

Decision-Making Factors in Housing Transitions Among Older Adults in Europe: A Scoping Review of Qualitative Studies

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Abstract

This scoping review synthesises qualitative evidence on the factors shaping housing transitions among older adults in Europe. Housing transitions are understood here as voluntary or involuntary moves, or significant changes in living arrangement, made in response to age-related needs and circumstances. The review focused on non-institutional and non-hospital-discharge contexts to better understand decision-making under everyday conditions. Following Arksey and O'Malley's framework, refined by Levac et al., searches of Scopus, Web of Science and ASSIA identified 33 eligible studies, including 17 from the United Kingdom and 16 from other European countries. The findings show that housing decisions in later life are not single, rational events, but dynamic and relational processes shaped by health, functional change, attachment to home, family relationships, housing conditions, financial resources, and the availability of support and suitable alternatives. Across studies, ageing-in-place remained a strong preference, but relocation was often framed to preserve autonomy, safety and future security. The review also highlights inequalities in decision-making capacity, with more advantaged groups having greater scope to plan. The evidence suggests that later-life housing transitions are shaped by the interaction of personal circumstances and wider housing and care systems.

Introduction

The European population is ageing rapidly, with the number of people aged 65 years and over projected to rise substantially in the coming decades. As the demographic profile of the EU-27 and the United Kingdom (UK) shifts towards an older population, questions about how and where people age, have become a central concern for policymakers, health and social care providers, and society at large. The population of older people in the EU-27 is expected to rise from 90.5 million at the start of 2019, to 129.8 million by 2050. During this period, the number of people in the EU-27 aged 75–84 years is projected to expand by 56.1% (European Commission, 2024). Projections indicate that by 2043, nearly a quarter of the UK's population will be aged 65 or over (Office for National Statistics, 2022). This demographic transformation brings heightened attention to the adequacy, accessibility, and appropriateness of housing options for older adults, and the decision-making process surrounding housing in later life.

Housing transitions among older adults are rarely straightforward. They are shaped by a complex interplay of personal aspirations, social relationships, health trajectories, economic resources, and broader environmental and policy contexts. Some individuals with increasing health or care needs choose to relocate, whereas others choose to remain in their homes with physical adaptations or support from community services, a process often referred to as "ageing-in-place". Relocation may be motivated by a desire to downsize, to be closer to family or amenities, to access more supportive or specialist accommodation (such as extra-care or sheltered housing), or to address emerging health and functional challenges (Kaplan et al., 2015; Filipović Hrast et al., 2020). In some cases, transitions are planned and proactive, reflecting long-term considerations; in others, they are reactive and crisis-driven, prompted by sudden changes in health, bereavement, or level of informal support (Pope & Kang, 2010).

Housing transitions in older adults have been conceptualised as a multidimensional process of 'person-environment' adjustment (Iwarsson et al., 2007; Sixsmith et al., 2008) where transitions can be proactive 'choices' and/or reactive 'crisis-driven' events (Hillcoat-Nallétamby, 2019). This recognises that housing transitions are not merely physical relocations, but are deeply embedded in personal histories, identities, and social networks. Such transitions include people moving from one type of privately owned home to another, but also transitions into institutional care settings. These are formal, regulated environments in which care is provided on a 24-hour basis, and where residents typically have less autonomy over their living arrangements and daily routines (OECD, 2021; World Health Organization [WHO], 2015). Transitions may also occur at the time of hospital discharge, where planning and decision-making are frequently characterised by time constraints, acute health needs, and decisions made under pressure (Age UK, 2020). Transitions into institutional care or after hospital discharge are often crisis-driven, limiting autonomy through clinical assessments, eligibility criteria, and system-driven placement procedures.

There is a growing recognition that most older people prefer to remain at home or in community-based settings for as long as possible (Bosch-Farré et al., 2020; Sixsmith et al., 2008). Facilitating such preferences requires a nuanced understanding of the decision-making processes (Hillcoat-Nallétamby, 2019; Löfqvist et al., 2013). This is reflected in policy which also supports the idea of 'ageing-in-place', in part to control the cost of social care and healthcare provision (WHO Europe, 2023; European Commission, 2021).

The aim of this review was therefore to map the qualitative evidence on the factors influencing European older adults' decisions to age-in-place or move to a different non-institutional residence.

Methods

Review Design

The overall design was a systematic scoping review following the framework proposed by Arksey and O'Malley (2005), further refined by Levac et al. (2010), and reported in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines. The review protocol was registered on the Open Science Framework (<https://doi.org/10.17605/OSF.IO/QTH59>).

Search Strategy

The search strategy was developed in consultation with a specialist librarian to search the Scopus, Web of Science, and Applied Social Sciences Index and Abstracts (ASSIA) databases. Keywords related to *older adults*, *housing transitions*, *relocation*, and *decision-making* were combined using Boolean operators

and database-specific syntax. The search strategy captured studies conducted in the European countries with no date restrictions. Searches were conducted in May 2025 and are detailed in Supplementary Table S1.

