We have all drunk there [the local pub] for years and years and years ... When they revamped the pub they demolished most of it and revamped it, I even worked on that ... They're friends. As I said I've known most of them, some of them for 50, 60 years, some of them for 10, 15, 20 years. A lot of them I used to work with and they're now retired ...

</quotation>

The research also revealed the importance of club membership in the social lives of the participants, particularly single older men and women. Most participants who frequented these third places resided in conventional suburban neighbourhoods and they engaged in these activities as a means of interacting with new people and establishing new absent, weak and eventually in a few cases strong ties. For instance, Lyn indicated (age: 74): '... I belong to quite a few clubs because I don't have close family you see, so those clubs and those people are my family really.' As the research revealed, the majority of the clubs favoured by the research participants were age-segregated, including the Returned and Services League, the University of the Third Age, singing clubs and bowls clubs. The participants who frequented these third places regularly had a high number of social ties, particularly absent and weak ties with other club members. These ties were acknowledged as being important social relations in the participants' daily lives. In response to a question about the significance of weak and absent ties established in clubs, Shirley (age: 74) pointed out:

<quotation>

They are [important], it is lovely to talk to them [people with whom you have weak and absent ties] while you are there [in the club] That's why I go bowling They are all important to me. Definitely I love people It's nice

to talk to them, here I am on my own, I've got to keep myself busy so that the time goes by, which I do.

</quotation>

The length of residence was also found to contribute to some older people's attachment to clubs as places for social interaction and communication. The participants who have been living in their current place for longer, tended to have favourite local clubs where they attended regularly and through which they established social ties, mainly weak and absent ones.

Other third places favoured by participants were the third places located within the boundaries of the MPC developments which were exclusive to the residents of the MPC. All MPC developments had common areas and leisure centres, where the social interaction between residents was encouraged through various organised social activities and events which all residents were invited to participate in. The availability of some other communal facilities such as gym, swimming pool, and green space, however varied in different MPC developments, depending on their size and socio-economic status. Claire (age: 86), a resident of an age-segregated MPC said:

<quotation>

... well I play cards here with a group one day a week, we have bingo in the hall one day a week, and every second Saturday we have games in the hall, I go to that, any function, I might attend all the functions. It's a nice atmosphere here, you can go, there will be a group sitting down, you can go and sit in the group and you are part of the group and it's not always the same group you sit with. You try to get around. Well I try to get around and talk to ...

</quotation>

In a similar vein, Maggie (age: 85) stated that:

<quotation>

There is so much going on at the village, believe me. You can do something, if you want to, every day. Almost every day ... I love it. But you're only as busy as you want to be. You don't have to do anything. But it's always available if you want to ...

</quotation>

These communal places created opportunities for MPC residents to meet new people and establish absent, weak and potentially strong ties. The level of social interaction (both number and strength of social ties) was of a higher degree among age-segregated MPC residents than that of mixed age development residents, as there seemed to be more social programmes and events available in the age-segregated developments. A few participants from age-segregated MPCs even reported that they had weak or absent ties with all people living in the development. Paul (age: 70) indicated:

<quotation>

... With 227 houses [in the age-segregated MPC], there are always people that you see. So you can have a few chats with people from time to time. If you lived in a suburb, when we lived in Melbourne ... in the same street there was probably two couples, or two houses with people that I would call friends ...

</quotation>

Perhaps not unexpectedly, the research revealed that MPC participants, especially those living in age-segregated developments, when not at home generally spend most of their time in the physical environment of their development. For many of these people, the main reason for leaving the MPC development was to shop and access civic services such as post offices and banks, which are not available within the development.

Otherwise, participants residing in MPCs agreed unanimously that there were sufficient opportunities within the developments to fulfil all of their social needs. Joan (age: 75) lived in an age-segregated high rise building and pointed out: '... This building is my

neighbourhood ... this [building] is where I live, this is where I predominantly function, I go out to do something but I keep pretty much here.' Nevertheless, not all MPC residents choose to mix solely with others living within their neighbourhood, nor do all participate in the organised social activities on offer. This lack of social engagement by some residents was seen by some participants as being anti-social and contrary. Ruth (age: 69) related:

<quotation>

There are still a lot of people here I don't know, because they don't come out of their houses. They truly don't. They don't socialise. They don't attend meetings, they just live in their little houses. Makes me wonder why they didn't just buy an ordinary little house outside, because they're paying a levy and then they're not using any of the facilities ...

