

Designing better moves: improving senior mobility with assisted living

Evidence-based insights for the Dutch free rental housing market



*“Everybody wants to live forever,
but nobody wants to grow old.”*

- Jonathan Swift

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Preface

The past 260 days have been a remarkable rollercoaster and the final chapter of my academic journey. My interest in senior housing began after witnessing my grandmother struggle with the decision to relocate. Despite her declining health, she remained independent, true to the strong woman she had been all her life. Yet, I also saw her quiet challenges of aging, even while surrounded by friends, children, grandchildren, and great-grandchildren

I remember thinking: *if even my grandmother, with all our support, sometimes feel lonely, how many seniors face this daily?* That thought stayed with me. In August, after deciding to start graduating, instead of pursuing a study abroad, I committed to researching senior housing. Over the past nine months, not a week has gone by without thinking about Oma, and my thesis ;). After exploring the academic literature, I was eager to start the qualitative phase. Conversation with passionate experts only deepened my interest, but it was during the focus group sessions I truly became convinced of the power and potential of assisted living. Hearing the stories of seniors before, during, and after the official sessions made me reflect even more deeply on what Oma might have felt.

Writing a thesis can feel lonely at some moments as well. But thanks to the support of many individuals, it felt more like an “*assisted graduating concept*”. I would like to use this preface to thank them. First, I want to thank the members of my graduation committee. To *prof.dr.ir. M.G. Elsinga*: I remember our first meeting, where you clearly outlined the conditions for your supervision, and I did my best to meet them. I’m grateful that you remained flexible when I needed support the most. To *Dr. H.J.F.M. Boumeester*: thank you for the constructive feedback on both content and process, it really helped me grow. And to *Ir. J.H. Lüchinger*: I appreciate your feedback and valuable insights on my presentations. I apologise again for the need to schedule an extra presentation, but I really appreciated our conversation before the formal session.

I want to thank everybody at Amvest for making me feel welcome the past 5 months. A special word of appreciation goes to Bart and Jeffrey from the Strategy and Research Department. Our conversations about this topic helped sharpen my thesis, and your networks allowed me to access the perfect set of interviewees and focus group participants. To the many seniors and professionals who participated in my research: thank you for your openness, your time, and your stories. I cannot name you personally here, but I really appreciated each conversation, coffee, and lunch we had together.

To my parents and sister: Thank you for creating an environment in which I could flourish these past six years. You’ve always offered support and advice, especially when my personality landed me in tricky situations, but you never tried to change how I work. I love you for that.

To Lou: sorry for the late nights, early mornings, and missed events. Let’s enjoy the coming years.

Finally, to everyone around me who supported me in both spoken and unspoken ways: thank you for sticking with me during this process. To my family: I’m sure that Oma would have loved it in one of those assisted living concepts. The past nine months have shown how strong we are together, and I look forward to long summer nights in Friesland. A special thanks to Eveline Offringa for your help during the focus groups, your support meant a lot!

Diederick Buijs
Amsterdam, May 20, 2025

Abstract

In the Netherland, the ageing society is placing an increased pressure on the already difficult housing market. Due to national ageing-in-place policies, many seniors remain in homes that no longer suit their physical, social, or care-related needs. At the same time, they hesitate to relocate due to a combination of different practical and emotional factors. While assisted living concepts offer promising alternatives, their success depends on both better alignment with the relocation process of senior and improved marketing. This thesis tries to contribute to that gap by addressing the following research question: *“How can insights into push, pull and keep factors be used to optimise relocation strategies for seniors in the free rental market and enhance their assisted living experiences?”*

This study applies a qualitative research approach, combining expert interviews and conducting two focus group sessions: one with current residents of assisted living housing, and another one with non-movers who seriously considered relocating. The findings reveal that relocation decisions are made after an ongoing interplay of push, pull, and keep factors. Crucially, relocation strategies must be tailored to different level of readiness. The senior that is open to relocation benefits from practical and logistical support. Conversely, hesitant seniors benefit from more emotional reassurance, reframing of assisted living narratives, and the possibility to have trial stays. Additionally, there are thing that need to be in place for both type of seniors. For instance, honouring service commitments, involving seniors in the design phase, and enhancing social infrastructure can improve the attractiveness and success of assisted living concepts for al.

The third focus group highlighted that relocation decisions may also differ by context. In urban settings, seniors placed greater weight on environmental aesthetics, proximity to family, and lifestyle opportunities. At the same time, emotional barriers such as fear of status loss could be mitigated by offering high-quality, well-designed housing that reflects their past housing achievements.

This thesis contributes to the scientific discourse by integrating the lived experiences of seniors into the analysis of senior mobility. As a result, it also offers actionable strategies for stakeholders in senior housing to create inclusive future-proof senior housing that aligns with the evolving needs and expectations of seniors.

KEYWORDS | Senior housing, residential mobility, senior living concepts, senior housing preferences, assisted living, push/pull/keep factors

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1

Introduction

1 INTRODUCTION

1.1 Context

People are now living longer than at any previous point in history, but these additional years do not necessarily guarantee better health (WHO, 2018). Across Europe, aging populations are reshaping societal structures, placing increasing demands on healthcare, housing, and long-term care services (WHO, 2023). As a result, the question of where and how seniors should live has gained prominence in housing and urban development research.

Many older adults express a desire to “age in place”, remaining in their homes for as long as possible, in line with the policy of the Dutch government. However, various factors—including declining physical or cognitive health, social isolation, property maintenance challenges, and a need for specialised care—often lead to relocation to senior housing communities (Sullivan & Williams, 2017; Wu & Rong, 2020). Relocation represents a major life transition, bringing both positive and negative consequences. Some elderly individuals report increased safety, social engagement, and improved care, while others experience stress, loss of independence, and emotional difficulties (Ronkainen et al., 2023).

This trend is particularly relevant in the Netherlands, where demographic projections indicate a 40% increase in the 65+ population and a doubling of individuals aged 80+ by 2040 (Dutch Ministry of the Interior and Kingdom Relations, 2022).

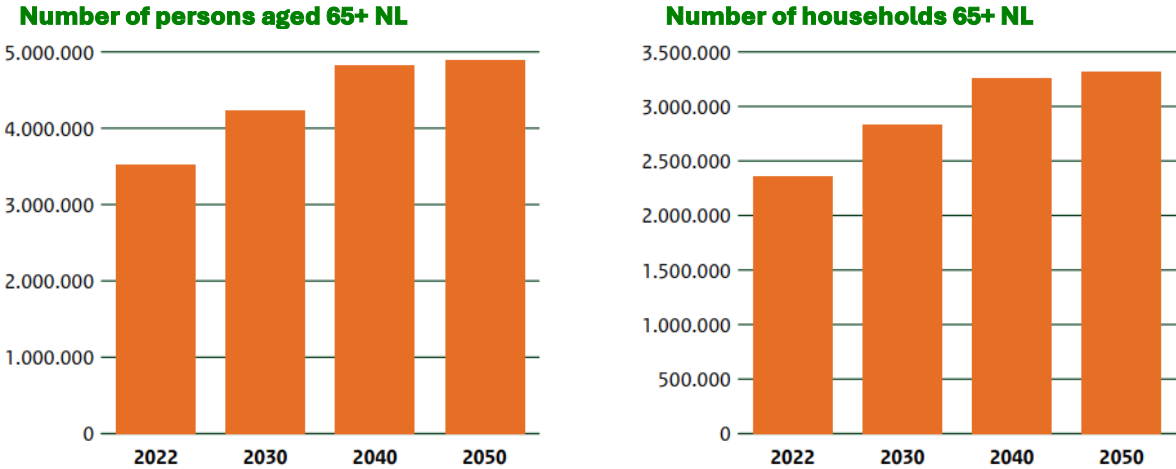


Figure 1 – Increase in number of elderly people and number of elderly households- source: WoOn, 2021

However, despite this demographic shift, many seniors remain in underutilised single-family homes and only relocate when faced with health challenges such as illness or physical limitations. This reluctance to move reflects both a strong desire for autonomy and barriers within the housing market, including a lack of appealing alternatives, emotional attachment to one’s home, and financial constraints (Van Meurs & Koning, 2024).

While much of the discussion around senior housing focuses on care needs, contemporary research suggests that today’s seniors differ from previous generations in their expectations, lifestyle

preferences, and financial capacity (Hudson, 2010; Chen & Shoemaker, 2014). Many seniors today are healthier, better educated, wealthier, and more independent, leading to evolving demands in the senior housing market (Higgs & Quirk, 2007; Roberts & Adams, 2018). This means that senior living is no longer solely about care provision but also about creating environments that enhance quality of life, autonomy, and social participation.

These developments are particularly visible in the private senior rental market, where housing models, such as Amvest’s Seasons concept, are emerging to cater to a more well-off, active senior population. Unlike traditional nursing homes, these communities focus on amenities, social engagement, and flexible care services, providing a modern alternative to institutionalised elder care.

Encouraging residential mobility among seniors could generate significant benefits for the broader housing market. The Dutch Ministry of the Interior and Kingdom Relations (2022) highlights that targeting senior relocation creates more housing movement than focusing on first-time buyers. Many seniors currently occupy homes that exceed their needs (see Figure 2), meaning downsizing could free up larger homes for younger families, and easing housing shortages (Van Meurs & Koning, 2024). However, research suggests that barriers to relocation remain significant, particularly when seniors perceive a lack of suitable, desirable alternatives (Van Oppen et al., 2022).

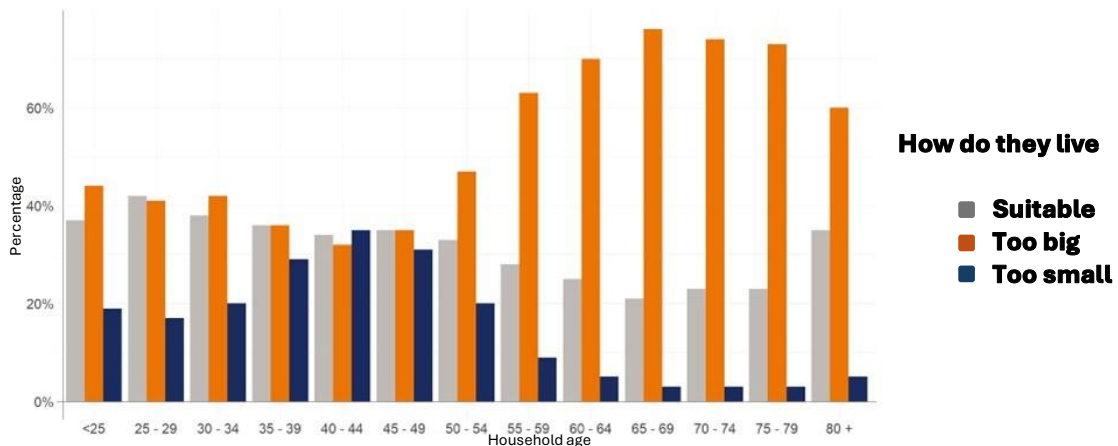


Figure 2 – Number of people living appropriately (by household age) - source: Springco (2020)

The decision to relocate is influenced by push, pull, and keep factors (Wiseman, 1980). Push factors refer to challenges in the current home (e.g., declining health, home maintenance difficulties, or social isolation). Pull factors represent attractive features of alternative housing, such as more accessible living environments, proximity to amenities, and a sense of community (Erickson et al., 2006; Baumker et al., 2012). Finally, keep factors are barriers that prevent seniors from relocating, such as financial constraints, emotional attachment, and concerns about change (Roy et al., 2018).

Prior studies on senior relocation have primarily focused on push factors, emphasising personal challenges like health issues or loss of a partner (Erickson et al., 2006). However, fewer studies have explored pull factors—the features of new housing that attract seniors—or keep factors—the barriers that discourage relocation (Chaulagain et al., 2021). Furthermore, there has been little direct

engagement with seniors to understand their lived experiences, motivations, and concerns in the decision-making process.

1.2 Problem statement

The current mismatch between the housing supply and the needs of seniors, particularly within assisted living concepts, must be addressed by examining both existing options and the evolving needs of seniors. Despite extensive research on the housing needs of an aging population, there is a lack of direct engagement with seniors to understand their individual experiences and decision-making processes regarding relocation to assisted living or remaining in their current homes. This gap in understanding hinders the development of effective strategies that align assisted living solutions with seniors' housing preferences, care requirements, and social expectations. Many seniors are hesitant to relocate due to emotional attachment, financial constraints, and a lack of appealing or suitable assisted living alternatives. This reluctance contributes to inefficiencies in the housing market, including a shortage of larger homes for younger families and limited turnover in senior housing. Understanding what motivates seniors to move into assisted living or remain in place is essential for fostering residential mobility and improving the accessibility, desirability, and effectiveness of assisted living rental housing in meeting the diverse needs of older adults.

1.3 Research questions

How can insights into push, pull and keep factors be used to optimise relocation strategies for seniors in the free rental market and enhance their assisted living experiences?

To answer this question, the following three sub questions are formulated:

1. What are the primary push, pull, and keep factors influencing seniors' relocation decisions within the free rental market for assisted living in The Netherlands?
2. How do seniors perceive their transition into assisted living, and to what extent does their experience align with their expectations?
3. How do push, pull, and keep factors shape the motivations and experiences of seniors across different housing decisions – comparing those who have relocated to assisted living and those who choose differently.

This research follows a structured approach to understanding the key factors influencing senior relocation decisions and their experiences within assisted living and other housing contexts.

The first sub-research question (SQ1) focuses on identifying the push, pull, and keep factors that shape seniors' housing choices from a housing market, social, and healthcare perspective. Push factors include challenges that drive seniors away from their current homes, pull factors refer to the attractive features of new housing options, and keep factors represent the barriers preventing relocation. By analysing these factors, this research aims to uncover the main incentives and obstacles affecting seniors' decisions, providing a foundation for improving residential mobility.

The second sub-research question (SQ2) builds on this by examining how seniors perceive their transition into assisted living and whether their expectations align with reality. This analysis explores key considerations such as access to care, enhanced comfort, social engagement, and overall quality of life. By comparing seniors' initial expectations with their actual experiences post-relocation, the research identifies potential gaps between what is promised and what is delivered. These insights are crucial for refining assisted living concepts to better meet the evolving needs and preferences of aging populations, ultimately improving satisfaction and well-being.

The third sub-question (SQ3) expands the focus by investigating how seniors' motivations and experiences differ across various housing contexts. This includes seniors who have already moved to assisted living concepts in Soesterberg (rural) and Amsterdam (urban), and seniors that were interested in such a concept but at the end did not continue living there. Comparing these different scenarios provides a deeper understanding of the factors influencing satisfaction, challenges faced during transition, and the overall impact of relocation decisions. By identifying these variations, the research offers valuable insights into tailoring housing concepts to better accommodate the diverse needs of seniors and improve the overall assisted living experience.

In summary, the sub-questions follow a logical progression: from identifying seniors' motivations and barriers (SQ1), to evaluating their expectations and experiences in assisted living (SQ2), and finally analysing how these factors differ across various housing contexts (SQ3). These sub-questions will contribute to developing strategic recommendations for improving assisted living and residential mobility. Together, they provide a holistic approach to understanding senior relocation decisions, ensuring that assisted living solutions are both responsive to individual needs and contribute to broader improvements in residential mobility.

1.4 Societal and scientific relevance

1.4.1 Societal relevance

The aging population in the Netherlands presents significant challenges in aligning housing supply with the evolving needs of seniors, particularly within the assisted living rental market. Many older adults face barriers to relocation due to emotional attachment, financial constraints, or a lack of suitable alternatives, leading to inefficiencies in residential mobility. Addressing these challenges is essential not only for improving senior housing conditions but also for optimising the broader housing market. By facilitating smoother transitions for seniors, underutilised family homes can become available to younger households, contributing to a more dynamic and efficient housing system.

This research focuses on understanding the relocation triggers and experiences of seniors transitioning from independent living to assisted living rental housing. By analysing the motivations, expectations, and barriers influencing their decisions, this study aims to generate actionable recommendations for improving residential mobility and enhancing the assisted living experience. A deeper understanding of these factors will help refine housing models to better support aging populations, ensuring that seniors have access to safe, accessible, and socially engaging living environments.

Beyond the individual level, improved assisted living concepts can deliver broader societal benefits. These include reduced social isolation, lower healthcare strain, and more dynamic housing flows. By ensuring that seniors have access to appropriate housing solutions that integrate healthcare, social connectivity, and long-term liveability, this research contributes to promoting aging in place within supportive environments. This, in turn, can reduce social isolation, enhance seniors' well-being, and relieve pressure on healthcare systems by preventing premature institutionalisation. Furthermore, enhancing residential mobility among seniors promotes a more adaptable and sustainable housing market, benefiting multiple generations.

By addressing these issues, this research not only improves seniors' quality of life but also contributes to broader societal goals, including a more efficient housing market, better resource allocation in the real estate sector, and potential cost reductions in long-term healthcare services.

1.4.2 Scientific relevance

This study contributes to the academic understanding of senior relocation within the assisted living rental market, focusing on the housing market, social, and healthcare factors influencing seniors' housing decisions. While existing literature has primarily examined senior mobility through push factors such as declining health or home maintenance challenges, this research takes a more comprehensive approach, integrating push, pull, and keep factors to provide a deeper understanding of what drives or prevents seniors from relocating to assisted living.