Eligibility Criteria

Studies were included if they focused on adults in middle- and older-age (typically aged 55 years and above), employed qualitative methods (alone or in a mixed-methods design), explored housing transitions, relocation, or decision-making related to changes in living arrangements, were conducted in European countries, and were in English.

Studies were excluded if they were conducted in institutional care settings (e.g., nursing homes or long-term residential care) (OECD, 2021; WHO, 2015), or focused on moves at the time of hospital discharge, used quantitative-only methodologies or were non-empirical (e.g., commentaries, editorials).

Screening and Selection Process

Following database searching, all records were imported into Covidence software for deduplication (718 duplicate records were removed) leaving 2,476 titles and abstracts for screening. The first 200 records were independently screened by two reviewers (SC and MH), with discrepancies discussed to reach agreement on inclusion/exclusion. Subsequently, all remaining titles and abstracts were independently screened by the same two reviewers, with disagreements resolved by discussion, and involvement of a third reviewer if required.

Data Extraction and Synthesis

Data from included studies were extracted into a structured Excel form. A second reviewer independently checked extracted data for accuracy and consistency, with discrepancies resolved through discussion or third-party adjudication. The extracted information included study aims, methodology, population characteristics, housing context, identified decision-making factors, and thematic findings. Descriptive characteristics were tabulated, and qualitative findings were analysed using thematic synthesis.

Results

A total of 2,476 titles and abstracts were screened, with 148 full-text articles assessed for eligibility (Fig. 1). At this stage, 115 studies were excluded for the following reasons: non-European country ($n = 56$), inappropriate study design ($n = 25$), wrong population ($n = 7$), insufficient focus on decision-making processes ($n = 18$), and institutional care setting ($n = 1$) (Fig. 1). In total, 33 studies conducted between 2002 and 2025 were included.

Overview of included studies

Just over half of the studies conducted were UK-based ($n = 17$), with the remainder from Sweden, Norway, Finland, Germany, Spain, Italy, and the Czech Republic, including three cross-national studies (Table 1; Supplementary Table S2). Most studies used a qualitative interview-based designs, with a smaller number of mixed-methods studies incorporating surveys, focus groups, case studies, or secondary analysis. Across the dataset, sample sizes varied, from fewer than 10 participants in three studies to over 50 in seven studies. Most studies focused on people in later life, although some included family carers, professionals, or proxy informants.

Table 1
Summary of included studies¹

Study Characteristic	No. of Studies (%) N = 33
Country²	
United Kingdom	17 (51.5)
Sweden	7 (21.2)
Norway	3 (9.1)
Finland	3 (9.1)
Germany	3 (9.1)
Spain	1 (3.0)
Italy	1 (3.0)
Czech Republic	1 (3.0)
Transition Studied	
Ageing-in-place / Remaining at Home	11 (33.3)
To Sheltered, Supported, or Extra-Care Housing	14 (42.4)
General Moves (Downsizing, Relocation, Co-housing)	5 (15.2)
Involuntary Relocation / Displacement	7 (21.2)
Number of Participants	
< 10 participants	3 (9.1)
10–19 participants	6 (18.2)
20–29 participants	5 (15.2)
30–49 participants	12 (36.4)
50 + participants	7 (21.2)
Participant Age Group	
55–74 years	7 (21.2)
75–89 years	16 (48.5)
90 + years	3 (9.1)
Not specified/Mixed range (e.g., "65+")	7 (21.2)
1. See Supplementary Table S2 for detailed information about all included studies	
2. Some studies included participants from more than one country	

The studies addressed a broad range of housing and care situations, including attempting to age in place in ordinary housing, and relocation to specialist housing (sheltered, extra-care, supported, senior, or co-housing). Taken together, the findings show that housing decision-making in later life was rarely a single or purely rational event. Instead, it was typically an ongoing, relational, and constrained process, shaped by health, identity, family, housing conditions, finances, service availability, and the timing of life events (Buckland & Tinker, 2020; Hillcoat-Nallétamby, 2019; Löfqvist et al., 2013; Zhang et al., 2025).

Study contexts and housing pathways

Some studies examined older adults who remained in the same home while negotiating increasing frailty, neighbourhood change, or the need for home adaptations (Bosch-Farré et al., 2020; Gibson et al., 2024a, 2024b; Haak et al., 2007; Kylén et al., 2019; Lewis & Buffel, 2020; Sixsmith et al., 2008; Temelová & Dvořáková, 2014; Visser, 2018; Yadav et al., 2025). Others focused on moves into more supportive environments: extra-care housing, sheltered housing, supported housing, senior houses, and assisted living (Buckland & Tinker, 2020; Cameron et al., 2020; Hillcoat-Nallétamby, 2019; Murphy-Morgan et al., 2024; Svidén et al., 2002; Tyvima & Kemp, 2011; Vasara, 2015). A small number of studies extended beyond conventional move/stay binaries, examining co-housing, cohabitation in retirement, or transitional housing (Kvæl et al., 2025; Riccò et al., 2025; Wanka et al., 2024).