</quotation>

The level of engagement in MPC social activities was higher amongst those who had moved to the developments from another city or neighbourhood and had left behind their social networks. Participants who had moved to the MPC from a nearby area or had lived on the Gold Coast for a long time were found to still have strong ties with their old social networks and so did not always participate in the social activities on offer in the MPC.

This research demonstrates that older people's degree of accessibility to third places is fundamental to their continued participation in these places. Many participants from both neighbourhood patterns preferred to visit local third places, for example, shopping centres, and this illustrates a strong relationship between travel distance and use of these third places. Similarly, the popularity of communal places in MPCs is largely on account of their location and proximity.

The research revealed that, in addition to the travel distance, the mode of travel plays a very important role in participants' perception of the accessibility of third places, which, in turn, impacts their use of third places. Although the majority of participants from all three case study areas perceived their area as being either 'very accessible' or 'accessible', notably most of them acknowledged that their perception of the level of accessibility of the environment was strongly associated with the use of their car as the main mode of transport. Leaving aside the common areas and leisure centres in MPCs, an accessible third place in the context of our case study areas was defined by the majority of participants as a place with easy access by car. Interestingly, driving participants' perception of the accessibility of their environment was similar across all three case study areas in spite of differences in their physical characteristics and population density. For a few other participants who did not drive (13 per cent), accessibility to a third place was defined as the availability of public transport to access it. Among the retired drivers, those who were living in Southport with more public transport and higher population density perceived the environment more accessible. Whereas, the residents of Hope Island, and Mermaid Waters-Clear Island Waters particularly those who were living away from the main public transport routes perceived the area less accessible. Bob (age: 72) from Hope Island pointed out: 'It [Hope Island] is somewhat inaccessible really, if you have not got a car ... so ... without having a car it is probably somehow inaccessible.... With car it is very accessible, everywhere is accessible, you can go anywhere.'

The ability to drive was found to contribute to the level of social interaction and community engagement among participants. Almost all respondents reported that ceasing to drive their own car would negatively affect their social life. Many participants feared that when they stopped driving, they would face challenges in attending the majority of third places in the case study areas. Frank (age: 81) from Mermaid Waters-Clear Island Waters said:

<quotation>

To be honest I haven't thought beyond owning a car.... [Without a car] it would be difficult to get to some of our social events. My Probus [a social club for retired or semi-retired professionals] is held at the Turf Club for instance. I would have difficulty getting there without using the likes of a taxi. Mandy [his wife] has two or three organisations to which she goes which public transport would be inadequate.

</quotation>

The challenges that retired drivers face in frequenting different third places were heightened or mitigated by the availability of alternative modes of travel within the case study area. The challenges were found to be particularly difficult in Hope Island, which is a low density urban area without accessible and reliable public transport access to civic facilities and amenities. In Mermaid Waters-Clear Island Waters, the participants who were living on or in proximity to the main roads found the thought of not driving less challenging than those who were residing in cul-de-sacs, as more access to public transport was available on the main roads. Although participants from Southport found driving cessation challenging, most of them indicated that they would be able to use public transport as an alternative means of transport, which helps them to stay socially active. Sara (age: 69), from Southport, indicated:

<quotation>

... it's more convenient for me to hop in my car and just go straight to a certain place and get there [However] I realise that in the future, that may change, I may have no choice, but that's why I choose to live where I am because the bus is just at the end of the street, so if I need to take a bus then that's available to me.

</quotation>

There are, however, some significant barriers to older people's use of public transport. These barriers were emphasised the most by participants from Hope Island and the least by those from Southport. The current timetabled public transport system, with its limited routes in the sprawled urban context of the case study areas, is not appropriate for many older people. Most participants refrained from using public transport because they perceived it to be inconvenient, indicating their dissatisfaction with the availability, the accessibility and also the inconvenience of services. The travel distance from the point of departure/arrival to the public transport stop influenced the likelihood of older people using the service. Also, for some participants, the bus service was not reliable, nor did it run frequently enough. The need for the provision of affordable transportation services, buses, taxis, and so on, and improving the awareness of older adults of such services was a significant finding from the data collected for this research.