A key contribution of this study is its multi-dimensional perspective, combining housing, healthcare, and social factors to analyse the complexities of senior relocation. While much of the existing research focuses on homeownership or institutional care settings, this study specifically examines the free-market rental sector, an area that remains underexplored in current Dutch academic debate. By bridging these perspectives, the research offers a holistic view of how seniors navigate housing choices within an evolving market.

Furthermore, this study moves beyond theoretical models by integrating qualitative, experience-based insights directly from seniors themselves. Through focus groups, it captures the lived experiences, motivations, and concerns that shape their relocation decisions. Many existing studies rely on quantitative surveys or policy-driven analyses without engaging seniors in the research process. This study addresses that gap by incorporating first-hand narratives, allowing for a more nuanced understanding of how expectations align with actual experiences.

Beyond its academic contributions, this research provides practical insights for real estate developers, policymakers, and housing providers. By identifying the key barriers and drivers of senior relocation, the study offers evidence-based recommendations for improving assisted living models and enhancing residential mobility. In doing so, it contributes not only to scientific knowledge on senior housing transitions but also to practical solutions that support a more responsive, sustainable, and senior-friendly housing market.

1.5 Reading guide

The research follows a multi-method qualitative research approach divided into four phases:

1. **Literature review and theoretical framework**
This phase establishes the foundation of the study by exploring senior living from housing market, (health)care, and social perspectives. It reviews senior-friendly housing design, policy frameworks, and residential mobility theories, identifying push, pull, and keep factors influencing senior relocation decisions. Expert insights further refine the theoretical model.
2. **Expert interviews and model refinement**
In this phase, real estate developers, policymakers, and elderly care professionals provide qualitative insights into senior housing trends, barriers to relocation, and market challenges. These expert interviews help validate and refine the push, pull, and keep factors, ensuring that the conceptual model reflects real-world dynamics within the senior living sector.
3. **Focus groups with seniors**
Focus groups are conducted with seniors who relocated, those planning to move, and those choosing to stay. These discussions capture lived experiences, motivations, and concerns, adding depth to the conceptual model. This phase provides empirical evidence on how seniors perceive relocation, what factors influence their decisions, and what housing features attract or deter them.
4. **Conclusions and recommendations**
The final phase synthesises literature, expert insights, and senior perspectives to develop evidence-based recommendations. These conclusions inform real estate developers, policymakers, and housing providers on strategies to enhance senior living options. The study proposes actionable solutions to reduce relocation barriers, improve housing alternatives, and support informed, voluntary senior mobility within the free-market rental sector.

The four phases collectively provide a comprehensive overview of senior preferences and willingness to relocate.

The first chapter establishes the background, problem statement, research questions, and the societal and scientific relevance of the study. The next chapter introduces the theoretical framework that reviews relevant literature, focusing on key concepts such as push, pull, and keep factors influencing seniors' relocation decisions, which form the basis for study.

The third chapter focuses on the research methodology and elaborates on the multi-method qualitative research design, explaining the use of expert interviews and focus groups to gather and triangulate data.

Chapter four presents the empirical findings from expert interviews and focus groups. These are thematically analysed and compared with the framework developed in chapter 2.

Chapter five and six conclude the study by producing insights from the literature and empirical research. Chapter 5 answers the main and sub research questions where chapter 6 provides practical recommendations for optimising senior relocation within the Dutch free rental market for assisted living and possible future research directions.

2

Literature review

2 Literature review

This chapter begins by examining the concept of senior living through three interconnected lenses: the housing market, care provision, and social engagement. It then explores current housing models and design principles that support aging in place, including barrier-free and universally accessible environments. The review further integrates theoretical frameworks on residential mobility, paying particular attention to push, pull, and keep factors that influence whether older adults choose to move or remain in their homes.

2.1 Senior living

Understanding senior living requires a multidimensional approach that considers the housing market, healthcare, and social perspectives. Each of these domains plays a critical role in shaping the experiences of older adults as they navigate their housing options and care needs.

From a social perspective, the challenge of combating isolation and promoting community engagement is important, as social connections significantly influence seniors' quality of life. Housing models that incorporate communal spaces and foster social interaction can help mitigate the adverse effects of isolation.

The healthcare perspective focuses on the integration of care services within housing concepts, particularly as the Dutch policy shift towards ageing in place has placed greater emphasis on home-based support rather than institutional care. The design of senior living facilities must therefore balance independence with accessible care provisions to address the growing demand for flexible and cost-effective care solutions.

The housing market perspective highlights the structural and financial barriers that limit senior mobility within the housing market. A lack of suitable, affordable, and accessible housing options forces many older adults to remain in homes that do not meet their needs, keeping them away from younger families, and further blocking housing market flow. Addressing this issue requires comprehensive housing strategies that align with both senior preferences and market realities.

2.1.1 Senior living from a housing market perspective

The housing market in the Netherlands is under heavy pressure because of the rapidly growing number of older adults and the insufficient supply of suitable housing for them. Many older adults are forced to stay in houses that do not suit their needs, which leads to a decline in turnover in the housing market (ActiZ, 2023). The increasing necessity for age-appropriate housing is evident; however, the existing inventory frequently fails to meet the desires of older adults concerning independence, ease of access, and opportunities for social engagement (Woonprofielen van Senioren, 2020).

According to a report from Rabobank (2024), there is an imperative for comprehensive housing strategies that consider the interrelated challenges of housing, caregiving, and social integration in communities that are experiencing an aging demographic (Rabobank, 2024). The report underscores that over 55% of seniors in Zuid-Holland live in homes unsuitable for ageing in place, such as multi-level family houses or apartments without elevators. Even though some homes can be retrofitted, others require more comprehensive renovation or demolition. The Rabobank report emphasises the importance of building “always adaptable homes” that can be easily modified as seniors' mobility decreases, ensuring that they can continue living independently.

Other essential strategies include building community-centred models of living based on mutual care and support, which helps reduce reliance on formal healthcare. Living communities, encourages intergenerational interactions and mutual support. Rabobank's report provides evidence for policies that require mixed dwelling types in new developments but also ensure neighbourhoods have social spaces where people can come together, such as community centres and accessible parks that will help people feel connected to others and reduce feelings of isolation.

Despite these initiatives, financial barriers remain a critical challenge. Seniors often face higher monthly costs when relocating to modern apartments, discouraging downsizing. Moreover, stringent regulations and long bureaucratic processes delay housing projects, further limiting the availability of senior-friendly homes. The Rabobank report (2024) also refers to the need for innovative financing solutions, supporting both developers and older people, in the form of flexible loan products for home adaptations and overvalue mortgages that will enable seniors to make use of their home equity.

2.1.2 Senior living from a (health)care perspective

The Dutch healthcare system has undergone significant transformations over the past century, driven by economic pressures, demographic shifts, and changing societal expectations. The modern welfare state took shape with the introduction of foundational social security laws, such as the Ongevallenwet (1901), the Ouderdomswet (1919), and the Ziektewet (1930) (Van Oorschot, 2006). These early laws laid the groundwork for a system where the state took responsibility for providing social protection, culminating in the introduction of long-term care insurance through the Algemene Wet Bijzondere Ziektekosten (AWBZ) in 1968 (Van Gorp et al., 2009). However, as the system expanded, it became financially unsustainable due to rising costs and an ageing population.

By the late 20th century, the cost of long-term care had soared, leading to policy shifts aimed at reducing state expenditures and promoting self-reliance. The introduction of the Wet Maatschappelijke Ondersteuning (Wmo) in 2007 was a turning point, transferring responsibilities to municipalities and reinforcing the policy of “ageing in place”—enabling seniors to live at home as long as possible with support services such as home care, transport, and home modifications (Rijksoverheid, 2014). This policy shift marked a move from institutionalised care towards community-based solutions, which has profoundly influenced senior housing design.

The Dutch government's strategy to encourage seniors to live independently has led to a growing demand for housing solutions that integrate care services within residential settings. Projects such as De Hogeweyk, a dementia village, exemplify this approach by creating environments that mimic regular neighbourhoods while offering round-the-clock care (van Dijk et al., 2012). Similarly, Amvest's senior living concepts align with this policy by focusing on small-scale, community-driven housing models where care is accessible but does not compromise seniors' independence. These housing concepts not only address healthcare needs but also combat isolation, a common risk associated with ageing.

Research has consistently demonstrated that social isolation leads to serious health risk. Hawton et al. (2010) found that socially isolated seniors face an increased risk of developing cardiovascular diseases, depression, cognitive decline, and even early mortality. These health risks are

compounded by vulnerability, which is often exacerbated by a lack of social engagement and meaningful interpersonal interactions. In the Netherlands, where social policies have long prioritised independent living, such risks are becoming more evident as the senior population expands.

However, the success of such initiatives depends on their ability to adapt to the evolving care needs of an ageing population. By 2050, an estimated 25% of the Dutch population will be over 65 years old (Raad voor Volksgezondheid en Zorg, 2012), further straining resources and increasing the demand for innovative housing solutions. The financial pressures on public funding, combined with a shortage of healthcare workers, make it essential to develop housing models that balance independence with adequate care provision while remaining cost-effective.

2.1.3 Home-Based Care: From Broad Developments to the Dutch Practice

Over the past decades, many countries have shifted care delivery from institutional to community-based models, with home-based care (HBC) becoming increasingly central to ageing-in-place strategies. This transition is driven by demographic ageing, rising healthcare costs, and a growing emphasis on patient autonomy and personal preferences. HBC enables older adults to receive support in their familiar living environments, preserving independence while addressing chronic illnesses or functional limitations (Heggestad et al., 2021; Dostálová et al., 2021).

While home-based care is often seen as a more humane and cost-effective alternative to institutional care, it brings a new set of challenges. Providers deliver care in private homes not designed for medical tasks, often working in isolation, and balancing the clinical, emotional, and ethical dimensions of their work. Particularly complex are situations where care professionals must navigate tensions between respecting patient autonomy and safeguarding well-being—for instance, when a senior insists on living at home despite serious safety concerns. Such cases demand not only medical competence but also ethical sensitivity and strong communication skills (Heggestad et al., 2021).

In the Netherlands, these global trends are reflected in the national decentralisation of care responsibilities under the Wet maatschappelijke ondersteuning (Wmo), introduced in 2007. This policy emphasises individual responsibility and the mobilization of social networks before seeking professional support. Municipalities now play a key role in coordinating and financing home-based services, from domestic help to basic nursing care. While this model promotes flexibility and local tailoring of services, it also increases disparities: individuals with lower socioeconomic status, weaker networks, or limited health literacy often face difficulties in accessing appropriate care (Kwekkeboom et al., 2022).

Research shows that access to home-based care under the Wmo is not equally distributed, even within the same municipality. Those better equipped to articulate their needs or navigate bureaucratic processes often secure more or better support. This raises concerns about equity in the very system designed to support vulnerable groups (Kwekkeboom et al., 2022). As the ageing population continues to grow, it is essential to address not only the provision but also the accessibility of home-based care.

For senior housing strategies, this reinforces the importance of integrating care accessibility directly into the design and location of housing concepts. Housing that enables dignified, independent living

must be matched with adequate, equitable home-based care services. Otherwise, the ambition of ageing in place risks becoming an empty promise for those most in need.

2.1.4 Senior living from a social perspective

Social isolation is a critical issue affecting older adults, with far-reaching implications for their health, well-being, and housing needs. According to Mehrabi and Béland (2020), social isolation occurs when seniors experience reduced social participation, limited social networks, and a lack of supportive social relationships. In the context of the Dutch ageing population, this issue is increasingly urgent due to the growing number of seniors living alone and the societal shift toward independent living models. Addressing social isolation in elderly housing is thus essential for improving quality of life and promoting healthier ageing.

Older individuals experiencing social isolation report significantly lower scores on health-related quality of life measures (Hawton et al., 2010). This decline in quality of life highlights the need for an integrated approach that combines housing policies with social care initiatives. Seniors living alone may struggle with daily tasks, suffer from limited mobility, and face restricted access to essential services, further worsening their mental and physical health conditions.

To counteract these negative effects, innovative housing models that encourage social interaction have emerged. Examples include “hofjes” (traditional Dutch courtyard housing), intergenerational housing communities, and co-housing projects designed to foster regular social contact among residents. These models offer shared communal spaces and social activities that enable older adults to form meaningful relationships and participate actively in community life.

Furthermore, the Dutch government has initiated programmes such as “Coalitie Erbij” and “Samen Ouder Worden,” aimed at combating loneliness through community-building activities and accessible social services. These initiatives focus on reconnecting seniors with their communities by supporting volunteer programmes, local events, and neighbourhood support systems.

Mehrabi and Béland (2020) suggest that addressing social isolation requires more than just housing solutions; it demands an integrated system of social and community support services. Senior housing facilities should incorporate supportive features such as accessible meeting areas, communal dining rooms, and wellness centres. By embedding these social-support mechanisms into senior housing frameworks, developers and policymakers can create environments that actively reduce isolation and promote a higher quality of life.

In conclusion, social isolation among seniors is a multifaceted challenge that demands action on both social and housing policy fronts. By encouraging socially supportive living environments, improving housing designs, and expanding community care services, it is possible to combat the negative consequences of isolation. This approach not only improves individual well-being but also reduces healthcare costs (see 2.1.2) and strengthens community resilience in the face of an ageing population.

2.2 Senior friendly housing (design)

There are various publication and platforms that identify the wide variety of senior housing options.

2.2.1 Senior housing global

According to demographic data, the worldwide population aged 60 years old and over will reach 2 billion by 2050, and 68% of people will live in cities (United Nations, 2018). The increasing life expectancy accompanied by a drop in births are creating an aging society, a process that calls for new strategies and responses in many areas including housing construction (Schittich, 2007). In response to the changing global demographics, it is necessary to modify our approach to the design of living and housing environments for the elderly (Ptak-Wojciechowska et al., 2023). Integrated living is one of the possible responses to the shift in our age structure (Schittich, 2007). Integrated housing outcores their specialised senior facilities on how they offer senior a social environment that encourages their integration into society (Schittich, 2007). They also allow the seniors to remain in their own homes for longer and continue to lead a highly self-determined life (Schittich, 2007). Although integrated living is not restricted to elderly people, institutions exclusively for this group speaks of integrated living when care and provision services are offered within a special facility with self-contained residential units (Schittich, 2007).

Ebner (2007) conclude that theme-specific residential developments are booming, and popular among both architects as real estate developers. care-dependent individuals can be integrated into everyday life not only through appropriate design measures in the housing development and the residences, but rather by mixing various groups (Ebner,2007). The exchange of mutual support measures is supposed to alleviate the handicaps given for each specific group and at the same time combat social isolation. To encourage this form of collective living for seniors there are meeting spaces and, in some cases, assistance from trained staff (Ebner, 2007). Ebner (2007) advocates that integrated living be understood as encouraging different groups of residents to live together, where the special needs of the disabled, the elderly, immigrants, singles parents, families with many children, teenagers and other sociologically categorised groups are the object of the spatial design and architectural efforts- with the goal of imparting them the feeling of safety and security in an informal community. He also gives the following residential forms that are to be subsumed under the concept of integrated living:

- Housing that caters to the elderly and (multi-)generational living
- Barrier-free housing design for disabled and wheelchair bound
- Inner-ethnic and inter-cultural living

2.2.2 Senior housing in the Netherlands

In their whitepaper Van Duren and Ten Westenend (2024) stipulate the fact that the closure of nursing homes in the Netherlands in 2014, as part of the shift towards a participation society, has led to negative consequences for the elderly population. Many older people are now living alone in large single-family homes, which may no longer be suitable or accessible for their needs (Van Duren & Ten Westenend, 2024). This has resulted in increased loneliness, as well as a greater demand for care that cannot be adequately provided in a home setting. The closure of around 800 nursing homes has further fuelled the growing need for care, as well as an increased demand for single-family homes. The original intention of the participation society was for people to care for each other and for the elderly to remain at home for as long as possible, but Van Duren and Ten Westenend (2024)

state this has not proven to be a viable solution for everyone. A solution for this problem can be found in the numerous ideas and initiatives that are available use the existing housing stock and available space more effectively (Van Duren & Ten Westenend, 2024).

Van Duren & Ten Westenend (2024) highlight a catalogue developed by ZorgSaamWonen and Companen, which outlines contemporary housing solutions for seniors, see Table 2:

Housing option	Description
informal care home	linked or close to other home for care and support
Small-scale living	group home with care in a homely setting for residents with care or support needs
Residential group	building with 4-20 small homes and shared common living space
Residential community	building with 12-40 independent homes with shared/common facilities
Modern courtyard	courtyard with 16-45 ground-level or stacked homes around a courtyard garden with neighbourhood
Housing complex	building with 20-300 dwellings with communal areas and care and service arrangement

Table 1 – Housing options

2.2.3 Universal design

Universal design as a term was first used in the 1970s by the staff at the Centre for Accessible Housing at North Carolina State University (Null, 2013). The director of the centre, wheelchair user himself, became the earliest and most important promoter. He argued that one of the most important changes brought about the use of universal design was the elimination of the special needs label (Null, 2013). In the foreword of a U.S. Department of Housing and Urban Development (HUD) report on universal design architect and product designer Ronald Mace stated: “Too often older or disabled people live limited lives or give up their homes and neighbourhoods prematurely because the standard housing of the past cannot meet their current needs. While a “truly universally usable” house is a goal for the future, many features in houses today already can be made “universally usable.” The universal design concept increases the supply of usable housing by including universal features in as many houses as possible and allows people to remain in their homes as long as they like.”