An important finding across studies was that later-life moves were not always “downsizing” in a spatial or economic sense. Burgess and Quinio (2021) showed that some participants moved to properties of similar size or higher cost, to gain better location, accessibility, or future security. This complicates narratives that older adults can (or should) release housing equity or free up larger homes for younger generations.

1. Key factors in decisions to move or stay

Across the studies, decisions to stay or move were shaped by a combination of health-related, sociocultural, and economic, structural, and environmental factors (Table 2). Housing decisions were driven by the interaction of multiple issues: health, social relationships, resources, and the physical environment.

Table 2
Factors identified as contributing to housing decisions in older age

Factor Category	Key Factors	Summary results	Supporting studies
Health-related	Declining mobility Chronic conditions Increased care needs Functional decline	Health-related changes were among the most consistent triggers for housing transitions. Declining mobility and increasing care needs often reduced the ability to manage daily activities and maintain the home, prompting relocation. However, some individuals made proactive decisions to move earlier in anticipation of future decline, aiming to preserve independence and reduce future risks.	Hanratty (2013) Tyvimaa (2011) Vasara (2015) Scheibl (2019) Murphy-Morgan (2024)
Socio-cultural	A. Emotional attachment & place identity	Emotional attachment to home was a dominant factor influencing decision-making. Homes were closely tied to identity, memory, and continuity, leading many individuals to resist relocation even when housing conditions were no longer optimal.	Sixsmith (2008) Fæø (2019) Kylén, 2019) Visser, 2018)
	B. Neighbourhood / community ties & social networks	Social relationships and familiarity with neighbourhood environments played a key role in shaping decisions. Strong community ties and access to local networks often encouraged ageing-in-place, while changes in neighbourhood conditions could prompt reconsideration of relocation.	Sixsmith (2008) Fæø, 2019) Kylén, 2019) Visser, 2018)
	C. Family relationships, proximity & care expectations	Family relationships influenced both decision-making and practical arrangements. Proximity to family was important for accessing care and support, and expectations around caregiving shaped preferences for staying or relocating.	Lewis (2020) Yadav (2025) Temelová, 2014)
	D. Fear / perceptions of institutionalisation	Negative perceptions of institutional care, particularly care homes, contributed to reluctance to move. Many participants associated such settings with loss of independence, identity, and control, leading to delayed relocation.	Poyner et al., 2017) Hanratty (2013) Rantanen, 2024)
	E. Cultural norms & ideals (independence, ownership, ageing-in-place)	Cultural expectations surrounding independence and ageing-in-place strongly influenced how decisions were framed. Remaining at home was often viewed as the ideal, and relocation required justification, often linked to health or safety concerns.	Hanratty (2013) Svidén (2002)
	F. Mental health & emotional well-being as decision factor	Emotional factors such as anxiety, loneliness, and feelings of security influenced housing decisions. Adjustment to relocation also depended on emotional coping and acceptance, with transitions often involving both loss and adaptation.	Sim (2012) Hvalvik (2011)
Economic	Financial resources Affordability (personal/saving) Economic disparities Asset accumulation	Economic resources significantly shaped the range of available housing options. Individuals with greater financial capital were better able to plan and execute preferred moves, while those with limited resources often faced constrained choices, delayed relocation, or reliance on less suitable housing options.	Gibson (2024a) Gibson (2024b) Buckland (2020) Burgess (2021)

Factor Category	Key Factors	Summary results	Supporting studies
Structural	Housing system, built environment & availability	The availability and suitability of housing options played a central role in decision-making. Limited supply of accessible or age-appropriate housing often restricted relocation opportunities, while flexible housing models supported independence and reduced the need for future moves.	Robinson (2020) Cameron (2020) Bosch-Farré (2020)
	Socio-economic status & class position	The availability and suitability of housing options played a central role in decision-making. Limited supply of accessible or age-appropriate housing often restricted relocation opportunities, while flexible housing models supported independence and reduced the need for future moves.	Gibson (2024b)
	Government, policy & welfare/care systems	Policy and service systems shaped access to support and housing options. In some cases, transitions were driven by institutional processes and service availability rather than individual preference, highlighting the role of system-level factors.	Hanratty (2012) Kvæl (2025)
Environmental	Geographic proximity to family and friends	Environmental context influenced both the desirability and feasibility of relocation. Access to services, transport, and social networks played a key role in enabling ageing-in-place, while changes in neighbourhood conditions could act as push or pull factors.	Yadav (2025)
	Local amenities		Temelová (2014)
	Neighbourhood characteristics		Lewis (2020)
	Transportation availability		

Health-related factors. Health was one of the most frequently reported influences on housing decisions. Declining mobility, frailty, dementia, falls, chronic illness, increasing care needs, and difficulty managing everyday activities often prompted reconsideration of current housing. Studies of extra care, senior housing, and later-life relocation showed that worsening health could make ordinary housing harder to manage, especially where homes involved stairs, heavy maintenance, or poor accessibility (Buckland & Tinker, 2020; Cameron et al., 2020; Tyvima & Kemp, 2011). In studies of more dependent or crisis-driven transitions, moves were often linked to frailty, cognitive decline, or acute deterioration (Fæø et al., 2019; Hanratty et al., 2012; Scheibl et al., 2019).