<A>DISCUSSION AND CONCLUSION

Among scholars in different fields of study, there has been a growing focus on planning for older people as a result of the ageing of the population. Accordingly, the aim of this chapter was to understand the role and accessibility of third places in relation to older people living in different neighbourhood built-form patterns, and how these factors impact on their social lives. A qualitative methodology was used to explore three different types of social ties, strong, weak and absent ties, which are formed and maintained as a result of older adults' engagement in different kinds of third places.

The findings demonstrated that a third place is more than a physical space. It goes beyond physical to social dimensions and creates a place for social interactions. Consistent with the literature (Cheang 2002; Hickman 2013; Lawson 2004; Matthews et

al. 2000; Rosenbaum 2006; Rosenbaum et al. 2007), third places researched here, were found to play a significant role in the social lives of older people. A great deal of the social lives of older people was found to happen in different types of third places which were perceived to be accessible. In line with Oldenburg's (1999) definition of the third place, our research showed that different third places hosted the regular, voluntary social interactions of older people beyond their family and work. Third places were found to provide older people with opportunities to meet new people and establish absent, weak and in a few cases strong ties.

Third places provided older people with what Oldenburg termed as 'spiritual tonic' (Oldenburg 1999 p. 55). Our participants enjoyed the third places, and were felt better about themselves and their social lives. Although the majority of the social ties formed in third places were found to be of absent and weak ties, they were perceived as important to older people and as Oldenburg (1999 p. 20) explained included dynamics that were older people's 'own remedy for stress, loneliness, and alienation'. As a result, third places can be seen as supportive of social health and well-being which is a main component of overall health and well-being (WHO 1948). The findings contribute to geographical gerontology through revealing the associations between spatial planning and social health at older age and highlighting the important role that spatial design and planning can play in enhancing the social health and thus improving the overall health and well-being of the ageing population.

In general, two characteristics of third places were found to be of importance for older people and their social lives, no matter what type of neighbourhood they reside in: (1) presenting multiple services at one place, and (2) being located in close proximity to the housing. The research also revealed that much of the social lives of conventional suburban neighbourhood participants happened in different clubs, particularly the local ones and those which were exclusive to older age cohorts. Different clubs were found to contribute to the formation of new absent, weak and in a few cases strong ties among regulars. The importance of clubs exclusive to older people has also been highlighted in Stevens' (2001) and Jerrome's (1983) research as a means of battling loneliness.

On the other hand, the social lives of MPC participants were revealed as taking place mainly within the physical boundaries of the developments and particularly in the common areas and the leisure centres of the MPCs. The MPC participants, especially those living in age-segregated developments, were found to have a high number of social ties, in particular absent and weak ties, with other residents in the development. The majority of these social ties were formed in different social events and activities that were exclusive to the age-segregated MPC development residents and held in the common areas and leisure centres within the development.

The research demonstrated that the characteristics of the larger urban context including street network pattern, land-use mixture and public transport infrastructure, are important factors in increasing the level of accessibility of the urban environment and encouraging the constant engagement of older people at different third places outside the MPC developments. Comparing data from the three case study areas, Southport appeared to be the most successful in assuring access to third places outside the MPCs for retired drivers. Factors such as having a relatively dense, mixed-use urban pattern, with grid-street network and frequent public transport services, were found to ease older peoples' access to different third places spread throughout Southport. Not surprisingly, Mermaid Waters-Clear Island Waters and Hope Island ranked second and third in the provision of accessible urban environments for older people. The dominant cul-de-sac street network patterns in these case studies restrict public transport accessibility. In addition, the gated development pattern in Hope Island restricts access and discourages MPC residents from attending different third places outside the developments. The findings suggest developing MPCs in high density, mixed-use urban

environments with adequate public transport services to the urban amenities and services. This would assure the constant social engagement of older people in the third places located outside the developments.

The research also highlighted the need to develop alternative transport provisions for retiring drivers. This is particularly the case for those living in cul-de-sac streets without adequate access to the main public transport routes. It was revealed that seniors are seeking flexible modes of public transport and the current, timetabled public transport system with low frequency and limited routes does not suit the majority of older people living in Australia's sprawled urban patterns. New transport interventions are required to be supported by programmes which increase older people's awareness of the alternative modes of travel available to them. In this way older people will be able to access third spaces and more actively engage in society.

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