Universal design is guided by seven core principles, see Table 3 :

Principle	Description
Equitable use	Housing should be useful and attractive to individuals with varying physical abilities, including those with temporary disabilities.
Flexibility in use	Designs should accommodate the needs and abilities of diverse users without imposing restrictions.
Simple and intuitive	The layout and design should be easy to understand and navigate, even for those with cognitive impairments.
Perceptible information	Information about navigation and usage should be available in multiple formats, catering to users with different sensory abilities.
Tolerance for error	The housing should minimise risks and hazards, ensuring that design errors do not compromise safety.
Low physical effort	The design should allow for effortless usage, reducing physical strain and fatigue for residents.
Size and space for use	Spaces should be designed to accommodate users of all body sizes and mobility levels, including wheelchair users.

Table 2 – Universal design

2.2.4 Barrier free housing

Barrier-free senior housing refers to newly built housing designed to accommodate elderly and/or disabled individuals, ensuring that all architectural barriers are removed from the initial design phase (Malik & Mikołajczak, 2019). These housing solutions aim to enhance comfort, accessibility, and independence for residents, promoting an inclusive living environment within multi-family housing developments (Malik & Mikołajczak, 2019).

Key design elements in barrier free senior housing include, see Table 4:

Design Element	Key features
Bathroom	- Adequate manoeuvring space for wheelchair users - Grab bars and railings for stability - Height-adjusted fixtures and accessible toilet and shower areas
Kitchen	- Ergonomic layout for easy access - Adjustable cupboards and appliances - Slip-resistant flooring and accessible workspaces
Doors & doorsteps	- Wide doorways to accommodate mobility aids - Automatic or easy-to-open doors - No-step thresholds for seamless transitions
Windows, balconies, terraces	- Low-positioned windows for better visibility - Automatic opening mechanisms for ease of use - Step-free access to balconies and terraces
Access to buildings	- Ramps and elevators instead of stairs - Clear navigation systems and tactile guides - Well-lit pathways and handrails for safe movement

Table 3 – Barrier free design

2.2.5 Seasons concept

The Seasons concept by Amvest is a senior living model designed to promote vitality, independence, and social engagement, while incorporating barrier-free and universal design principles to support aging in place. This concept aligns with Amvest’s broader vision of long-term, socially responsible housing solutions that enhance residential mobility and quality of life for older people. Among the housing options in section 2.2.2, the Seasons concept by Amvest aligns with the residential community model, offering independent senior apartments combined with shared spaces designed to foster a sense of community. The projects in Soesterberg and Amsterdam provide 40 to 50 independent housing units, along with communal spaces that promote social interaction and active aging.

The Seasons concept integrates essential elements of barrier-free housing as outlined in Amvest’s Program of Requirements (PVE) and Design Principles (Ontwerpuitgangspunten). These design principles ensure that all apartments and shared spaces are accessible, comfortable, and adaptable to changing mobility needs.

An analysis of these documents creates the following elements:

Step-free and accessible living spaces

- Wide hallways and doorways: Designed for ease of movement, allowing wheelchair accessibility and safe navigation.
- No threshold barriers: Entryways and interior transitions are free of steps or abrupt level changes, enhancing mobility.

- Elevator accessibility: All units and shared spaces are designed for seamless access, ensuring independence for residents with mobility limitations

Flexible floorplan & adaptable apartments

- Spacious layouts: Apartments are designed with open plan living spaces, ensuring that rooms can be adapted as residents' needs evolve.
- Future-proof design: The ability to integrate assistive technology and home modifications, such as grab bars or adjustable counters, supports long-term independence.
- Accessible bathrooms: Equipped with walk-in showers, non-slip flooring, and grab bars to ensure safe use

Community and social design

- Shared communal areas: Seasons projects feature dedicated community spaces that encourage social interaction, reducing the risk of isolation among seniors.
- Natural light and greenery: Common areas are designed with ample natural lighting and green spaces, contributing to mental well-being.
- On-site services and amenities: Residents have access to care services, wellness programs, and activity spaces, ensuring they can age in place comfortably

Sustainable and energy efficient

- High energy performance: All housing units comply with A++ energy labels, ensuring efficient heating, ventilation, and insulation to provide a comfortable and cost-effective living environment.
- Soundproofing and noise reduction: Measures such as enhanced wall and floor insulation contribute to a peaceful and quiet residential atmosphere

2.3 Senior Residential Mobility

The decision of seniors to relocate to a new home is influenced by multiple factors. Analysing the push, pull, and keep factors affecting senior relocation highlights that later-life migration is a complex phenomenon. Various theoretical frameworks have been applied to explain the residential mobility of seniors (De Jong, 2020). Among them, the life-cycle and life course models are the most influential perspectives (Atkins, 2018).

In the life-cycle model, residential mobility is seen as a practical response to significant life events, particularly those related to family transitions, such as cohabitation, parenthood, or changes in household size (Clark & Withers, 2002). This model views relocation as a predictable process that aligns a family's housing situation with its evolving needs (Rossi, 1955). From this perspective, the reasons for relocating follow a relatively uniform pattern across different stages of life (Geist & McManus, 2008).

In contrast, the life course model accounts for the dynamic nature of household transitions, emphasising variations in the timing and sequencing of life events (Bailey, 2009; Mulder & Hooijmeijer, 1999). This model suggests that senior relocation is shaped by individual circumstances and life experiences, rather than following a fixed trajectory (Geist & McManus, 2008).

The Press-Competence Model by Lawton and Nahemow (1973) focuses on the interaction between an individual's personal competencies and their environmental conditions. While this concept

applies to all age groups, it becomes particularly relevant for seniors, who often experience a growing mismatch between their abilities and their living environment as they age (Pope & Kang, 2010). This mismatch can lead to significant stress and burden, making relocation a necessity rather than a choice (De Jong, 2020).

Another framework that explains later-life migration is the Lifespan Development Framework of Migration by Litwak and Longino (1987). This model categorises senior mobility into three distinct stages:

1. **Early Retirement Relocation:** Motivated by the desire for amenities and comfort, often involving moves to areas with better climate, housing quality, transportation, or access to social services (Clark et al., 2003; Haas & Serow, 1993; Davies & James, 2011).
2. **Health-Driven Relocation:** Occurs when declining health and physical limitations necessitate a move closer to family members or caregivers (Pope & Kang, 2010).
3. **Institutional Relocation:** When family caregivers can no longer provide adequate support, seniors often transition into assisted living or nursing care facilities (Duncombe et al., 2003).

Building on the Press-Competence Model, Wiseman (1980) developed the Behavioral Model of Elderly Migration, which explains how seniors assess their residential satisfaction and decide whether to move (Smetcoren et al., 2017). This model categorises relocation triggers into three types:

- **Push factors:** Conditions that force seniors to leave their current home, such as health decline, lack of accessibility, or social isolation.
- **Pull factors:** Attractive aspects of a new home, including better amenities, healthcare services, or social opportunities.
- **Keep factors:** Elements that encourage seniors to stay in their current dwelling, such as strong community ties, financial considerations, or emotional attachment.

The following sections will explore these push, pull, and keep factors in detail, taking on different perspectives that influence the senior.

2.4 Push, Pull, and Keep Factors in Senior Relocation

The decision to relocate in later life is shaped by a complex interplay of push, pull, and keep factors across multiple domains. Push factors drive seniors away from their current homes due to deteriorating living conditions, social isolation, or health challenges. Pull factors attract them to new locations offering better amenities, social support, and healthcare services. Meanwhile, keep factors create strong incentives to remain in place, often tied to emotional attachment, familiarity, financial constraints, and physical limitations. This section explores these factors within the housing, social, and health(care) perspectives, demonstrating how they shape seniors' mobility decisions. It is important to keep in mind that there can be a comparative tension where one factor can act as a push and pull factor.

2.4.1 Push Factors: The Reasons Seniors Leave Their Homes

2.4.1.1 Housing Perspective

Many seniors experience housing-related challenges that make staying in place difficult. Unsafe home environments, characterised by poor lighting, insufficient handrails, clutter, and inadequate flooring, significantly increase the risk of falls (Palonen et al., 2023). Seniors living in homes that lack accessibility adaptations, such as stairlifts, grab bars, or single-floor layouts, may struggle with daily mobility, prompting relocation (Palonen et al., 2023). In addition, high-maintenance housing, such as large homes or properties requiring extensive upkeep, can become unmanageable as physical limitations increase (Erickson et al., 2006; Han & Kim, 2017).

For many seniors, housing needs change following major life events such as retirement, widowhood, or health deterioration, which can make an existing home feel too large, too expensive, or physically unsuitable (Gillespie & Fokkema, 2024). Additionally, rental instability and affordability issues increase the likelihood of relocation among non-homeowners who lack security in their housing situation (Gillespie & Fokkema, 2024).

2.4.1.2 Social Perspective

Major life transitions, such as retirement, widowhood, or children leaving the home (“empty nest” phase), can create emotional and practical reasons for relocation (Bures, 1997; King et al., 2000; Wulff et al., 2009). The loss of a spouse or primary caregiver significantly increases the likelihood of moving, as individuals may feel their home is too large, financially burdensome, or emotionally painful to stay in (Gillespie & Fokkema, 2024; Aminzadeh et al., 2010). Seniors who experience social isolation following a fall or health event may become hesitant to leave their home, further reducing social engagement and reinforcing a desire to move (Palonen et al., 2023).

Neighbourhood changes also contribute to relocation decisions. As familiar neighbours move away and younger residents or urban development shift the social character of a community, some seniors feel disconnected and uncomfortable in their surroundings, prompting them to seek a new, more familiar-feeling environment (Gillespie & Fokkema, 2024).

2.4.1.3 Health(care) Perspective

Declining health is one of the most significant push factors. Seniors experiencing mobility impairments, cognitive decline, or chronic illnesses may find their current home unsuitable for aging in place (Pope & Kang, 2010; Palonen et al., 2023). A history of falls or fear of falling can contribute to relocation decisions, as individuals seek safer living environments (Walters, 2020). Additionally, seniors who lack nearby caregivers may need to move to be closer to relatives, professional caregivers, or healthcare facilities that provide the necessary support (Gillespie & Fokkema, 2024).

Another important factor is the fear of future dependency. Some older adults prefer to move before they reach a point where they can no longer make independent housing decisions, choosing to relocate while they still have control over their choices (Gillespie & Fokkema, 2024).

2.4.2 Pull Factors: What Attracts Seniors to New Locations?

2.4.2.1 Housing Perspective

Relocation can be driven by the availability of age-friendly housing options, such as single-story apartments, senior living communities, or homes with built-in safety features (De Jong, 2020). Homes designed for ease of movement and reduced fall risks, including grab bars, slip-resistant flooring, and smart technology for health monitoring, are particularly attractive to seniors looking for long-term solutions (Palonen et al., 2023).

Additionally, some seniors seek homeownership stability by purchasing a more affordable, permanent residence that ensures security in later life (Gillespie & Fokkema, 2024). Others downsize to smaller, maintenance-free housing that requires less upkeep and reduces financial strain (Gillespie & Fokkema, 2024).

2.4.2.2 Social Perspective

Seniors often seek relocation to areas with stronger social connections, such as neighbourhoods with senior-friendly communities, social clubs, and activities (Palonen et al., 2023). Many older adults also prioritise proximity to family members, particularly their adult children or grandchildren, to maintain emotional and caregiving connections (Walters, 2002). Moving to a new neighbourhood that better aligns with personal identity and values can also enhance emotional well-being (Gillespie & Fokkema, 2024).

2.4.2.3 Health(care) Perspective

A major pull factor is the availability of high-quality healthcare services. Seniors often relocate to be closer to hospitals, medical specialists, and home care providers, ensuring timely medical support (Palonen et al., 2023). Assisted living communities provide on-site medical care, structured routines, and emergency response systems, which can be beneficial for those with cognitive or mobility issues (Gillespie & Fokkema, 2024).

2.4.3 Keep Factors: Why Seniors Choose to Stay in Their Homes

While push factors drive seniors toward relocation and pull factors make new environments appealing, many older adults choose to remain in their current homes due to keep factors—conditions that reinforce stability and discourage moving. These factors often stem from emotional attachment, financial considerations, established social networks, and healthcare stability, making relocation an undesirable or unnecessary choice.

2.4.3.1 Housing Perspective

A significant reason why seniors do not relocate is their deep emotional attachment to their home and neighbourhoods. Many older adults have lived in their residence for decades, making it a place filled with memories, personal history, and a sense of identity (Aminzadeh et al., 2010). Their home is not just a physical space but an extension of their self and life experiences, making the thought of leaving emotionally distressing (Bonaiuto et al., 1999).

Another critical keep factor is homeownership stability and financial security. Many older adults have already paid off their mortgage, making their current home a cost-effective living arrangement

compared to the potential financial burden of moving into senior housing or assisted living facilities (Gillespie & Fokkema, 2024). Additionally, some seniors are reluctant to sell their homes because they see them as assets for inheritance, further discouraging relocation (Gillespie & Fokkema, 2024).

For seniors concerned about housing accessibility issues, relocation is not the only solution. Many opt for home modifications—such as installing grab bars, stairlifts, ramps, or smart home technology—to adapt their living environment rather than move (Gillespie & Fokkema, 2024). By making these adjustments, seniors can continue aging in place comfortably and safely, avoiding the disruptions associated with moving.

2.4.3.2 Social Perspective

Another key reason seniors remain in place is strong social ties within their community. Established relationships with neighbours, friends, local service providers, and religious or cultural groups provide a sense of security and belonging, making relocation less desirable (Gillespie & Fokkema, 2024). Many seniors worry that moving could result in social isolation, as they would need to rebuild relationships in an unfamiliar setting (Aminzadeh et al., 2010).

Seniors who have family members or friends nearby also find it easier to stay in their current homes, as they can rely on informal caregiving support when needed (Gillespie & Fokkema, 2024). Established routines—such as visiting the same grocery stores, using familiar healthcare providers, and participating in local social activities—create a comfort zone that seniors are reluctant to leave (Aminzadeh et al., 2010).

Additionally, some seniors have a strong emotional resistance to change, fearing that moving to a new environment will reduce their independence, disrupt their lifestyle, and require difficult adjustments (Gillespie & Fokkema, 2024). This fear of the unknown is a major factor preventing relocation, even when their current home is less than ideal.

2.4.3.3 Health(care) Perspective

For many seniors, healthcare continuity is a major factor in deciding to stay in place. Those who have long-term relationships with trusted local doctors, pharmacies, and healthcare providers may resist moving to a new area where they would have to find new medical professionals and adjust to different healthcare systems (Gillespie & Fokkema, 2024).

Some older adults feel confident in their ability to manage their health at home, particularly if they already receive home-based care services, have a caregiver nearby, or use assistive technologies to support their daily needs (Aminzadeh et al., 2010). This perceived self-sufficiency reduces the need for relocation.

A significant keep factor is the strong preference for aging in place rather than institutional care. Many seniors associate nursing homes or assisted living facilities with a loss of autonomy, viewing them as places of last resort rather than desirable options (Aminzadeh et al., 2010). As a result, they may actively resist moving, even when their health declines.

Additionally, for those with cognitive impairments such as dementia, staying in a familiar home environment helps maintain a sense of stability and reduces anxiety. Moving to a new setting can lead to disorientation, confusion, and stress, making many seniors and their caregivers hesitant to relocate (Aminzadeh et al., 2010).

2.4.4 Insights from WoON 2024 on Senior Housing Mobility

Alongside scholarly publications, the WoON 2024 (WoonOnderzoek Nederland) presents current empirical data concerning housing mobility and preferences within Dutch households, encompassing the senior population. This extensive survey, which includes more than 41,000 participants, provides essential insights into the factors that drive, attract, and retain older adults in their housing choices.

2.4.4.1 *Push and Keep Factors: Decreased Mobility in Older Adults*

The mobility rate of older individuals has decreased significantly, with 10% fewer older individuals having moved in the two years preceding WoON 2024 compared to WoON 2021 (Ministerie van VRO, 2025). This refers to strong keep factors, such as emotional attachment to the current home, financial security, and the absence of attractive alternatives—factors commonly identified in previous research (Aminzadeh et al., 2010; Gillespie & Fokkema, 2024).

Moreover, the data indicate that an increasing percentage of older individuals are homeowners, a segment of the population less likely to move because of lower housing expenses (frequently without mortgage obligations) and established housing equity. Such situations strengthen financial retention characteristics because older individuals incur greater expense when changing to other housing, especially in the rental sector (Ministerie van VRO, 2025).

2.4.4.2 *Pull Factors: Need for Affordable Rental Housing*

Despite decreasing mobility rates, there remains a high level of housing demand for older adults, particularly rental flats in the middle- and upper-rent categories. This conforms to pull factors pertaining to housing appropriateness, including preference for smaller, low-maintenance, and accessible houses (De Jong, 2020). Nevertheless, prevailing housing shortages and high costs remain impediments to relocation, complementing the findings in the literature that housing availability and affordability are key pull factors (Walters, 2002; Palonen et al., 2023).

Additionally, WoON 2024 reports that older one-person households currently account for 14% of the total households, compared to 10% in 2000. This demographic trend even reinforces the demand for age-specific housing and underscores the urgency to create attractive options for encouraging senior mobility (Ministerie van VRO, 2025).

Another fascinating finding is that while seniors' satisfaction with housing remains high, some face challenges in controlling the indoor climate, particularly with cooling during warmer months. It is estimated that nearly 50% of the renters and 25% of homeowners face issues in maintaining a comfortable indoor temperature (Ministerie van VRO, 2025). This can serve as a housing-related push factor, causing migration to more energy-efficient or climate-resilient housing. The finding of the WoON 2024 reinforces the conceptual model under push, pull, and keep factors and provides a pertinent contextual view of the Dutch housing market. The result establishes a strong foundation for the continuation of the research in the subsequent expert interviews and focus group sessions.