However, poor health did not automatically lead to relocation. Several studies showed that older adults often tried to remain at home despite increasing limitations, using home adaptations, support from relatives, formal care, or by altering personal routines (Bosch-Farré et al., 2020; Gibson et al., 2024a; Haak et al., 2007; Sixsmith et al., 2008).

Sociocultural factors. A major sociocultural influence was home-attachment. Across many studies, home was portrayed as a source of identity, continuity, familiarity, and autonomy (Granbom et al., 2013; Haak et al., 2007; Kylén et al., 2019; Sixsmith et al., 2008). Local relationships and neighbourhood familiarity also supported ageing-in-place. Neighbourhood decline, insecurity, or decreasing support available locally weakened the wish to remain (Lewis & Buffel, 2020; Temelová & Dvořáková, 2014; Yadav et al., 2025).

Social meanings attached to housing options also mattered. Care homes and age-related housing were sometimes associated with stigma and dependency (Bosch-Farré et al., 2020; Gibson et al., 2024a; Murphy-Morgan et al., 2024; Poyner et al., 2017). Family relationships also shaped decision-making: some participants wanted to avoid burdening relatives, while others valued staying close to family or relied on them in making housing decisions (Buckland & Tinker, 2020; Hillcoat-Nallétamby, 2019; Scheibl et al., 2019).

Economic, structural, and environmental factors. Economic and structural factors shaped what options were available, because financial resources influenced whether people could adapt their homes, access support, or move to more suitable housing (Burgess & Quinio, 2021; Gibson et al., 2024b; Robinson et al., 2020). The supply of suitable housing, tenure, and affordability also affected the choice available.

Environmental features of the home and neighbourhood were another important factor. Poor accessibility, stairs, maintenance demands, and unsuitable layouts often pushed people to reconsider staying. Proximity to services, transport, green space, and family could support either staying or moving (Tyvima & Kemp, 2011; Visser, 2018; Yadav et al., 2025).

2. Ageing-in-place versus planning to move

A second major finding was that decisions regarding staying and moving varied in timing and planning. Across the studies, staying at home was preferred for as long as possible, but participants differed in how much they anticipated future change and whether housing decisions were proactive or driven by changing circumstances.

Many studies described a strong wish to remain at home, because participants valued continuity, familiarity, and autonomy in the home (Gibson et al., 2024a, Sixsmith et al., 2008, Fæø et al., 2019, Bosch-Farré et al., 2020, Kylén et al., 2019, Löfqvist et al., 2013), including in older adults living alone with cancer (Hanratty et al., 2013), and couples living with dementia (Poyner et al., 2017).

The studies also showed variation in how actively decisions were approached. Some participants made active preparations to continue living at home through adaptations, reorganisation, hiring help, social planning, or downsizing. Gibson et al. (2024b) showed that some participants, particularly those with greater resources, engaged in strategic planning to support ageing-in-place. Rantanen et al. (2024) found that planning was sometimes prompted by “proxy illness narratives”, such as witnessing illness, bereavement, or disruption in others, causing participants to reflect on their future housing needs. Some studies showed that such anticipation encouraged a move before crisis. Tyvimaa and Kemp (2011) found that participants framed their move to senior housing as proactive and sensible, motivated by a desire to preserve independence, safety, and convenience. Cameron et al. (2020) also showed that some residents valued extra-care because it allowed them to plan around increasing care needs avoiding a sudden move. Buckland and Tinker (2020) found that extra-care housing was a way to retain independence, although many residents had not originally planned the move.

Decisions were often precipitated by acute events rather than through long-term planning. In these circumstances, housing decisions became more time-pressured, with less opportunity to consider alternatives, adapt the existing home, or plan a preferred move. Moves into supported housing were often crisis-driven (Murphy-Morgan et al., 2024; Scheibl et al., 2019), and Zhang et al. (2025) found that decisions about extra-care were frequently made under pressure rather than through early planning. They suggest that worsening health or support needs could narrow the housing options available, making transitions more reactive than anticipatory.

3. Legitimising decisions

Moves were commonly justified as an unavoidable response to deteriorating health or safety risks. Vasara (2015) noted that participants framed relocation as a necessary “deviation” from the norm, using narrative strategies to distance themselves from stigmatised images of dependency. Similarly, transitions to extra-care housing were depicted as proactive choices to maintain independence and avoid burdening relatives (Buckland & Tinker, 2020; Cameron et al., 2020; Tyvimaa & Kemp, 2011). However, adapting to supported housing often required a complex balance of acceptance and resignation, as individuals grappled with a shifted self-image from self-reliance to dependency (Hvalvik & Reiersen, 2011; Svidén et al., 2002).