2.5 Overview

The overviews presented in Table 4 presents the push, pull, and keep factors that were found during the literature review. This table shows that relocation is not driven by a single factor but by an battle between various factors within the housing, social, and healthcare domain. The found factors form the foundations for the framework used in this study. In chapter 4 the framework is used as basis for writing the semi constructed interview protocols.

Domain	Push Factors (Reasons to Leave)	Pull Factors (Reasons to Move In)	Keep Factors (Reasons to Stay)	
Housing	1 Unsafe home environment	Age friendly housing	Emotional attachment to home	1
	2 lack of accessibility adaption	Homeownership stability	Financial stability of homeownership	2
	3 High Maintenance house	Downsizing for finances ease	Home modifications instead of moving	3
	4 Worsening health			
	5 Post retirement changing needs			
Social	1 Major life transitions	Stronger social connections	Established social ties	1
	2 Widowhood	Prximity to family	Family proximity	2
	3 Social isolation (after fall)	Alignment with personal values	Fear of social isolation	3
	4 Neighbourhood changes		Resistance to change	4
Health (care)	1 Declining health	Acces to high-quality healthcare	Healthcare continuity	1
	2 Fear of falls	Assisted living communities	Confidence in managing health at home	2
	3 Lack of nearby caregivers		Preference for aging in place	3
	4 Fear of future dependency		Stability for cognitive impairments	4

Table 4 – Overview of push, pull and factors

3

RESEARCH METHODOLOGY

3 RESEARCH METHODOLOGY

This chapter outlines the research methodology used in this study, based on a multi-method qualitative research approach. To address the research question of *How can insights into push, pull and keep factors be used to optimise relocation strategies for seniors in the free rental market and enhance their assisted living experiences*, a multi-method qualitative research design has been selected. This approach integrates multiple qualitative and methods, enabling a comprehensive exploration of the complex and multifaceted issue of senior housing and mobility. In section 3.1 the mixed methods research methods will be discussed. In section 3.2 an overview of the involved data collection methods is provided.

3.1 Multi-method qualitative research Design

Blaikie and Priest (2019) highlight the growing interest in multi-method qualitative research across various fields of social inquiry. Social research, as they define it, involves systematically investigating and explaining patterns of social behaviour, relationships, and institutions within specific contexts. They emphasise that social research often addresses the “what,” “how,” and “why” of social life, requiring a flexible approach that integrates different methods to capture complex dynamics.

In this study, a multi-method qualitative approach is used to ensure a comprehensive understanding of senior relocation decisions within assisted living rental housing. By combining insights from interviews and focus groups, supported by patterns and themes identified through literature review and expert perspectives, this research captures both subjective experiences and broader patterns of senior mobility. This approach allows for an in-depth exploration of the emotional, social, and practical factors influencing seniors' housing decisions, such as their attachment to their homes, expectations about assisted living, and the barriers they encounter in the relocation process.

By integrating these perspectives, this study provides evidence-based recommendations that align with the real-world needs and preferences of seniors while informing housing strategies that enhance residential mobility and improve the assisted living experience.

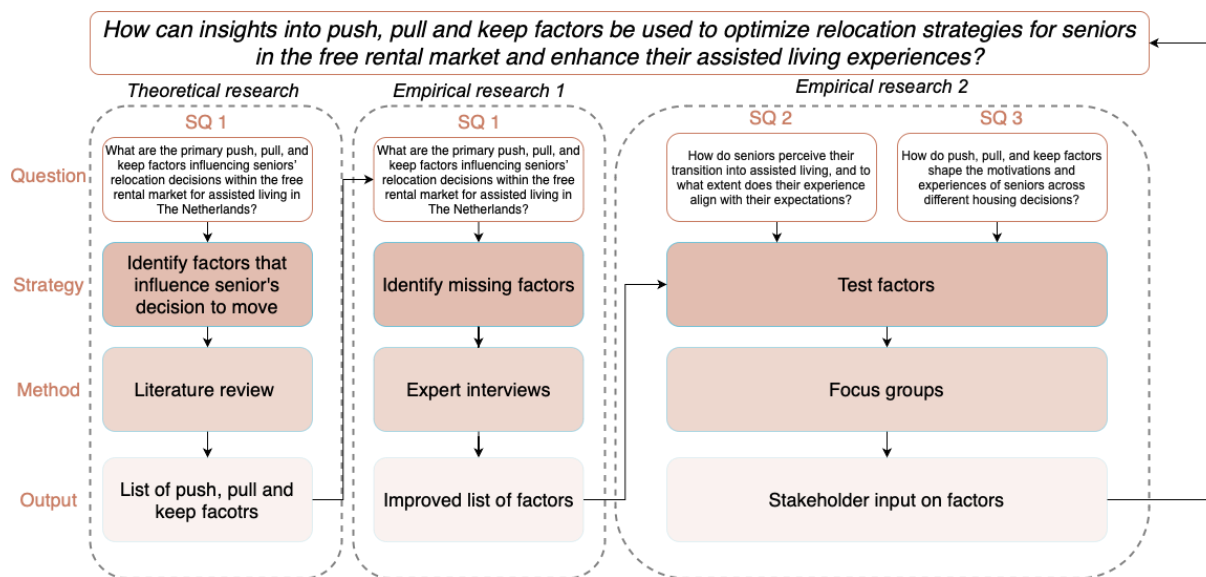


Figure 3 – Research design

3.2 Data collection

This section outlines the data collection methods used in this study to comprehensively address the research questions on senior relocation triggers, experiences, and ways to improve residential mobility within assisted living rental housing. A multi-method qualitative research approach is employed, combining various qualitative techniques to ensure a holistic understanding of the relocation process and its impact on seniors' well-being. The following research (qualitative) methods were employed to gather contextual understanding and empirical data:

1. **Literature review:** To provide the theoretical foundation of the research, identify knowledge gaps, and analyse existing studies on senior relocation, assisted living models, and factors influencing residential mobility. This review helps contextualise the push, pull, and keep factors affecting seniors' housing decisions.
2. **Expert interviews:** Conducted with stakeholders such as senior housing providers, care professionals, policymakers, and urban planners to gain insights into the challenges and opportunities in assisted living rental housing. These interviews help identify barriers to relocation, evaluate the effectiveness of current assisted living models, and gather expert recommendations for improving senior mobility.
3. **Seniors' focus groups:** Held with three groups: seniors who have relocated to assisted living, those awaiting relocation, and those who have chosen to stay in their current homes. These discussions explore their motivations, expectations, experiences, and the challenges they face in the decision-making process. By capturing their lived experiences, the study ensures that recommendations for improving assisted living rental housing are aligned with seniors' real needs and concerns.

3.2.1 Literature review

Blaikie and Priest (2019) state that a literature review is a customary component of a research report. The literature review's main purpose is to provide a background and context for the reason, and to establish a bridge between the research and the current state of knowledge on senior living preferences and living concepts. According to Blaikie and Priest (2019) this review may include the following aspects:

- Background information that establishes the existence of the problem to be investigated;
- Previous research on the topic, or related topics;
- Theory or relevance to the 'why' question(s);
- Paradigm(s) as a source of ontological and epistemological assumptions;
- Methodological considerations of relevance to the selection of a logic of inquiry; and
- A review and/or elaboration of the methods to be used.

The background information explaining the gap is given in chapter 2. Various views on senior living are given from a healthcare, social and housing perspective. Those 3 perspectives give a good explanation on how we came to the situation we are in right now. The aim of the literature review is to indicate what the state of knowledge is with respect to each research question (Blaikie and Priest, 2019). The used literature is found through recommendations and academic literature search engines. Many reports on senior living preference are non-scientific sources from banks and consultancy firms that give their view on the matter.

3.2.2 Expert interview

Expert interviews were conducted to gather professional insights into the factors influencing senior relocation, the challenges of residential mobility, and strategies for improving assisted living rental housing. These in-depth interviews were held with key stakeholders in the senior housing sector, healthcare professionals, policymakers, and housing providers. The goal was to understand the barriers and opportunities within assisted living, assess the effectiveness of current housing models, and develop strategic recommendations for enhancing the senior living experience.

The interviews followed a semi-structured format, that allowed flexibility to explore key topics in depth while adapting to participants' expertise and perspectives (Charmaz & Belgrave, 2012). This approach facilitated open-ended discussions, capturing both strategic and operational insights into how seniors navigate the decision to relocate, what factors influence their housing choices, and what improvements can be made to assisted living rental models. Conducting multiple interviews ensured a broader and more comprehensive understanding of industry challenges and best practices, reducing subjectivity and enhancing validity (Creswell, 2009).

The literature review served as the foundation for these interviews, providing a structured analytical model to examine the push, pull, and keep factors that influence senior relocation decisions. Each interview lasted approximately 1 to 1.5 hours and were mostly conducted via Microsoft Teams. Interviews were recorded with participants' consent for accuracy and in-depth analysis.

Prior to participation, informed consent was obtained from all interviewees to ensure transparency regarding the research purpose, data confidentiality, and ethical considerations. The data management plan and ethical approval process have been finalised to safeguard participant privacy and maintain research integrity.

Table 6 gives an overview of the experts that contributed to this research:

Participant	Sector/organisation	Role	interviewed	Date
Expert 1	Municipality	Senior Policy Advisor	Yes	08-04-2025
Expert 2	Institutional investor	Fund Manager Healthcare	Yes	11-04-2025
Expert 3	Senior living service	Founder	Yes	19-04-2025
Expert 4	Senior living consultancy	Founder/advisor	Yes	14-04-2025
Expert 5	Real Estate Development	Real estate (concept) developer	Yes	10-04-2025

Table 5 – List of interviewees

The selected experts represent diverse roles across asset management, policymaking, and real estate development, offering sector-specific insights into senior housing. To protect the confidentiality of participants, identifiers such as names and organisations have been anonymised. The table above provides an overview of each participant's sector and functional role to give context to their insights. These expert perspectives offer critical input into the motivations and barriers seniors face regarding relocation, and the systemic factors influencing residential mobility in the Dutch free rental market.

Moreover, the newly derived factors from these expert insights will be incorporated into the focus groups with seniors, allowing for a deeper exploration of how these factors align with the lived experiences, expectations, and challenges faced by aging individuals. This integration ensured that the research captures both industry perspectives and the realities of senior relocation, leading to better recommendations.

3.2.3 Focus groups

Focus groups are an essential qualitative method used in this study to explore the lived experiences of seniors in the context of residential mobility and assisted living rental housing. The aim was to understand the motivations, emotional attachments, and social connections that influenced their housing decisions. These discussions provided in-depth insights into the practical and psychological factors that drive or deter seniors from relocating, helping to identify key barriers and opportunities for improving the assisted living experience.

Focus groups are particularly valuable for studying opinion formation and collective decision-making processes, as noted by Della Porta (2014). By engaging a small group of participants in moderated discussions, this method facilitates the exploration of shared experiences and the interplay between individual and group perspectives. It allows for a deeper understanding of nuanced factors influencing seniors' housing choices—insights that might not emerge in one-on-one interviews.

In this research, focus groups were conducted with residents of Amvest's senior living concepts to gain insights into their personal housing experiences. This inductive method grounds the findings in the lived experiences of seniors. By engaging seniors directly, the focus groups provided valuable data on the experiences of seniors regarding their decision to relocate.

The focus groups were conducted with seniors who represent three distinct stages in the relocation process:

1. **Current tenants in an assisted living project:** Seniors currently residing in an assisted living community located in a rural setting (Seasons Soesterberg).
2. **Seniors who opted out of relocation:** Seniors who seriously considered relocating (including Soesterberg and Amsterdam as options) but ultimately decided to remain in their current homes.
3. **Prospective tenants preparing to move:** Seniors preparing to relocate to a senior-specific development in an urban setting (Seasons Amsterdam), but who have not yet made the move.

This comparative approach allowed the study to explore how expectations evolve across different phases of the relocation process and identify common themes and differences in motivations and experiences between urban and rural developments.

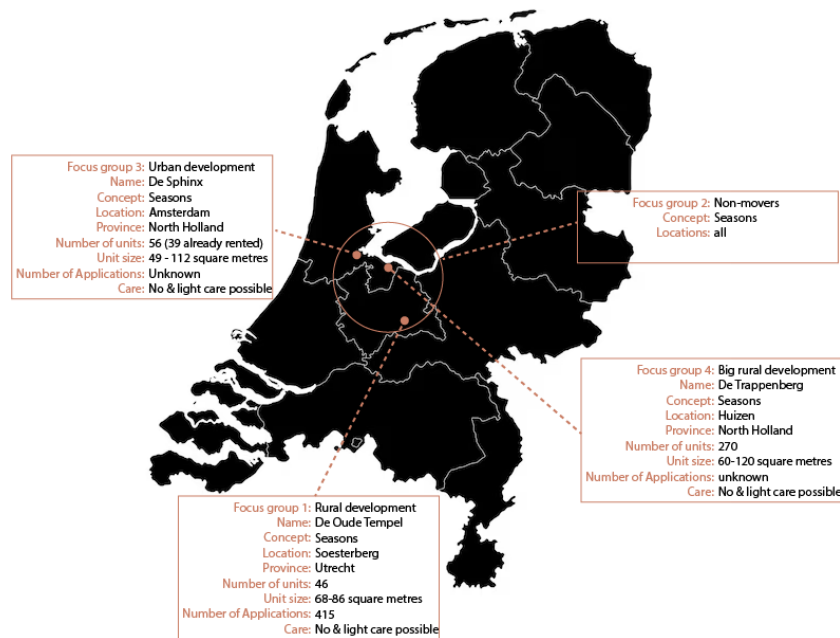


Figure 4 – seasons projects & focus group compositions

Each focus group session followed a semi-structured format, balancing a clear agenda with flexibility to explore emergent topics. This design ensured that both individual responses and group dynamics are captured, offering a comprehensive view of the factors influencing senior housing decisions.

The data collection process is thematically structured, guided by findings from the literature review and expert interviews. This ensures that discussions contribute directly to identifying key factors affecting senior mobility, including push, pull, and keep factors. Discussions will focus on:

- Motivations for relocation or staying in place
- Barriers and facilitators influencing their decisions
- Experiences with the transition process
- Expectations versus reality in assisted living environments
- Social and emotional considerations in relocation

Each session was audio-recorded with participants' consent, and transcriptions were used to thematic analyse and identify recurring patterns and insights. Participants were informed about the aim of the study and were asked to sign an informed consent form before participation, ensuring they understood the research purpose, their voluntary involvement, and the confidentiality of their data.

As Della Porta (2014) emphasises, focus groups are valuable for observing how individuals shape their opinions through group interactions. By capturing these dynamics, this research adds critical depth to understanding senior mobility patterns and enhances the study's practical relevance. The findings from the focus groups will be triangulated with expert insights and literature review results, ensuring a holistic understanding of how to improve assisted living models and facilitate better housing transitions for seniors.

3.2.4 Data collection summary

The data collection process in this study employs a multi-method qualitative approach, integrating literature review, expert interviews, and focus groups to develop a comprehensive understanding of senior relocation triggers, experiences, and barriers within assisted living rental housing. Each method is strategically selected to address the research questions and contribute to actionable recommendations for improving senior mobility and housing transitions.

- **Literature review**

The literature review established the theoretical foundation, identified gaps in current knowledge, and informs the analytical framework guiding data collection. By examining existing research on senior mobility, assisted living models, and relocation factors, this step ensured the study is grounded in academic and contextual understanding.

- **Expert interviews**

Provide strategic and operational insights from professionals in senior housing development, policy, healthcare, and management. Engaging diverse stakeholders helps capture a broad range of perspectives on the challenges and opportunities in assisted living, offering valuable input on barriers to relocation, care integration, and housing models.

- **Focus groups**

Facilitate in-depth exploration of seniors' lived experiences, motivations, and challenges when considering or undergoing relocation. This method captures emotional, social, and practical factors influencing their housing decisions, providing a first-hand perspective that complements expert insights and literature findings.

By integrating these methods, the study adopted a multi-faceted approach, bridging theoretical understanding with practical insights. The triangulation of data enhanced the validity and reliability of the findings, ensuring that recommendations for improving assisted living environments and residential mobility are well-informed, practical, and aligned with the real needs of seniors.

3.3 Data analysis

After the interviews, transcripts automatically generated by a transcribe software will be manually reviewed to ensure accuracy and correct any typos or errors. Given the sensitivity of participant data, their confidentiality and data security are prioritised throughout the research process. Transcripts and recordings will be securely stored in a restricted-access folder on TU Delft WebDrive. This folder will be permanently deleted upon the completion of the study to further ensure data privacy.

The qualitative data gathered from the interviews will be analysed using Atlas.ti. This analysis software enables the systematic organisation of codes and exploration of their relationships, providing structured insights from the interviews. The forthcoming insight will be used to further develop the framework.

The analysis will follow a deductive approach, using codes derived from the theoretical push, pull, and keep framework developed during the research design phase (Creswell, 2009). These predefined codes are aligned with the study's focus on understanding the factors influencing relocation decisions and housing preferences among seniors.