Legitimation was equally evident in decisions to stay. Remaining at home was firmly justified through discourses of competence, belonging, and autonomy, even when the physical environment became confining (Fæø et al., 2019; Gibson et al., 2024a; Haak et al., 2007; Sixsmith et al., 2008). Although many studies showed that participants felt the need to justify housing decisions that conflicted with “ageing-in-place,” older adults therefore justified both moving and staying as rational acts.

4. Variation between social groups

The studies suggested that later-life housing decisions differed between social groups, though not all studies examined these differences (Table 3). Differences were commonly explored in relation to socio-economic status, family or household circumstances. Gender was addressed less frequently, and ethnic minority and LGBTQ older adults were only examined in a few studies.

Table 3
Variation between groups/inequalities

Socio-Demographic Group	Key Findings	Supporting studies
Socio-Economic Status	Socio-economic status was the most frequently examined social factor across studies. Economic resources influenced the range of housing options available and individuals' ability to prepare for, adapt to, and enact housing transitions. Participants with greater financial resources and housing capital were more able to access preferred housing pathways, whereas those with fewer resources often described restricted choices, delayed transitions, and limited access to suitable alternatives.	Gibson (2024b) Buckland (2020) Burgess (2021) Robinson (2020)
Familial and Social Networks	Proximity to family, availability of support, and existing social connections shaped both preferences and decision-making processes. Across studies, strong support networks facilitated transitions and ageing-in-place, whereas limited support or living alone often increased uncertainty and contributed to delayed or reactive decision-making.	Hanratty (2013) Poyner (2017) Lewis (2020) Yadav (2025) Rantanen (2024) Zhang (2025)
Gender	Housing transitions may be shaped by gendered experiences, including differences in care responsibilities, relationship histories, and social circumstances. However, evidence remains limited and further research is needed to understand how gender influences later-life housing decisions.	Riccò (2025) Wanka (2024)
Ethnicity	Evidence relating to ethnicity was limited within the included studies. Existing findings suggest that older adults from minority ethnic backgrounds may experience additional barriers during housing transitions, including concerns regarding discrimination and acceptance within communal housing settings. These concerns could contribute to reluctance to relocate and influence perceptions of housing suitability.	Zhang (2025)
LGBTI Older Adults	Research focusing specifically on LGBTI older adults was limited. Available evidence suggested concerns regarding discrimination and social acceptance within communal housing environments, alongside the importance of supportive and inclusive living environments. This highlights a significant gap in the current literature.	Zhang (2025)

Gibson et al. (2024b) showed that middle-class participants with greater economic, social, and cultural capital, had more capacity to plan, adapt their homes, and therefore age-in-place. Contrastingly, participants with fewer resources often experienced ageing-in-place as "making do." Robinson et al. (2020) similarly showed that access to suitable housing was shaped by housing inequalities and uneven local provision. Burgess and Quinio (2021) found that moves were shaped by affordability and market constraints, rather than by lifestyle preferences.

Hanratty et al. (2013) showed that older adults living alone faced greater emotional and practical concerns around access to care, advocacy, and support. Hillcoat-Nallétamby (2019) found that whether decisions were made independently, shared with others, or delegated was shaped by the involvement of family members and professionals. Murphy-Morgan et al. (2024) similarly showed that family, friends, and professionals played a major role in supported housing decisions, especially during crisis-driven moves.

Other studies also highlighted the importance of social relationships in shaping housing preferences and transitions. Lewis and Buffel (2020) showed that neighbourhood ties and social connectedness could strengthen the desire to remain in place. Zhang et al. (2025) found that the presence or absence of supportive family and friends influenced whether and how moves were made.

Gender. Gender differences were addressed less frequently. Riccò et al. (2025) showed that women's relocation decisions were shaped by gendered concerns around safety, emotional wellbeing, autonomy, and family burden, while Wanka et al. (2024) situated later-life relocation and cohabitation within discussions of autonomy and economic possibilities, especially for women.

Ethnic minority and LGBTQ older adults. Evidence on ethnic minority and LGBTQ older adults was limited, but Zhang et al. (2025) showed that these groups sometimes faced additional concerns when considering extra-care housing. These included fears of discrimination, lack of acceptance, and reduced support networks, which could increase resistance to moving.

5. Patterns across national study settings

Across all studies, several findings were highly consistent: the wish to remain at home, the importance of autonomy, ambivalence about moving, and the role of deteriorating health in making housing decisions more urgent (Gibson et al., 2024a, Hanratty et al., 2013, Buckland and Tinker 2020, Haak et al., 2007, Fæø et al., 2019, Kylén et al., 2019, Löfqvist et al., 2013, Sixsmith et al., 2008).

Some differences were observed across studies from different countries, but these should be interpreted cautiously because they may reflect variation in research focus, study setting, or housing context rather than genuine country-level differences. It is also likely that within-country variation is important. For instance, Yadav et al. (2025) identified differences between urban and rural settings within Sweden, suggesting that local as well as national context may shape housing decisions.