To overcome the potential limitations of relying solely on a deductive approach, such as restricting the analysis to predefined concepts (Burnard et al., 2008), an inductive approach will also be incorporated. This dual approach allows the emergence of new themes and insights that were not anticipated during the initial coding process. The combination of these methods ensures that the analysis is both structured and flexible, capturing the depth and complexity of the data.

3.4 Validation

The validation of this research is improved through the triangulation of data, which involves collecting information from multiple sources and perspectives. This approach ensures the cross-verification of findings, thereby increasing their reliability and robustness (Creswell, 2013). By integrating data from various sources such as expert interviews, document analysis, and theoretical models, the research minimises the risk of bias and strengthens the overall validity the strategies

Additionally, the use of multiple perspectives during the interviews further contributes to the validation process. Insights are gathered from participants with diverse roles in senior housing development, including strategy managers, asset managers, developers, and politicians and consultants. This diversity helps confirm findings by exploring the same issues from different professional angles.

Lastly, the participants from the focus groups come from different situations. By incorporating not only seniors that already relocated to assisted living concepts but also seniors who, for various reasons, opted out of their relocation decision the study can see the bigger picture.

As a result, the research provides a more comprehensive understanding of the factors influencing seniors' relocation decisions and housing preferences. Examining these topics from multiple viewpoints not only reduces biases but also ensures a nuanced analysis that reflects the complexity of the subject matter (Creswell, 2009).

3.5 Data management plan (DMP)

A Data Management Plan (DMP) is a critical document that outlines the data collection, processing, storage, access, and sharing procedures in a research project. It ensures that all data-related activities adhere to ethical and organisational standards, protecting both participants and the integrity of the research. As part of the Human Research Ethics Committee (HREC) application process, the DMP ensures compliance with ethical guidelines and promotes transparency in research practices.

Data will be collected through expert interviews, with transcripts manually reviewed to ensure accuracy. These will be securely stored to maintain confidentiality. Once collected, data will be stored in a restricted folder on a secure institutional web drive, accessible only to authorised personnel. This aligns with ethical requirements to minimise data access risks. At the end of the project, data will either be archived or shared, depending on consent from participants. The process will comply with FAIR principles (Findable, Accessible, Interoperable, Reusable) to ensure usability by other researchers while protecting sensitive information. Only anonymised analysis will be included in the final report to protect participant privacy.

3.6 Ethical considerations

As this research involves senior participants, it is essential to prioritise their safety and well-being. The study examines senior housing and relocation decisions from various professional perspectives, which may lead to diverse viewpoints. To ensure that the research is conducted responsibly and ethically, a set of ethical considerations has been established to guide the process. According to Blaikie and Priest (2019), key concepts relevant to ethical considerations include privacy, confidentiality, anonymity, and informed consent.

Privacy ensures that personal information is protected. Confidentiality restricts access to data in accordance with agreements made with participants. Anonymity safeguards individuals from being re-identified in the research findings. These principles form the foundation of the ethical plan. Participant details, such as names, will be deleted and replaced with generic identifiers like participant number. However, given the specificity of roles or contexts, there is a potential risk of indirect identification. This possibility is explicitly mentioned in the informed consent form, which participants are required to review and sign before participation.

Before interviews and focus groups are conducted, the study's ethical plan, including the Data Management Plan (DMP), informed consent process, and adherence to the Human Research Ethics Committee (HREC) guidelines, has been reviewed and approved. This approval ensured that all measures align with ethical standards, confirming the research's commitment to the protection, respect, and safety of participants.

4

Results: PUSH, PULL, AND KEEP FACTORS

4 RESULTS

4.1 Introduction

This section presents a condensed overview of the push, pull, and keep factors that influence senior relocation decisions, as established in the literature review in Chapter 2. These factors are classified across three domains: housing, social, and health(care)-related. Together, they provide a structured framework that will serve as the basis for the empirical analysis in this chapter.

Instead of reiterating the findings in detail, the table below summarises the core factors. The framework that resulted from the literature review will be updated with the new factors that emerged from the two research methods. This comparison enables the validation of the theoretical factors while capturing real-world considerations.

Domain	Push Factors (Reasons to Leave)	Pull Factors (Reasons to Move In)	Keep Factors (Reasons to Stay)	
Housing	1 Unsafe home environment	Age friendly housing	Emotional attachment to home	1
	2 lack of accessibility adaptations	Homeownership stability	Financial stability of homeownership	2
	3 High Maintenance house	Downsizing for finances ease	Home modifications instead of moving	3
	4 Worsening health			
	5 Post retirement changing needs			
Social	1 Major life transitions	Stronger social connections	Established social ties	1
	2 Widowhood	Proximity to family	Family proximity	2
	3 Social isolation (after fall)	Alignment with personal values	Fear of social isolation	3
	4 Neighbourhood changes		Resistance to change	4
Health (care)	1 Declining health	Access to high-quality healthcare	Healthcare continuity	1
	2 Fear of falls	Assisted living communities	Confidence in managing health at home	2
	3 Lack of nearby caregivers		Preference for aging in place	3
	4 Fear of future dependency		Stability for cognitive impairments	4

Table 6 – Overview of push, pull and factors identified through literature

4.2 Findings from expert interviews

Once the literature phase was completed the second research method was deployed. The insights from the literature were used as input for the five expert interviews. These interviews were conducted with professionals knowledgeable in fields relevant to senior housing. The experts worked as developer, investor, housing consultant, administrative booster, and senior office worker.

Participant	Role	
Expert 1	Senior Policy Advisor	The interviews were semi-structured, this format allowed for structured exploration of predefined factors while leaving room for emergent push, pull, and keep factors across the various domains. By conducting these interviews, it was possible to confirm factors that are found in the literature phase but also look if there were new factors that were not included in the literature.
Expert 2	Fund Manager Healthcare	
Expert 3	Founder	
Expert 4	Founder/advisor	
Expert 5	Real estate (concept) developer	

Table 7 – expert + role

Once the interviews were conducted and transcribed a hybrid coding (deductive + inductive) approach was used to analyse the interview. The coding started with the deductive framework based

on Weisman’s push, pull, and keep model. The framework was filled with the factors that influence senior’s decision to relocate based on the three domains: housing, social and health(care). During the analysis the framework was expanded with inductively identified factors that raised from the interviews.

In Atlas.ti, both confirmation of the literature findings and new emergent themes were systematically captured and analysed.

The analysis started with 33 already established factors affecting relocation choices from the earlier research. On coding, an additional 19 codes appeared from the data, making it a total of 52 unique codes. These codes were used on 469 quotes from the five expert interviews. In the next sections, we look in more detail at the distribution of these quotes across the three themes.

4.2.1 Push factors – confirmations

This section explores the push factors that the experts talked about during the interviews. They highlighted factors that make the existing housing situation less suitable and “pushing” seniors out of their homes. The factors spanned across the domains of housing, social and health(care).

4.2.1.1 Housing perspective

Across the expert interviews, a strong consensus emerged around high-maintenance homes as the most prominent housing-related push factor for seniors. As physical capacities decline with age, many seniors find that their large, often multi-level family homes become increasingly difficult to manage. This difficulty is not solely physical but also psychological because managing an oversized home can feel overwhelming, particularly for those living alone or without regular support. Experts repeatedly highlighted how the effort involved in maintaining such homes adds daily strain, often prompting older adults to reconsider their housing situation. One expert summarised this sentiment:

“Maintaining a house of so many square metres is also quite something.”
— **Expert 3 – Senior Living Services**

Another echoed the theme, stressing the increasing mismatch between the size of the home and the senior’s capacity to care for it:

“Then of course there is the factor that that house is getting too big, maintenance is becoming too much.”
— **Expert 4 – Senior Living Consultant**

Importantly, the stress of maintaining a large home isn’t purely about physical upkeep. Some experts noted that the mental load associated with housekeeping, scheduling repairs, and organising daily life within a large space can also become overwhelming. As one interviewee put it:

“Push can be... just from it indeed whatever you say, too big huh? Yes, I don’t feel like [making] time to keep track of it all anyway.”
— **Expert 5 – Real Estate Developer**

In addition to the burden of maintenance, retirement itself was highlighted as a natural transition point where seniors start reassessing their living arrangements. Experts suggested that the moment of retirement often triggers reflection on what kind of home or lifestyle suits the next phase of life. This period of reflection can act as a catalyst for considering relocation:

“Yes, I am thinking about the next stage of life, what should I consider?”
— **Expert 1 – Municipal Policy Advisor**

“And I think it’s always a good time [to relocate] when you retire.”
— **Expert 4 – Senior Living Consultant**

Finally, declining health was consistently cited as a critical push factor. While some seniors move proactively, others only relocate once their current home no longer meets basic accessibility or care needs. Four out of five experts explicitly referenced health deterioration as a common tipping point:

“Yes, so it often has to do with health.”
— **Expert 5 – Real Estate Developer**

In summary, the expert interviews revealed a consistent narrative: as seniors age, a combination of physical decline, maintenance burdens, and life transitions like retirement increasingly push them to reconsider their housing options. Among these, the physical and mental strain of high-maintenance homes and the reassessment of needs after retirement emerged as the most frequently mentioned and impactful push factors.

4.2.1.2 Social perspective

In the social domain, experts consistently emphasised major life transitions as primary triggers prompting seniors to consider relocation. These transitions such as children moving out (the “empty nest” phase), the death of a partner, or changing neighbourhood dynamics were identified by all experts as moments that disrupt the social equilibrium and prompt reflection on whether the current home still suits the new phase of life.

One frequently mentioned example was the empty nest. After children move out, the family home often feels too large or mismatched with daily needs. The departure of children marks not just a change in occupancy, but a shift in identity and lifestyle, making seniors more open to relocating:

“The kids are out of the house and good luck with it. We are going to live nice and small here in the city centre and get it all sorted out.”
— **Expert 5 – Real Estate Developer**

“If there is a real change in your life, that you really start looking at it like, hey, now is the momentum to see if I should move.”
— **Expert 4 – Senior Living Consultant**

Widowhood was identified as an especially powerful push factor. Experts noted that while senior couples often maintain a stable routine together, the loss of a spouse creates both an emotional and practical void. The surviving partner may suddenly feel isolated, overwhelmed, or unsupported in their home, especially if they previously shared responsibilities or social activities. This imbalance often acts as a trigger for considering relocation to environments where renewed social interaction is possible:

“Especially if one of them drops out, because together they still keep each other a good balance.”
— **Expert 4 – Senior Living Consultant**

“And so, I can imagine if you end up alone and you get really old too huh? That you are, say, 85 or so. That you might then have that need to indeed go to a two-bedroom house.”

— Expert 2 – Institutional Investor

“But we do indeed see that just more often people are standing alone.”

— Expert 2 – Institutional Investor

Neighbourhood change was another recurring theme. When long-time neighbours move away and are replaced by younger, less socially available residents, seniors may experience a sense of alienation or loss of community. This erosion of familiar social networks can result in growing discomfort or loneliness, which experts saw as a subtle but significant push factor:

“The neighbourhood is deteriorating or people who live nearby who have left and you only have young people living there who all work, only come home at night and really don’t have time to go and do some things at your place as well.”

— Expert 4 – Senior Living Consultant

Some experts also mentioned the anticipatory effect of witnessing others’ struggles with isolation or falls. While less frequently discussed, these scenarios were identified as quietly influential. Many seniors, after observing peers struggle with recovery or adjustment, began contemplating relocation earlier to avoid similar challenges:

“After such an event, such a step is just much more difficult.”

— Expert 2 – Institutional Investor

In summary, social push factors often emerge from disruption—whether it is the loss of a partner, children moving out, or the transformation of the neighbourhood fabric. While these moments may not always lead to immediate action, they plant important seeds of consideration. Over time, these seeds grow into motivations to seek housing that better supports the social and emotional needs of later life.

4.2.1.3 Health(care) perspective

Declining physical health was widely recognised by experts as a key push factor influencing seniors’ decisions to relocate. Rather than focusing on existing physical limitations, the emphasis was placed on the unpredictability of future health decline. Experts described how a sudden medical event could rapidly shift relocation from a distant consideration into an urgent necessity. Even when seniors feel healthy and capable, a single change in their condition can tip the balance.

One expert illustrated this shift by noting how easily intentions can change in light of sudden deterioration:

“But there’s nothing to do there yet, because physically still fine and ready, you know. But the moment something happens and something changes, then suddenly you go from wanting to, to needing to.”

— Expert 5 – Real Estate Developer

In many cases, seniors are initially reluctant to recognise their vulnerability. Professionals and family members often initiate conversations that encourage a more realistic appraisal of their current housing in relation to recent medical events. Reflecting on long hospital stays and slower recovery trajectories can help seniors see the urgency of anticipating future needs:

“That you engage in conversation with someone like that, then say yes, let’s face it... If you look now, how long were you in hospital last time? Yes, 6 months... and how did you come out of it? Yes, worse.”

— Expert 3 – Senior Living Services

Some seniors already recognise the implications of their declining health and are motivated by the desire to act before it is too late. Experts explained that the fear of future dependency can act as a powerful internal driver, especially when seniors prefer to make decisions while they are still in control:

“...or you do nothing, but then nothing happens, until one time the hour arrives. Yes, and then it’s done so and so and that, and people do realise that.”

— Expert 3 – Senior Living Services

Interestingly, factors often expected to emerge in this context, such as the absence of nearby caregivers or unsafe home conditions, were rarely mentioned by the experts. This suggests a shift in emphasis toward preserving autonomy rather than responding to existing deficits. It may also reflect the perception that today’s seniors are more resilient and prefer to act independently before reaching a critical point.

In conclusion, the expert interviews revealed that health-related push factors operate both reactively and proactively. A serious health event may catalyse immediate relocation, while the broader awareness of eventual physical decline can serve as a quiet but persistent motivator. In both cases, autonomy and control over one’s living environment remain central to the decision-making process.

4.2.2 Pull factors – confirmations

Pull factors refer to the aspect of assisted living concepts that attract seniors to consider relocation. The analysis reveals how the expert discusses the effect of positive incentives, like better facilities or enhanced social connections, on the attractiveness of a project.

4.2.2.1 Housing perspective

Within the housing domain, the most frequently discussed pull factor among experts was the availability of age-friendly housing. Experts highlighted the appeal of homes designed with accessibility, safety, and adaptability in mind. These environments are not only more suitable for seniors as their physical needs change but also contribute to broader solutions in both housing and care policy. One expert noted how such housing could simultaneously relieve pressure on the healthcare system and improve the overall housing flow: the housing domain the most discussed pull factor among the expert was the availability of age friendly housing. This included quotes about accessibility features, safety enhancements, and the layout that allows for future aging. Beside that overall principles that improved the liveability are introduced. This type of housing does not only benefits seniors but also serves as a strategic solution to broader housing and care challenges:

“If you provide attractive housing products for seniors in which that issue of living in a caring residential community with professional care when needed is also secured. Then you both solve a major problem in care, and you help the most people through the flow to become suitable.”

— Expert 1 – Municipal Policy Advisor

A recurring theme was the concept of life-proof housing—homes that are prepared for gradual changes in mobility and health, yet do not feel clinical or institutional. These dwellings allow for

independent living with only minor adjustments required over time. The goal is to create future-proof homes that remain practical without sacrificing comfort:

“But that’s not care [housing] at all, that’s just life-proof housing, right? With a few minor adjustments in the home itself.”

— Expert 4 – Senior Living Consultant

Accessibility was a central focus. Experts stressed that well-designed layouts that minimise physical barriers play a significant role in attracting seniors. By removing obstacles such as poorly placed kitchens or stairs, these homes cater to a wide range of future scenarios, reducing anxiety about potential limitations:

“For people who are then at some point a bit less able to walk... yes, then it’s not convenient if you set up a kitchen a certain way.”

— Expert 3 – Senior Living Services

Beyond design, financial considerations also emerged as powerful pull factors. Experts noted that many seniors are motivated by the opportunity to unlock the wealth stored in their homes. Downsizing and shifting to the rental sector allows them to access equity, improve their quality of life, or support family members financially. The concept of “eating the bricks” was mentioned by several interviewees, referring to the conscious decision to enjoy the value built up in one’s home:

“Because you release your money that you have been accumulating all this time, because that house has increased in value.”

— Expert 5 – Real Estate Developer

“That those parents say, we want to eat a piece of the house.”

— Expert 4 – Senior Living Consultant

“Play that equity, free... go do something nice with it. Yes, then you also pay x amount of rent in the coming years.”

— Expert 2 – Institutional Investor

Interestingly, while homeowner stability is often emphasised in academic literature, this theme was largely absent from the expert interviews. This could reflect the specific focus of this study on the free rental sector, where flexibility, liquidity, and comfort take precedence over long-term ownership.

In conclusion, the expert interviews revealed that accessible and adaptable design, combined with financial flexibility, are the most influential pull factors in the housing domain. Age-friendly, life-proof layouts were seen as essential in promoting both comfort and security, while the financial benefits of downsizing appealed to seniors seeking to improve their lifestyle or support loved ones. The absence of references to homeownership further reinforces the relevance of these insights within the rental housing context.

4.2.2.2 Social perspective

Social considerations were shown to play a significant role in shaping the attractiveness of new housing options for seniors. Experts emphasised that relocation is often driven not only by practical needs but by the deep human desire to maintain emotional closeness, meaningful relationships,

and a sense of belonging. Among the most frequently discussed themes was the importance of proximity to family members, particularly adult children and grandchildren.

Experts described how seniors often choose to move to be closer to loved ones, seeking regular contact and support in daily life. These relocations are not always purely emotionally motivated; sometimes they are practical decisions linked to receiving informal care or assisting with childcare for grandchildren. In this way, moving becomes part of a reciprocal support system between generations:

“I am already not into moving...- I indeed wouldn’t pick up my whole family now either and move two villages away. And for senior citizens, the same is true. They really do want to either live within familiar surroundings or move to where their children live.”

— Expert 2 – Institutional Investor

“This is a couple: we are going to the Netherlands and living close to their daughter. There is a single man who has children here but still goes to live here. Yes, I think it’s from both sides—people go there because they like not being alone indeed.”

— Expert 3 – Senior Living Services

“Because then they are more likely to move from ‘Well, that’s where my kids live nearby’ or ‘that’s where family lives nearby’, or something like that.”

— Expert 4 – Senior Living Consultant

In addition to family ties, experts noted that seniors are also drawn to environments that offer opportunities for social interaction and participation. As the risk of social isolation increases with age, the presence of an active social environment can significantly enhance a housing concept’s appeal. Opportunities to make new friends, engage in community activities, or simply be surrounded by others were all cited as important factors in relocation decisions:

“At some point you really are on your own, aren’t you? And it’s really nice if you do have those social contacts somewhat in close proximity.”

— Expert 4 – Senior Living Consultant

“Where do you want to live, and where do you have your social network, or where can you do fun things? And where can you stay busy?”

— Expert 5 – Real Estate Developer

Some experts also discussed a more subtle, yet meaningful, pull factor: alignment with personal identity and lifestyle. As seniors enter a new chapter in their lives, they may actively seek out housing that resonates with their values, habits, or past experiences. This symbolic alignment can enhance the sense of continuity between past and future, making the new environment feel familiar and welcoming:

“And then they look for an environment, a place, a flat or a home that still somewhat fits into the picture they have lived in, right?”

— Expert 3 – Senior Living Services

“At some point, you choose your home for a new life, and then that home has to match it.”

— Expert 4 – Senior Living Consultant

In summary, the interviews revealed that social pull factors are strongly tied to emotional continuity, social connectivity, and lifestyle alignment. While practical aspects like location and care availability are important, the emotional experience of feeling connected—to family, to a community, and to one’s own values—emerged as equally influential. Relocation, in this sense, is not only about meeting new needs but also about sustaining meaningful relationships and starting a new life phase with intention and familiarity.

4.2.2.3 Health(care) perspective

Health(care) considerations emerged as a crucial pull factor in the expert interviews, particularly in relation to the peace of mind that comes from knowing care is readily available when needed. Experts agreed that the assurance of access to care can play a decisive role in motivating seniors to relocate. Rather than waiting for a health crisis, many seniors are drawn to housing concepts that integrate healthcare in a more proactive and supportive way.

The idea of healthcare continuity was repeatedly emphasised. Experts described how seniors value knowing that support will remain accessible as their needs evolve. This long-term security acts as a major attraction, especially when compared to remaining in homes where future care access is uncertain:

“The most important thing is the certainty that care is always available.”
— **Expert 1 – Municipal Policy Advisor**

“I live there, then I’m more likely to have care available in five or in 10 years than if I continue to live in my own little house.”
— **Expert 5 – Real Estate Developer**

Closely linked to this desire for continuity is the importance of a well-organised care infrastructure within the residential development itself. Experts pointed to the added value of embedded services, such as district nursing and on-site health consultations. These services allow seniors to maintain autonomy while avoiding the unpredictability and stress that come with future health decline. A key element of attraction lies in knowing that someone is nearby to answer questions, provide support, or coordinate care as needs arise:

“Organise residential facilities in which that care does become available when needed.”
— **Expert 1 – Municipal Policy Advisor**

“And what is very important is that from the care institution, a kind of district nursing is organised... there is a district nurse there who answers people’s questions, can provide initial care, [and] can refer people to the right counter to indeed provide the more intensive care.”
— **Expert 2 – Institutional Investor**

Beyond formal care, the experts highlighted the appeal of assisted living communities that combine health support with informal care and neighbourly interaction. These communities are attractive because they provide more than services—they offer structure, routine, and human connection that support both wellbeing and physical health. Seniors are not only looking for medical safety nets but for environments where they feel supported socially and emotionally:

“Because you care about being part of such a community.”
— **Expert 1 – Municipal Policy Advisor**

“In it, we say until 2040, 1 million homes must be built. Half of them have to be lifecycle-proof. And then preferably with a community concept included. So that demand is huge.”

— Expert 2 – Institutional Investor

“And then of course it is very important that we have housing concepts where people look after each other.”

— Expert 4 – Senior Living Consultant

While personal preferences vary, experts noted that the underlying desire for collectivity and care access is nearly universal among seniors. Although one housing concept may not suit every individual, the fundamental appeal of being supported by a close-knit, care-ready environment is consistent:

“There is not one senior, so there is not one person who always goes for the same concept... But I like that collectivity.”

— Expert 5 – Real Estate Developer

“So people do—and I think for that reason—because they do like some contact at some point, yes.”

— Expert 3 – Senior Living Services

In summary, health-related pull factors are not limited to the presence of medical support but extend to the emotional and social dimensions of care. Modern assisted living concepts that successfully balance independence with collective support, and flexibility with preparedness, were seen as especially attractive. For many seniors, the combination of accessible care and a sense of community transforms these housing concepts into desirable options for their next stage of life.

4.2.3 Keep factors – confirmations

The keep factors represent the reasons why seniors could choose to stay in their current homes, even if push and pull factors are present. These factors embody emotional, social, or financial stability and are strong enough to override the push and pull factors. This section breaks the analysed expert interviews down into the housing, social and healthcare domain

4.2.3.1 Housing perspective

The interviews revealed a strong consensus among experts that seniors often choose to remain in their current homes due primarily to emotional attachment and financial stability. While home modifications were occasionally mentioned as a strategy to support aging in place, they appeared far less prominently in the expert narratives. The most frequently cited reason for staying put was the deep personal connection seniors have with their home and neighbourhood.

Experts explained that for many seniors, the home is not simply a physical space but a repository of memories and identity. It is often where they raised children, built their family life, and established long-standing routines. These emotional bonds are powerful and act as a strong deterrent to relocation:

“Seniors often say: I can still manage in the house my children were born in.”
— **Expert 1 – Municipal Policy Advisor**

“What keeps people in that home is often just the past, the history. They have often lived in a house for 40, 50 years, are familiar with the environment, have raised children. So the life is in the house and they struggle with shedding it.”
— **Expert 3 – Senior Living Services**

“Well, just emotion too, right? I mean, this is where the kids grew up, you know. In the end, people often live in their houses for a very long time... so, and the neighbourhood huh?”
— **Expert 5 – Real Estate Developer**

“I think that’s the other view [talking about keep factors]. That’s that familiar neighbourhood, familiar home.”
— **Expert 2 – Institutional Investor**

In addition to emotional attachment, financial stability emerged as a strong housing-based keep factor. For homeowners who have paid off their mortgages, current living arrangements often come with very low or no monthly expenses. The prospect of moving to a rental property, with significantly higher ongoing costs, creates a psychological and financial barrier that many seniors are reluctant to cross:

“Going from buying to renting is a huge mental threshold. Because suppose you are a couple of 75 and you bought a house in 1980 for 149,000 guilders at the time and you paid it off 10 years ago. And it is now worth 6.5 tonnes euros. So then you have zero monthly expenses.”
— **Expert 1 – Municipal Policy Advisor**

“People actually always lose out. I get less, you pay more. I had no burden and now I get a lot of burden.”
— **Expert 5 – Real Estate Developer**

“I had my house free. So I had no charges and now suddenly I have to start having more charges. How can that be?”

— Expert 5 – Real Estate Developer

“Sometimes the comment is: I do have very low housing costs now, or I no longer have housing costs— and then I’m going to rent [and it increases].”

— Expert 4 – Senior Living Consultant

The idea of modifying one’s current home instead of relocating was mentioned occasionally, but not as prominently as expected. This approach by adapting the home and relying on existing social support networks can be a practical and emotionally preferable alternative for many seniors. However, it seemed to play a secondary role in the expert discourse:

“Or I will stay in my own home and I will remodel it. And I will arrange my network in such a way that I remain self-sufficient.”

— Expert 1 – Municipal Policy Advisor

“More things are possible, such as living at home for longer with better facilities.”

— Expert 3 – Senior Living Services

In conclusion, emotional continuity and financial comfort are the most significant housing-related keep factors according to the experts. While the possibility of home modifications was acknowledged, it received comparatively little attention, possibly due to the dominance of stronger emotional and economic arguments. Overall, the decision to stay is less about logistics and more about the interplay between memory, identity, and cost. The home, in this context, is not only shelter but a symbol of stability and self.

4.2.3.2 Social perspective

From a social perspective, the most prominent keep factor identified by the experts was the presence of strong social ties and the familiarity of the surrounding community. Even when other aspects of the housing situation may no longer align with a senior’s physical or practical needs, the neighbourhood often retains deep personal value. Long-standing relationships, daily routines, and a sense of recognition in the community contribute to a feeling of belonging that is difficult to replace.

Experts described how seniors are often rooted in their neighbourhoods, not just because of proximity to services, but because of the emotional connections formed over time. This sense of social embeddedness becomes a powerful reason to stay:

“At the end of the day, people often live in their homes for a very long time... and the neighbourhood, huh? So you hear very often, you hear indeed: ‘Yes, but this is where I have my social contacts.’”

— Expert 5 – Real Estate Developer

Another common theme was resistance to change. Experts explained that many seniors view relocation not just as a logistical shift, but as a disruption of identity and emotional stability. Moving away from familiar people, places, and routines can be perceived as threatening. The potential loss of neighbourhood connections, trusted shops, or known care providers often outweighs the potential benefits associated with new housing options:

“Second reason is familiarity in one’s own neighbourhood. The older you get, the less comfortable it is to move away from your own neighbourhood. Away from the neighbour you know, away from the GP you know, away from the walk to the Albert Heijn, which you are used to.”
— **Expert 1 – Municipal Policy Advisor**

“I don’t need it all. And no, but you know... we still have a house there, and I’m still active and I’m heartbroken and worries? No. So yeah, what should I do with such a concept? I can still just live at home.”
— **Expert 3 – Senior Living Services**

Interestingly, certain social keep factors commonly discussed in the literature, such as fear of isolation or the need to stay close to family, were not strongly emphasised in these interviews. These concerns may be implicitly captured within broader themes of social ties and familiarity. However, the limited focus on them suggests that the experts saw daily social interactions, autonomy, and community recognition as more influential in decisions to remain in place.

In conclusion, the analysis of social keep factors highlights how deeply connected seniors are to their immediate environments. Relationships, routines, and a familiar setting serve not only as practical supports but as fundamental elements of personal identity. For many seniors, leaving these behind poses an emotional risk that outweighs the potential advantages of relocation. As a result, staying in place is often seen not just as a preference, but as a preservation of self.

4.2.3.3 Health(care) perspective

Health-related keep factors were not discussed as frequently as other domains during the expert interviews. However, a clear theme emerged: many seniors express confidence in their ability to manage their health independently and prefer to remain in their homes for as long as possible. This preference is often rooted in a sense of resilience and autonomy. If seniors perceive their health as stable, there is little urgency to seek professional support or consider relocation.

Experts noted that this mindset is common, particularly among seniors who do not yet face significant medical challenges. These individuals do not identify with frailty or dependency and may even resist the suggestion of needing care. As one expert explained:

“Indeed, if you address it at care, they will drop out, because they don’t suffer from anything. They are not old, they are not frail, never going to be, and if it is going to happen at all, they can handle it all completely fine by themselves in their own homes.”
— **Expert 3 – Senior Living Services**

This belief in self-sufficiency is often strongest when health is still perceived as good. For many, aging in place is not just a practical choice, but a reflection of personal identity and control. The idea of continuing to live independently is seen as a sign of strength. When paired with a general discomfort with change, it becomes clear why many seniors choose to stay:

“I often hear them say: ‘I can still manage in the house where my children were born.’”
— **Expert 1 – Municipal Policy Advisor**

Interestingly, the issue of healthcare continuity—often cited in academic literature as a key factor in relocation—received little attention from the experts in the context of staying. This may reflect the

assumption that those who decide to stay are typically still in good health, and that healthcare becomes a more urgent consideration only after a significant decline.

Dementia, although commonly discussed in general terms during the interviews, was rarely framed as a keep factor. Nonetheless, one example illustrated how even in cases of cognitive impairment, couples may remain in their homes with the support of home nursing until relocation becomes unavoidable. This suggests that cognitive decline is often managed reactively, rather than prompting early relocation:

“What you see happening now in married couples living together in a semi-detached house, but one of them starts to suffer from dementia. Then you do often get home nursing until it is no longer possible.”

— Expert 1 – Municipal Policy Advisor

In conclusion, the experts described a strong preference among seniors to remain in control of their health and living situation for as long as possible. The belief that they can manage independently is a major reason why many choose to stay in place. Unless there is a clear and pressing health decline, relocation is not perceived as necessary. This reinforces the broader theme that decisions around housing and care are often driven less by planning and more by a reactive response to crisis.

4.2.4 New insights

While the expert interviews largely confirmed the factors from the literature, the coding process also revealed several new factors that can extend and deepen the theoretical framework. The experts talked about underexplored aspects of seniors’ relocation decision, particularly those related to communication, location, design, and diversity of offerings. These insights are grounded in practice and reflect things that the expert encounter in their daily work but are not yet captured in existing academic literature. Some of the new emerging themes are:

4.2.4.1 Communication – Pull factor

One of the strongest new themes was the central role of communication. Not only in how senior concepts are framed, but also in how information is delivered and accessed. The way a concept is presented can really affect how it is being received. Experts agreed that the way housing, care, and lifestyle are presented to seniors can either promote or block the relocation process.

The experts think that it is not the right way to put a big emphasise on the care part of a concept. Seniors can become resistant to moving if the concept is framed too directly around care. Instead, these concepts need to present itself as a place that focusses on autonomy, lifestyle, with care presented subtly in the background.

“So those are some of those pull factors and then in the background we say: oh yes, there is also care if needed. If you put care first, they won’t come, but if you start using all these other marketing terms, you do attract people there.”

— Expert 2 – Institutional Investor

“And that care at the back end indeed. In communication, that is very important.”

— Expert 3 – Senior Living Services

“I find it idiotic when people say, housing, care and welfare. That is not true at all. That is housing, welfare, and care.”

— Expert 4 – Senior Living Consultant

In addition to how the concept is communicated, the way you can show interest or apply for a house in such a concept was discussed as a barrier for seniors. Several experts pointed to the increasing digitalisation of the enrolment processes and because of that the lack of accessible senior-friendly methods to learn about or sign up for housing options.

“It is important when you roll out this kind of concept, where you do everything digitally, that the programmes or the allocation and the administrative story also works. Because I’ve spoken to a lot of people with whom it didn’t work to upload, or it stalled in the communication with the administrator or the broker or the owner.”

— Expert 3 – Senior Living Services

“We tend to do everything through the website now of course, we don’t make printed brochures like we used to... and while that senior person thinks that printed product is very important.”

— Expert 4 – Senior Living Consultant

“Making those steps easier requires a different way of communicating, and that is not yet very much between the ears [of the market parties].”

— Expert 4 – Senior Living Consultant

Together these insights show that communication is not only about presenting an attractive housing concept in a trendy way. But really make it attractive through words and communication methods. When doing so you should keep the target group in mind and put an emphasis on what they would like to hear first.

4.2.4.2 Distance and local development

Another notable factor mentioned by multiple experts was the importance of development location proximity. Even when seniors are motivated to move, they often reject projects that are too far away from their current environment. Experts explained that if new developments are placed outside their social radius, they are significantly less likely to relocate.

“The moment you build where no seniors live then it doesn’t work.”

— Expert 2 – Institutional investor

“If it is not within the right radius then you will still see fewer moves.”

— Expert 2 – Institutional Investor

“I think that’s the main thing holding people back if they really need to move to another city.”

— Expert 4 – Senior Living Consultant

This confirms this factor as a strong one, and that relocations strategies must consider local demand and the overall radius that is accepted by the senior. One of the interviewees was confident that in both urban and rural settings the demand for these kinds of developments is big.

4.2.4.3 Facilities and meeting opportunities

While social interaction is a known pull factor, some of the experts highlighted the importance of designing these opportunities into the floorplan of the project. Shared spaces like outdoor areas, shared rooms, and overall design with benches, courtyards, and walkways can create a sense of community among the residents.

“Outdoor spaces should be good for that, that’s where the meeting places should be. A bench by the front door, benches in the park.”
— **Expert 4 – Senior Living Consultant**

“Because from that spontaneous meeting—whether it is in the building, on the street or in the neighbourhood—if you make that easy, you’re much quicker to have a quick contact with each other.”
— **Expert 4 – Senior Living Consultant**

“So that’s where that cooking studio or that gym or you name it... There’s a city greenhouse there. You know? That’s another opportunity to come together, so you do see elements there.”
— **Expert 5 – Real Estate Developer**

This factor is all about informal connection and reinforce the social appeal of assisted living. It also shows that architecture and forthcoming floorplans are not neutral but can actively influence the experience of the future residents.

4.2.4.4 Inclusive housing product

Finally, several experts talked about the importance of affordability and inclusive developments that offers housing for people with different financial means, preferences, and willingness to pay. Since the senior demographic is highly divers in terms of income and preferences, a concept that focus on only one rental sector are unlikely to meet the diverse needs.