Some country-level differences were visible in emphasis rather than in their findings. UK studies focused more on formal housing pathways and care transitions: extra-care housing, supported housing, retirement villages, and end-of-life movement between care settings (e.g., Buckland & Tinker, 2020; Cameron et al., 2020; Hanratty et al., 2012; Murphy-Morgan et al., 2024; Zhang et al., 2025). These studies highlighted problems of information, coordination, stigma, and unequal access to housing options. Although less emphasised, studies in other European countries also pointed to ambivalence about relocation, stigma associated with dependent housing, and the availability and suitability of alternatives (Löfqvist et al., 2013; Nygren & Iwarsson, 2009; Vasara, 2015; Filipović Hrast et al., 2020).

Studies from Sweden, Finland, Norway, and Germany emphasised meanings of home, ambivalence, autonomy, and everyday practices of dwelling (although these concerns were present in some UK studies as well). Haak et al. (2007), Kylén et al. (2019), Löfqvist et al. (2013), and Granbom et al. (2013) focused strongly on the emotional and existential meaning of home. Finnish studies by Tyvimaa and Kemp (2011), Vasara (2015), and Rantanen et al. (2024) paid particular attention to proactive reasoning, justification, and planning. Norwegian studies such as Fæø et al. (2019), Hvalvik and Reiersen (2011), and Kvæl et al. (2025) highlighted autonomy, acceptance, and shared responsibility for preparing for future transitions.

Three studies in the review used data from more than one country. Löfqvist et al. (2013) and Granbom et al. (2014) drew on Swedish and German data but analysed them as combined samples rather than directly comparing national groups. Wanka et al. (2024) drew on Swedish and German interviews, but their main contrasts were between relocation trajectories rather than national groups: moving into a new shared home was generally easier for joint place-making, while moving into a partner's pre-existing home was more challenging for attachment, belonging, and control. This suggests that the review provides only limited evidence for strong country-level comparisons.

Discussion

This review found that housing decision making in later life is commonly a dynamic, relational, and context-dependent process, rather than (usually) being driven by single events or factors. Across studies, decisions to move or remain were multi-factorial, shaped by the interaction of health, housing suitability, emotional attachment to home, social relationships, financial resources, and uncertainty about the future. A major finding was anticipation. Many older adults considered moving before severe incapacity, responding to possible future fragility or crisis. In this sense, relocation was often framed as a preventive strategy. However, ageing-in-place remained a strong preference for participants across the studies, largely because home and neighbourhood were associated with continuity, identity, social connection, and belonging. The desire to remain was therefore not only practical but deeply emotional and symbolic.

The review also found that older adults frequently engaged in legitimising work when describing their housing decisions. Moves were often justified as necessary, sensible, or responsible, especially where they might otherwise appear to conflict with the ideal of ageing-in-place.

Variation between groups was another important finding. The degree of choice available to older adults was unevenly distributed. People with greater economic resources were better able to plan ahead, adapt their homes, and choose between housing options, whereas those with fewer resources were often more constrained. Social networks also played a major role, with family, community support, and household composition influencing both the feasibility and desirability of moving or staying. Limited evidence also suggested that ethnic minority and LGBTQ older adults may face additional concerns about discrimination, acceptance, and support in later-life housing.

Finally, the review identified some differences in emphasis between UK and other European studies. European studies more often portrayed housing decisions as prolonged and reflective processes, including explicit anticipation of decline and active efforts to legitimise moving. UK studies often described decisions as shaped by constrained options, cumulative pressures, or crisis.

The findings of this review are consistent with other literature showing that later-life housing decisions are shaped by multiple factors rather than a single trigger (Roy et al., 2018). It also aligns with literature emphasising the emotional and symbolic importance of home. Wiles et al. (2012) found that ageing-in-place was meaningful to older adults because it was tied to identity, autonomy, security, relationships, and belonging within home and community. Similarly, Oswald and Wahl (2004) argued that housing in later life should be understood not only in functional terms but also in relation to health, meaning, and person–environment fit. These perspectives support the present review's finding that attachment to home and neighbourhood is central to how older adults make housing choices.

The review also supports critiques of ageing-in-place as an overly simple policy ideal. Pani-Harreman et al.'s (2021) review of how ageing-in-place is defined found it to be a multidimensional concept involving place, social networks, support, technology, and individual characteristics, rather than merely staying in the same home. Forsyth et al. (2020) likewise argued that the term is often used inconsistently and can obscure important differences in housing conditions, neighbourhood context, and support needs. Together, these studies help explain why ageing-in-place in the current review appeared both as a valued aspiration for many, but as a constrained necessity for some other older adults rather than a freely chosen outcome.

The findings on anticipatory relocation and ongoing decision making are consistent with earlier theoretical work. Wiseman's behavioural model of elderly migration conceptualised later-life moves as a staged process of interrelated decisions (Wiseman, 1980). More recent work similarly suggests that older adults seek "residential normalcy" by trying to maintain a living situation that feels manageable, meaningful, and emotionally acceptable as circumstances change (Golant, 2011). Our review's findings on legitimacy and identity also resonate with broader qualitative literature on relocation and care transitions. Paddock et al. (2019) showed that transition into a care home can affect well-being and identity, with residents needing to negotiate autonomy, selfhood, and belonging within a new setting.