“That it is affordable.”
— **Expert 4 – Senior Living Consultant**

“But even for that, some people can and want to pay that, and others can’t. And that’s why we need to provide that diversity.”
— **Expert 5 – Real Estate Developer**

For some people it is more attractive to live in a project that has many different types of residents.

4.2.5 Keep factors - emerging themes

Through the analysis of the interviews several new keep factors were pointed out by the experts. The new keep factors focus less on the physical environment and more on internal perception, practical obstacles and framing of later-life relocation. These emerging factors help explain why, when push and pull factors are present, many seniors do not decide to relocate.

4.2.5.1 Mindset change

Most of the expert talked about a need for a mindset change among seniors. Currently many seniors do not perceive themselves as old or in need of relocation to senior housing, even when their environment no longer fit their needs. Like already mentioned earlier the idea of preparing for aging is often delayed until they are in a worsened position.

“It’s not standard that people then think of, hey, I’m 65 now. Maybe I should also start thinking about how I live.”

— Expert 5 – Real Estate Developer

Admitting to possible future decline in health can be improved through tabletop conversations between parents and child or other family members. Currently people are aware of their current situation regarding health or loneliness, but still are reluctant to acknowledge their situation or accept that change might be beneficial. This emotional denial can make relocation feel like a form of failure therefor scaring people away from that decision.

“Yes definitely. And what is insidious or complicated about that, I think, is that people don’t like to come out and admit that they are lonely. And so they find it very difficult to admit for themselves too that it would be better to move to an environment where they can still see and meet other people.”

— Expert 3 – Senior Living Services

Shifting this narrative is essential. If we can make this mindset change where a decision to relocate to such concept is viewed as an empowering decision rather than a reluctant necessity.

4.2.5.2 Lack of examples – missing proof

Another major keep factor was the lack of visible, relatable examples. experts state that seniors often struggle to picture what life might look like after relocating. This is even more the case in a underdeveloped market and if the communication around projects is weak. Even those who are open for relocation can become hesitant because they cannot visualise the benefits.

“Look, if we ask people to think about a future earlier in their lives and they are already prepared to do so... and then they look around and they don’t see anywhere what that might look like.”

— Expert 1 – Municipal Policy Advisor

You can imagine that without proper marketing many seniors, even if they want to, do not act because they do not know what is out there even though they could possibly encounter enough push and pull factors to make the decision to relocate.

“That there really are other people who would love this, but just don’t know of its existence.”

— Expert 3 – Senior Living Services

The overall lack of example projects is really one of the main reasons of the problem at hand. Some expert state that most of the seniors are looking to relocate but supply is just falling behind. As a result of this even seniors who are open to relocating lack an easy road towards senior housing.

“Yes, create more supply then, because the demand is there. Only supply is really lagging behind. So the moment you offer it, I’m sure it will just fill up.”

— Expert 2 – Institutional Investor

The absence of good examples partly hinders the relocation. The experts emphasised the importance of good examples to create demand for this product.

4.2.5.3 Hassle

What is said about people willing to move but lack examples is the same with people that are open to moving but hesitate because of the hassle associated with them. Many have relocated many times, and you could imagine that the thought of it alone butts an emotional burden on the senior. Experts mentioned that this load of sorting through decades of memories, selling the home, navigating all the paperwork often becomes a quiet keep factor.

“Third element is hassle. Moving is hassle, but perhaps more importantly clearing the attic is hassle. That sounds very basic, but is a huge psychological barrier for people to take that step— because in that attic there is 50 years of history piled up in boxes.”

— Expert 1 – Municipal Policy Advisor

“Yes, still no desire to move? Because they have a lot of junk and can’t actually see the forest for the trees there.”

— Expert 4 – Senior Living Consultant

This factor suggest that relocation support services could increase the amount seniors that would want to relocate.

4.2.5.4 Pride and ego

Finally, experts identified pride and identity as a subtle but deeply rooted reason to resist relocation. Experts made it clear that in the current housing career the move to smaller and/or assisted housing feels like a step backward. During your life you make various steps on the housing market. Your current home is something you are proud of and don’t want to lose. This feeling was described by one of the experts:

“But status is a thing in that, isn’t it? So it is of course that housing ladder is constructed in such a way that you start already in your student house, then to a small flat, and a bigger flat... then a middle house, corner house, and a detached. Well, and then you go back to your, say, semi-student house?”

— Expert 5 – Real Estate Developer

Combining the pride and mindset factor is essential in providing a solution for the current market. If we can avoid that this downsizing feels like a step backwards but instead a logical choice relocation can suddenly become a proactive and powerful decision.

“It is successful when you can tell on a birthday where you are going to move to and why you are doing it, and then another person says: ‘You are doing good.’”

— **Expert 5 – Real Estate Developer**

4.2.6 Overview table: comparison of literature and interviews

The table below offers an overview of the factors identified in the literature and those that newly emerged from the expert interviews. These newly identified factors reveal that relocation is not only a logistical decision, but also a psychological one. In this table the factors are ranked based on the frequent of codes connected to them. While many well-established themes such as declining health, high maintenance housing, and the resistance to change were reaffirmed. Notably themes like mindset changes, hassle of moving, lack of relatable examples, and communication strategy were not familiar through literature but according to the experts are highly influential in shaping the relocation decision of the senior. While the quote frequencies that are used for this ranking provide an indication of how often these topics were discussed by the experts, they should not be interpreted as direct measures of importance. During the interviews some factors have required fewer words to express, while other factors got more elaborated upon by the expert.

Domain	#	Push Factors (Reasons to Leave)	Pull Factors (Reasons to Move In)	Keep Factors (Reasons to Stay)	#
Housing	1	High Maintenance house	Age friendly housing	Lack of examples (exp)	1
	2	Post retirement changing needs	Distance- developement closeby (exp)	Hassle/moving (exp)	2
	3	Worsening health	Downsizing for finances ease	Financial stability of homeownership	3
	4	lack of accessibility adaptions	Facilities (exp)	Emotional attachment to home	4
	5	Unsafe home environment	Inclusive product (exp)	Home modifications instead of moving	5
		Homeownership stability			
Social	1	Major life transitions	communication/participation (exp)	Resistance to change	1
	2	Social isolation (after fall)	Change in mindset (exp)	Esthablished social ties	2
	3	Widowhood	Stronger social connections	Fear of social isolation	3
	4	Neighbourhood changes	Meeting possibilities (exp)	Family proximity	4
	5		Allignment with personal values	Pride/ego (exp)	5
	6		Proximity to family		6
Health (care)	1	Declining health	Acces to high-quality healthcare	Confidence in managing health at home	1
	2	Fear of future dependency	Assisted living communities	Preference for aging in place	2
	3	Fear of falls		Healthcare continuity	3
	4	Lack of nearby caregivers		Stability for cognitive impairments	4

Table 8 – Overview of push, pull and factors identified through literature

4.3 Findings from focus groups

Now that we validated framework with the push, pull, and keep factors through expert interviews, two focus groups were conducted to capture the experiences and perspectives of the seniors themselves. The first group consisted of current residents of the assisted living development called Seasons in Soesterberg, while the second group involved seniors who considered relocating but ultimately decided to choose to stay or went for another option. By using this dual perspective, it helps to get reflective insights and look for differences between the two groups. Besides that, there is a possibility for new factors regarding senior mobility to emerge.

While many push, pull, and keep factors identified in the literature and expert interviews were confirmed of being important, the focus groups also revealed new nuances and practical insight that were not emphasised through the previous research methods. These insights were especially visible in themes like communication, pre-sorting, and lack of relatable examples. These often came into play as factors that influenced the decision-making process.

A first quick analysis showed that only one new push factor emerged, and the experts confirmed the understanding off why certain push factors are important regarding relocation. The session revealed additional pull and keep factors not captured though interviews or literature. In the next sections will talk more about the sessions.

4.3.1 Push factors

This section presents the factors that led or could lead seniors to consider leaving their current home. These push factors create friction in the existing living situation. Drawing from both focus group discussions, this section compares how current residents (group 1), and non-movers (group 2) reflected on the relocation process.

4.3.1.1 Housing perspective

When it comes to housing related push factors, the analysis of both sessions shows a notable contrast between currents residents (Group 1) and those who opted out of their move. (group 2). Participants in the first group discussed more housing related push factors mentioning them 14 times, compared to only 4 times during the second session. This suggest that seniors who decide to move are more aware of the burdens that led to their relocation decisions.

The difficulty to maintain a home was a factor that was acknowledged across both groups. The physical upkeep was seen as something that becomes more unmanageable with age.

"[A major push factor was] maintenance-intensive house, which you have, which you can no longer continue to maintain in the way you are used to."

— Group 1, Speaker 7 – Current Resident

"Yes, the garden is already quite big and then you could do that smaller, let's put it that way. So then you also don't have to keep it all completely clean, all those rooms you don't use."

— Group 2, Speaker 4 – Non-Mover

Another commonly cited factor was declining health. Interestingly, while both groups mentioned it, the way they framed it differed. Movers saw this factor as a concrete motivator to act. In the sessions

with the non-movers they acknowledged the fear around it, but did not yet see it as a reason enough to leave.

“Deteriorating health we put on it. I think we mention that everywhere because it is very important for everyone. A very practical factor, but still very important as you get older.”

— Group 1, Speaker 2 – Current Resident

“But that [worsening] health does go into it anyway. Because we are all a bit scared.”

— Group 2, Speaker 2 – Non-Mover

Other factors within this domain such as unsafe home environment or changes after retirements were only mentioned once and only in group 1. Although they seemed relevant, they may be less immediately felt by most of the seniors.

In summary, current residents demonstrated a stronger sense of urgency around housing related push factors. The non-movers acknowledged these issues but, in their framing, had a more hypothetical tone. This could suggest that the actual relocation sharpens the awareness around those push factors.

4.3.1.2 Social perspective

As in the housing domain, push factors related to social aspects were discussed more explicitly by current residents than by non-movers. This once again suggest that those who have relocated tend to connect the factors to the already made decision, while the other group discussed them more hypothetically.

One relevant theme was neighbourhood changes. Becoming older made them realise they no longer fit within their current area. Because they started to encounter this mismatch the overall sense of disconnection grew. One of the seniors stated is as follow:

“For instance, I see these younger families with their children... they were five years old at the time, they are getting bigger. I already saw some children who are becoming quite adolescent. And then I think to myself, do I still fit in there? So then we started bubbling a bit, of maybe it’s not such a good place here after all.”

— Group 1, Speaker 6 – Current Resident

Another common push factor across both groups was major life transitions. These moments acted as a starting point to reevaluate the current housing situations. The difference with the two groups was the fact that group 2 saw these factors as possible future reasons to relocate whereas the first group really acted because of this factor.

“That was our eldest son. Who is building a family... So then we thought, we’ll sell our house to our eldest son. And we will rent.”

— Group 1, Speaker 6 – Current Resident

“We are both still a partner, but if one falls away then something happens and you end up alone. Then again, you see that consideration differently with this kind of concept.”

— Group 2, Speaker 4 – Non-Mover

It was not like the second group did not think ahead. The topic of possible widowhood and ending up alone was something the participants of group two discussed a lot. Losing a partners would likely shift their perspective towards relocation.

“I think widowhood, I like that. Why do I say that? Look, if there are two of you living in one house and you become a widower, then you are home alone. But if you’re in a complex like that...”

— Group 2, Speaker 2 – Non-Mover

Overall, this highlights at awareness of potential future loneliness, yet the speaker remains in their current home. This aligns with the behavioural tendency to delay relocation decisions until they are triggered by an external event.

4.3.1.3 Health(care) perspective

Of all the domains, this domain revealed the strongest contrast between the two groups. While the current residents frequently cited health-related concerns as push factors, non-movers referred to this domain only one time. This suggest that there is a significant difference in way of life or urgency perception between those who have moved and those who continue to postpone the decision.

The only factor that got mentioned by both groups was the fear of sudden health decline or future dependency.

“I think the fact that you face health problems from one moment to the next.”

— Group 1, Speaker 8 – Current Resident

In group 2, this fear was acknowledged but framed as something to be dealt with later.

“But that fear of future dependency, that could also be that you have to have things fixed to your house and you can no longer manage all that yourself.”

— Group 2, Speaker 2 – Non-Mover

During the session with group 1, the ongoing or worsening health conditions were openly discussed as reason to leave the former home. Relocation was seen as a necessary preparation for what was coming.

“Especially for the expected development of the disease. Then we went back to the Netherlands.”

— Group 1, Speaker 5 – Current Resident

Besides that, access to healthcare was a push factor among the group that moved. One speaker said that the absence of local healthcare providers can serve as a factor to seek for more supportive environments.

“Lack of healthcare providers nearby. When you experience that, you want to leave very soon indeed to where things are better.”

— Group 1, Speaker 7 – Current Resident

As we already knew because of the expert interviews it got confirmed once again that health-related concerns can act as a strong push factor. Health-related concerns are rarely acted upon unless experienced first-hand, highlighting a reactive decision-making pattern among non-movers. The

non-movers partly acknowledged the risks, but because these issues were not present did not act on it.

In conclusion, these health-related push factors really had their effect among the current residents. They acted upon those factors, whereas the non-movers are waiting for health event to come into play before acting.

4.3.2 Pull factors

Pull factors are the factors that make relocation appealing to seniors. This section shows how the influencing factors were discussed in the focus groups and compares how the benefits differed between the two groups.

4.3.2.1 Housing perspective

Unlike the push factors, which were more discussed by current residents, the pull factors in the housing domain were more actively explored by non-movers. Despite having chosen not to relocate (yet!), this group showed a strong awareness of the benefits of relocating to an assisted living concept with age friendly living, financial flexibility through downsizing and overall access to facilities. Group 1 expressed more the practical benefits they now experienced.

The non-movers frequently mentioned the financial capital tied up in their current homes. They are aware that relocating to rental housing can free up some of that capital. At the same time the other group did not mention something about it.

“I’m really going to look it up, too, because there’s a lot of money tied up in this house. Then it could be that you kind of retire what’s in it—that you do say at some point, well then, I’ll go rent, I’ll eat that house, and after a while it’s done.”
— **Group 2, Speaker 4 – Non-Mover**

This quote really illustrate how financial pull factors are present before emotional or logistical hurdles are overcome. It shows that even among those who opted out of their relocation, the idea of unlocking equity is a known pull factor.

Both groups expressed interest in concepts that is adapted to the needs of aging. Group 1 really framed it in terms of having already made that decision, whereas the second group described it as a desirable future scenario.

“How do you create that? And then, the housing—the age-appropriate housing. Well, we just looked that up. We have influence on that.”
— **Group 1, Speaker 5 – Current Resident**

“But at the end you might well say, I’d rather have everything on one floor. Yes, that would be nice.”
— **Group 2, Speaker 2 – Non-Mover**

Pull factors related to the facilities around the concept were also discussed by both groups. Though with a slightly different tone to it. Group 1 talked about the option that were available in their current living situation while group 2 really saw these kinds of facilities as essential if they (again) were to consider a move.

“The concept that you can use optional with all kinds of support services—medical, then different. I think that’s a very clever one. That’s what we need, especially people in old age.”
— **Group 1, Speaker 7 – Current Resident**

“[To have] that facilities is... if there would be such a concept that you can all eat there together is important though.”
— **Group 2, Speaker 4 – Non-Mover**

In summary, both groups valued housing related pull factors. The appeal of better living conditions was present within both groups, but for the non-movers, these benefits have not yet outweighed the keep factors.

4.3.2.2 Social perspective

Social pull factors were most talked about in the first focus group session. The current residents were able to reflect on their decision-making process more precise and really state the factors that had an influence on that process. The non-movers touched on similar themes, though less decisively. You can see that the fact that group one relocated validated the pull factors for them.

Both groups were talking about the importance of casual contact and opportunities to get in contact with (future) fellow residents. The first group were attracted by it and reflected positively on shared spaces and spontaneous encounters. The second group also thought these features were potentially attractive, though strong enough to make the relocation.

“Because yes, as far as I am concerned, it is nice to meet people of a similar level, say, age. But also just, yes, just socially.”
— **Group 1, Speaker 6 – Current Resident**

“Or I can cook in a group, then doesn’t have to be the whole community from such a concept. Yes, that is nice.”
— **Group 2, Speaker 2 – Non-Mover**

These quotes illustrate that the design of the living environment can serve an important pull factor.

Stronger social connection was attractive for seniors. They all know the stories about loneliness and don’t want to experience that themselves. Therefore the possibility for daily connection is wide appreciated by both groups.

“Of course, I don’t have to stay in my room, but if you want to, you have chats with everyone left and right all day long.”
— **Group 1, Speaker 2 – Current Resident**

“I actually already have it in my hands: stronger social ties... That you can live there with several people.”
— **Group 2, Speaker 2 – Non-Mover**

In group one moving closer towards families was a strong pull factor. For some the proximity to children determined the relocation destination.

“In itself, we did want to go this way again. Because I am not a fan of the [region] at all. But we had to stay in between all the kids.”

— Group 1, Speaker 2 – Current Resident

This aligns with previous input from the experts that these kinds of project are only successful if they are being developed close to where people currently live or where family of the senior lives. You can say family closeness can shape choices about where, but not always whether, to relocate.

For the current residents a pull factor was the fact that it is a place where people with different care needs or background could live together.

“Yes, for us important, that everyone could live here, yes. In what age group or state of care?”

— Group 1, Speaker 5 – Current Resident

Another factor that was only mentioned in the first group was the importance of good communication. If the concept is presented in a good and transparent way it contributed to the overall appeal of it all. This allowed them to feel confident in their choice to relocate.