Finally, the differences observed here between UK and other European studies are plausible given evidence that housing transitions are shaped by structural factors such as housing systems, service availability, and care organisation. Recent work on moves between care settings has highlighted the importance of system-level coordination, available options, and support during transitions (Zhang et al., 2024). Consequently, the stronger emphasis in some UK studies on constrained choice and reactive transitions may reflect differences in national housing and care contexts, although the lack of explicitly comparative studies means this interpretation should remain cautious.

A key strength of this scoping review is that it brings together a broad and diverse body of research on later-life housing decision making across multiple housing settings and national contexts. By including studies on ageing-in-place, extra-care housing, sheltered and supported housing, and transitions into care, the review captures the complexity of later-life housing pathways rather than focusing on a single setting. A further strength is that the review moves beyond health-only explanations, framing housing decision as a multidimensional process involving emotional, social, structural, and cultural factors.

However, the review also has limitations. First, the evidence base was heavily weighted toward the UK (likely at least partly because of the restriction to English-language studies), and there was only one explicit cross-country comparison. Therefore, cross-national comparisons should be interpreted cautiously because differences may reflect analytical assumptions and choices by researchers in different countries. Second, the review only analysed qualitative studies and findings, which while appropriate for exploring the nuances of the decision-making processes, limits the ability to draw conclusions about the relative strength of different factors. Third, some subgroups were underrepresented in the analysis done by the underlying studies. Although socio-economic and family circumstances were commonly examined, evidence was more limited for differences related to gender, ethnicity, and sexuality. As a result, conclusions about differential experiences across social groups remain tentative.

The findings suggest that housing policy and practice for older adults should move beyond a narrow focus on crisis response and better recognise housing decision making as a long-term process of preparation, negotiation, and support. This has a number of implications. First, services should provide timely, accessible, and well-publicised housing information so that older adults and families can understand available options. In Europe, the WHO Age-friendly Cities framework emphasises that information must be distributed through both digital and traditional "pathways" to reach those at risk of social exclusion (WHO Europe, 2023). Several studies in this review suggested that suitable services existed but were poorly advertised or difficult to navigate. Better information pathways may therefore support more informed and less stressful decisions.

Second, policy should recognise that the feasibility of ageing-in-place depends on home design, neighbourhood conditions, formal support, and financial resources. Expanding access to home adaptations, repairs, support services, and age-friendly neighbourhood infrastructure may make ageing-in-place more realistic for a wider range of older adults. This aligns with the European Commission's Green Paper on Ageing, which advocates for "silver economy" investments in barrier-free housing (European Commission, 2021). However, policy should not treat ageing-in-place as the only desirable outcome, as some or many older adults may benefit from moving before a crisis develops. Relatedly, the review finds that older adults with fewer economic resources have the least capacity to prepare for later-life housing choices, highlighting the need for affordable housing, equitable access to adaptation and support services, and greater focus on disadvantaged areas.

Third, health and social care practitioners should recognise that decisions about moving are not purely related to physical and mental function. Emotional attachment to home, concerns about identity, and fears about losing independence are central to how older adults experience housing transitions (Sixsmith et al., 2008). Conversations about housing should be person-centred and sensitive to the symbolic meaning of home.

Finally, the limited but important findings relating to ethnic minority and LGBTQ older adults suggest a need for more inclusive housing environments. Older adults may resist certain housing options if they fear discrimination, exclusion, or loss of support networks. Services and housing providers should therefore consider inclusion, cultural safety, and social belonging.

This review also highlights several priorities for future research. There is a need for more research on underrepresented groups. Although some studies touched on gender, it was not analysed as consistently as socio-economic status or family circumstances, despite the strongly gendered nature of ageing, care, and housing. Evidence on ethnic minority older adults, LGBTQ older adults, and those with limited family support was even more limited. Important differences in later-life housing decisions across social groups remain insufficiently understood.

Future research should explore the temporal dimension of housing decision making more explicitly. The review suggests that decisions emerge through anticipation, postponement, crisis, and reassessment over time. Longitudinal research would therefore be especially valuable for examining how preferences and decisions evolve, including how individuals justify or legitimise changing preferences. Related to this, more work is needed to understand how older

adults access, interpret, and use information about housing options, including how this evolves over time. If decision making is often constrained by lack of knowledge or poorly advertised services, then research should examine how policy and service systems can better support planning. Less instrumentally, research should continue to examine housing transitions not only as functional responses to decline, but as experiences tied to identity, morality, and social belonging. This may help produce more realistic and person-centred understandings of later-life housing.

Finally, more comparative research is needed to examine how housing systems, welfare arrangements, and service structures shape decision making across countries. The differences observed between UK and European studies in this review were suggestive, but the current evidence base is not balanced enough to support strong conclusions. Cross-national comparative studies would help clarify whether and how the observed differences reflect structural context, cultural meaning, or differences in study design.

Conclusion

This scoping review shows that housing decision making in later life is a complex process shaped by interacting personal, social, structural, and cultural factors. Decisions to move or remain are rarely driven by a single trigger and often involve ongoing negotiation between current preferences, future expectations, and available resources. While ageing-in-place remains a strong aspiration, its feasibility depends on material conditions, support networks, and wider systems of housing and care. Relocation, meanwhile, is often framed not simply as a response to decline, but as an effort to preserve autonomy, safety, and control. A more realistic understanding of later-life housing decisions therefore requires attention to inequality, timing, and the emotional meaning of home, as well as to the policy and service environments within which these decisions are made.

Declarations

Competing interests

The authors declare no competing interests.

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Author Contribution

All authors contributed to the study conception and design. The literature search, data collection, and analysis were performed by S.S.Y.C. and M.H.H., with B.G. acting as a third reviewer. The manuscript was initially drafted by S.S.Y.C. and M.H.H., and critically revised by B.G., H.W., and A.K.. All authors read and approved the final manuscript.

Data Availability

All data supporting the findings of this study are available within the paper and its Supplementary Information. Summaries of included studies are provided in Supplementary Table 2.

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Figures

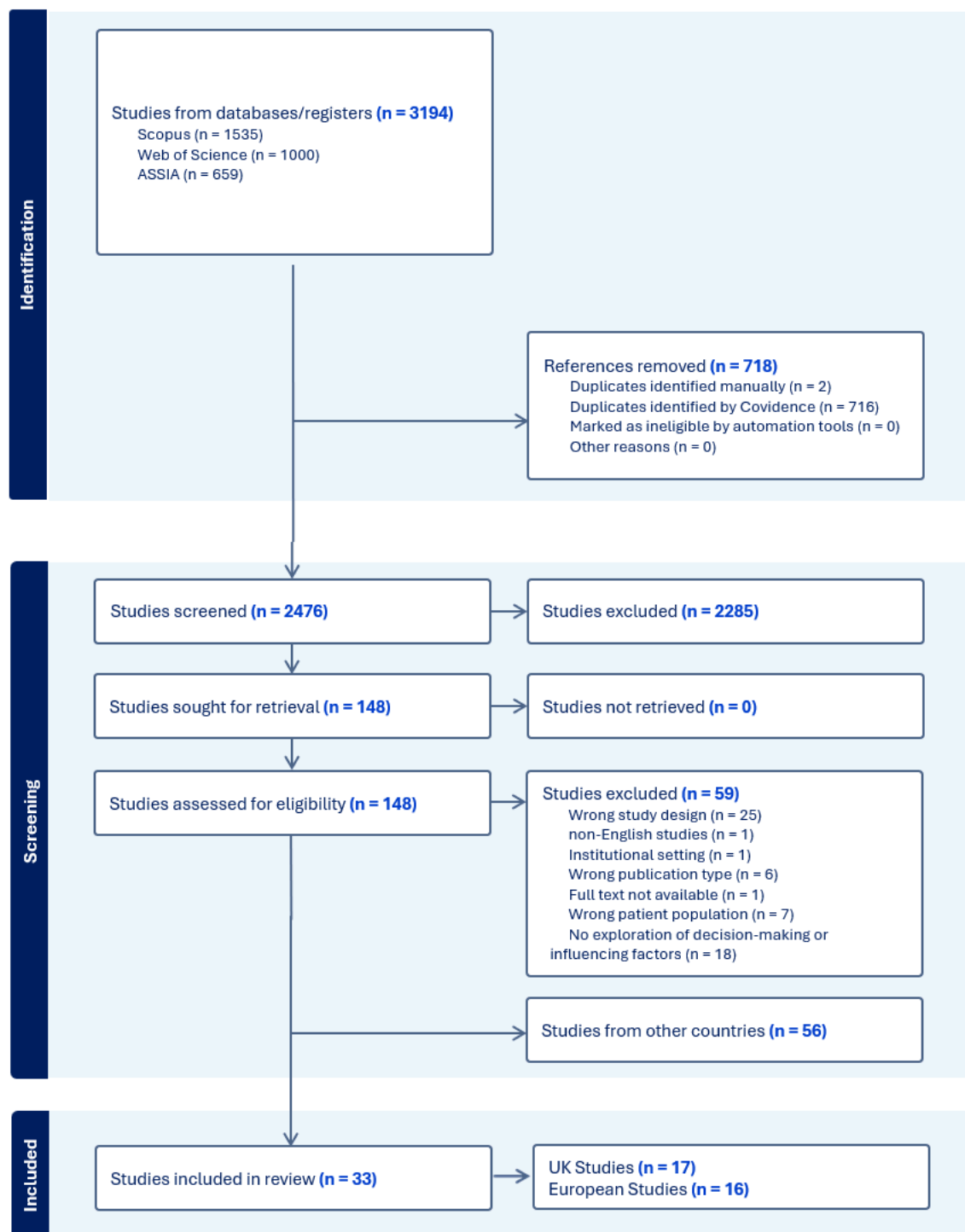


Figure 1

Study flow diagram

Supplementary Files

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