“[It is attractive] if communication were right, and that’s where it still sometimes rattles. Right communication and execution!”

— Group 1, Speaker 7 – Current Resident

Overall, current residents emphasised the social benefits if stronger social ties in their new living environment. Non movers once again appreciated this kind of elements but in a more in theory.

4.3.2.3 Health(care) perspective

The health care factors were primary discussed by the current residents. This likely reflects their lived experiences with health decline, making such concerns more salient in the decision to relocate. The non-movers felt healthy and expressed little urgency or interest in health-related aspect of assisted living concepts. Their perceived invulnerability to future decline served as a psychological barrier to see healthcare aspects as a pull factor. Both groups appreciated the assisted living aspect of the concept. Seniors in group 1 valued the social vitality and informal support that came from being a part of an assisted living concept.

“Somehow it [living in assisted living] does seem like that just keeps people livelier as well...”

— Group 1, Speaker 2 – Current Resident

Group 2 acknowledged the idea as useful, but only as a future option if health starts to get worse.

“But I imagine that if you get a bit older, that [assisted living] would be an argument for doing it.”

— Group 2, Speaker 4 – Non-Mover

You could state that assisted living only becomes attractive when the health decline becomes tangible. For the non-movers this was not the case, and therefore still abstract or unknown.

The idea of proximity to care services was only mentioned by the first group. This further reinforces the link between actual care needs and the decision to relocate.

“So that you can then still fall back on any care nearby. So not here, but nearby.”

— Group 1, Speaker 6 – Current Resident

To conclude, the importance of good infrastructure for (future) care needs was mostly talked about by those who had relocated. For the non-movers, these factors remained in the background to come out “when the time comes”. This again highlights the attractiveness of supportive care environments for seniors, even though they don’t want to admit that it is needed.

4.3.3 Keep factors

Despite potential push or pull factors, many seniors end up choosing to stay instead of relocating. This section explores if and how the factors were discussed in the focus groups and compares the difference between the two groups.

4.3.3.1 Housing perspective

The keep factors related to housing were mostly discussed in the second session. This aligns with their situation because their decisions were not shaped by the push or pull factors, but by the reasons they found to remain in their current dwelling. Throughout the session they acknowledge all the previous determined keep factors, while the first group only talked about the lack of examples.

Seniors from the second group expressed strong ties to their current living environment. Their emotional attachment to their homes served as a major keep factor.

“But you are also always really attached to your own home and your freedom.”

— Group 2, Speaker 2 – Non-Mover

A widely shared factor was the absence of clear, relatable examples of assisted senior housing. This lack of examples made it difficult for the senior to picture what their future life could look like. Without these examples relocation stays vague or uncertain.

“That means that you are stuck in your situation, that you have not yet engaged at all with what is there then. And that you also think of yes, where should I go then? I don’t know what is there at all.

That you have no examples with that.”

— Group 1, Speaker 2 – Current Resident

“Yes, but I don’t know them. I saw one once... But if there are more and more complexes like this, then you already have more examples.”

— Group 2, Speaker 4 – Non-Mover

Some non-movers explained how they were planning to adopt their home to make their current house suitable for aging. By modifying their homes, they postponed or eliminated the need to move

“My house is so big that I can also split it. I myself will live on the ground floor and I will sell a double upper house. I can do that there in my property.”

— Group 2, Speaker 2 – Non-Mover

This shows that home modification can offer a middle ground between staying or moving. It results in maintaining the current home while preparing for the future.

In summary, various keep factors were major reasons for staying among non-movers, while current residents mainly reflected on the lack of good examples before they decided to relocate. The non-movers were convinced that with adaptations to the current home relocation could be delayed or avoided.

4.3.3.2 Social perspective

If you look at all three domains, the social domain produced the richest set of keep factors, both in the literature and the expert interviews. Importantly, these factors were also discussed in both groups, suggesting that whether the seniors relocate, or not social considerations play a critical role in the decision-making process.

The fact that seniors in both groups reflected on social disruption, identity and emotional continuity shows once again that relocation is not only just a logistical choice, but also a softer choice with social and psychological factors in mind. For the non-movers these factors ultimately became a barrier regarding leaving. For the current residents, they were factors that still influenced their final decision.

Interestingly the fear of social isolation was only mentioned in the first group. Since they already relocated this may indicate that this concern is more about what they left behind. Their relocating meant that they left behind their previous made social connections.

“Because you have social contacts in your familiar environment, for example, and if by leaving you would then lose them.”

— Group 1, Speaker 2 – Current Resident

This quote shows how those that relocated struggled with the social cost of relocating, where they left a familiar network

What is needed to agree on relocation is that the senior needs to accept the coming change in health, lifestyle, and routines. If they do not change their mindset regarding this topic they will stay put. Both groups thought about relocating to assisted living and showed awareness of this needed shift in mindset. However, they both look at it from different perspective.

“Only at one point I came to find out that it’s not all like that. And it doesn’t keep going the way you used to. Yes, things change, your own body changes, your situation changes.”

— Group 1, Speaker 7 – Current Resident

“Because before you’ve made decision 1 and then something actually happens, there’s often quite a long time in between. And I very often hear these stories of people saying, ooh, we really should have done it much earlier.”

— Group 2, Speaker 2 – Non-Mover

Being aware of the needed mindset change is a start, but these quotes demonstrate that this is something many seniors resist until circumstances force it.

Both groups spoke about their current connections with friends and family. These social networks provide themselves as legit keep factor that can outweigh the benefits of relocation to new housing.

“And there was a period when I didn’t want to leave. Just, what is said, of yes, you are used to your surroundings anyway, you recognise your friends and so on, clubs and things like that.”

— Group 1, Speaker 7 – Current Resident

“Yes, the neighbours. That was really an argument for me. I had very nice neighbours and then a bit of waving. And then you lost them too.”

— Group 2, Speaker 3 – Non-Mover

Within the second group it mostly came down to the preference of being close to family members.

“Yes, that’s right. So the closeness of family is when you are at home. You like to keep that that way. So that was an argument for not doing it.”

— Group 2, Speaker 4 – Non-Mover

Moving to something far away was out of the picture because of the need to stay connected to family.

Another subtle but recurring factor, that was introduced by the experts, was the role of one’s pride or ego. For many seniors it is important to stay independent. Homeownership always created this sense of independency and partly gave their identity. Stepping away from this meant acknowledgement of health or financial decline and this could feel as a loss. Therefore this ego could stand in the way of relocating because they do not want to admit they were aging or needed support.

“Yes, I am quite in denial about my declining physical capabilities.”

— Group 1, Speaker 7 – Current Resident

“Yes, you are absolutely right. I know that like the best. Here’s my big house. I [found it difficult to] gave that up.”

— Group 2, Speaker 3 – Non-Mover

Finally, resistance to change was present in both focus groups. It is not hundred percent sure that relocating is beneficial for them. This change introduced uncertainty in their life, especially when the benefits were unclear or too abstract.

“That if you start changing again now. That’s uncertain, but where will you end up?”

— Group 1, Speaker 3 – Current Resident

“Yes, my partner also wants to... keep it this way for now. She is a bit more ‘honkvast’ [homebound/attached to home].”

— Group 2, Speaker 2 – Non-Mover

This again highlights that the comfort of familiarity makes them decide for the easy road instead of relocating even though the current dwelling could no longer be ideal.

Overall, both groups described social networks as major keep factors. These factors were more prominent discussed by the non-movers, it even outweighed the other factors in their relocation process.

4.3.3.3 Health(care) perspective

While health-related pull factors were mostly mentioned by those who already relocated, the keep factors were discussed by both groups. The two factors that got mentioned were concerned with confidence in managing one's own health at home and a strong preference for aging in place. This aligns with the broader observation that seniors often underestimate their future care needs, and that many delay relocation until health decline makes it necessary.

Participants in both groups expressed a strong sense of self-reliance, they were certain that they can handle their health within their current housing situation.

“Absolutely not with the concept of care... I’m nowhere near that yet. So I’m still fit.”
— **Group 1, Speaker 3 – Current Resident**

“Is just my attitude [to stay self-reliant]. It may also be very basic that I live this way.”
— **Group 2, Speaker 3 – Non-Mover**

These quotes show the underlying belief that care is for “later”, and that accepting support or thinking about relocating to early could feel like admitting to this decline.

Closely linked to the thought of self-management was a broader and more emotional factor. The seniors preferred to grow old in their current home.

“I’m nowhere near that yet [institutional care]. So I’m still fit.”
— **Group 1, Speaker 3 – Current Resident**

“Aging at home. Yes, I would rather.”
— **Group 2, Speaker 2 – Non-Mover**

This belief sustains their preference to age in place and delays relocation because they hope to stay healthy for a long time.

To conclude, both groups thought they could manage their health at home, reinforcing the preference to age in their current dwelling. This sense of independence, combined with the idea that they stay healthy forever, serves as a powerful keep factor that delays the decision until it becomes unavoidable.

4.3.4 New insights

While the push, pull, and keep framework provided a strong foundation for understanding the relocation decisions process, the focus group sessions also revealed new factors that go beyond existing literature and expert perspectives. These emerging factors really encompass the meaning of the seniors themselves. They can contribute to understanding why even seemingly strong factors sometimes fail to lead to action, or why relocation is pursued even in the absence of clear external reason. The following sections introduce the new factors.

4.3.4.1 Push factors

One of the most striking observations from group 1 (current residents) was the use of foresight as a proactive push factor. Some participants described that rather than waiting for urgent situations, they chose to move based on the anticipated decline in health. This “presorting” behaviour made them strategic planners regarding their next housing situation.

“I think that’s where you come back to that foresight. That people then end up counting a nod of yes, but I foresee [the following]. And that then those [keep] factors just weaken relative to the discourse.”

— Group 1, Speaker 2 – Current Resident

This factor builds on the importance of promoting forward-looking thinking among seniors. Through better communication from both government and market parties, relocation can become a choice rather than a necessity.

4.3.4.2 Pull factors

In group 2, a new pull factor got introduced. one participant expressed her desire for novelty, not tied to care needs at all. This simple wish of something new was not yet captured through the previous literature review or expert interviews.

“Why isn’t that on anything? Just fancy something new.”

— Group 2, Speaker 3 – Non-Mover

This quote reflects that sometimes you just want something new and that this can work as a lifestyle-driven motivator. Assisted living could therefore benefit from aligning with these kind of pull factors rather than focussing on care and decline.

4.3.4.3 keep factors

Group 2 expressed strong uncertainty about whether assisted living would suit them. Some participants were hesitant due to the irreversible nature of their move to such a project, suggesting that a trial option could lower this barrier

“That might help for me. For example, if you have a temporary situation, that you can say, I’m still keeping my house, but I’m going to try it for a while, kind of a try-out. Could that maybe help? Yes. Seeing if it could work for me and my spouse in a complex like that. I would like that. Because the moment you say, I’m selling a property and I’m going to do this, there’s no turning back either.”

— Group 2, Speaker 2 – Non-Mover

Another new keep factor especially in group 2, was dissatisfaction with the available assisted living product. Several seniors that came from spacious privately owned homes were not convinced by the size of the rental units offered.

“Yes, because [even] the biggest apartment in Soesterberg—that was still very small.”

— Group 2, Speaker 3 – Non-Mover

This echoes expert insights that seniors prefer three-room apartments of at least 85 m². However, building larger apartments means higher rents, which reduces inclusivity. This trade-off limits the attractiveness of assisted living developments for some seniors.

A final new keep factor that was often mentioned by group 1 participants, was a feeling that developers were not learning from them. The feeling among the current residents was that they do not listen to their advice.

“We have experience. Behind every front door is about 60 years of experience. And the builder who develops the concept has to take that into account.”
— **Group 1, Speaker 3 – Current Resident**

“Take people who come to live here seriously in their intentions.”
— **Group 1, Speaker 7 – Current Resident**

This suggests that better participation could not only improve the attractiveness but also create a feeling of trust among potential movers, turning a keep factor into a pull factor.

These keep factors are essential for encouraging relocation. Seniors must feel heard, respected and partly included in shaping their living environments. Failing to do so reinforces the keep factors.

4.3.5 Third focus group

Recently an additional focus group was conducted with a group of seniors that just moved into an assisted living concept in Amsterdam. These individuals provided insights into the motivations to relocate to an urban development. Their quotes and reflections regarding their relocation were in line with the earlier conducted focus group with relocated tenants in Soesterberg. At the same time, they had a quite different backstory and reasoning.

4.3.5.1 Proximity to family

Also, in this group many participants cited family relationships as the driving force to relocate to this development in Amsterdam. In some cases, the family demanded relocation from abroad to take better care of their aging parent. Overall, this group placed high value on being closer to family.

“My children live nearby. That was very important to me... I want to be close, but not too close.”
— **Group 3, Speaker 1 – Current resident**

This illustrates that they want to remain connected but stay independent. They are very aware of the balance between autonomy and family that could take care of you when needed.

4.3.5.2 Widowhood

For several participants, widowhood played a central role in their decision to relocate. The loss of a partner led to a re-evaluation of life priorities and personal wellbeing, aligning with push factors described by experts. However, in this group, the response was not reactive but intentional and forward-facing.

“After my husband died, the house suddenly felt too big. Too quiet. I thought, if I don’t move now, I’ll never do it.”
— **Group 3, Speaker 3 – Current resident**

This quote reveals a moment of agency in response to loss—where relocation is a means to reclaim structure and social engagement rather than merely escape grief.

4.3.5.3 Community

Many expressed hopes that the new housing would offer more than physical convenience. The search for a social network and meaningful interaction was a recurring theme. While some participants were leaving long-standing neighbourhoods behind, they were motivated by the potential to build new relationships and remain socially active.

“I am not the kind of person who sits at home all day. I need people around. I’m hoping there will be coffee mornings or music or something.”
— **Group 3, Speaker 2 – Current resident**

This supports expert observations around social pull factors and suggests that planned communal living is viewed as a potential remedy for isolation.

4.3.5.4 Appeal of the city

The urban setting of the development was strongly appreciated, especially the view of Het IJ and access to cultural and transport amenities. Participants mentioned the visual and emotional comfort of living by the water, and the accessibility of the city as a clear benefit.

“That view! That was the first thing I noticed. You open the curtains and it feels alive. The boats, the movement... it gives you energy.”
— **Group 3, Speaker 5 – Current resident**

Here, the environmental aesthetic of the housing, specifically the proximity to water, emerged as a surprising but powerful pull factor that added meaning to the location choice beyond function.

4.3.5.5 Conclusion

The focus group highlighted several factors shaping the relocation decisions of this group. While their motivations echo many expert-identified trends and factors, these participants revealed a more intentional and optimistic mindset. Their decision to relocate was driven by a proactive desire for social connectivity, family proximity, and a stimulating environment, rather than by immediate health needs or crisis.

4.3.6 Senior ranking

In the last part of the focus group sessions the seniors were invited to rank the factors identified from the literature reviews and expert interviews. This part was added to validate the relevance of the theoretical framework. These rankings provided insights into which factors they perceived as most important when considering relocation. The rankings were made through group discussion and were categorised under the push, pull, and keep factors framework. The three rankings are made by focus group 1 (current residents in Soesterberg), focusgroup 2 (non-movers), and focus group 3 (current residents in Amsterdam).

4.3.6.1 Push factors

The ranking of the push factors reveals a contrast in how the three groups perceive the reasons for considering relocation. Focus group 1 had a diverse ranking that was dominated by health and housing related factors. By choosing for factors such as worsening health or fear of future dependency they demonstrated a proactive and future oriented mindset. Their decision making was mainly health and housing focused.

By contrast, non-movers ranked the factors that were more relation to life events. While this group acknowledged risks their ranking showed a lack of urgency. Health related factors were viewed as future possibilities, not as immediate push factors. Their decision-making process reflects a more present focused mindset that postpones relocation until some external fact forces them to relocate.

The third focus group of residents showed a more social ranking. Reflecting their decision to relocate was through life events or results of that.

Push	Focus group 1	Focus group 2	Focus group 3
1	Worsening health	Major life transitions	Major life transitions
2	Fear of future dependency	Post retirement changing needs	Widowhood
3	Lack of nearby caregivers	Widowhood	Fear of future dependency
4	High Maintenance house	Fear of future dependency	High Maintenance house
5	Social isolation (after fall)	High Maintenance house	

Housing
Social
Healthcare

Table 9 – Push factor ranking per focus group

4.3.6.2 Pull factors

The ranking of the pull factors also shows a difference in how relocation benefits are perceived and act upon by both groups. Among current residents, there was a strong emphasis on social design features. These factors were not only recognised but also valued because of their relocation. Group 1b made it known that clear and accessible communication is very important in making assisted living concepts appealing, suggesting that how a development is presented can heavily influence the decision to move.

The non-movers acknowledged many of the same factors but in a more hypothetical way. Although they did not relocate, they are aware of the attractive factors of these kind of concepts. Beside that it is an incentive to sell your home to create some financial ease. But the need of mindset changes before they can act on these factors is the big difference between the two groups. With that in mind it explained their present-focussed mindset, where potential value of relocation remains abstract rather than tangible

The group 3 participants also provided a ranking that, like group 1, reflects an active orientation toward the benefits of relocating. However, their focus was more on the family, aesthetics and urban access. This suggest that in urban context the design and emotional reasons can operate as strong pull factors.

Pull	Focus group 1	Focus group 2	Focus group 3
1	communication/participation (EXP)	Facilities	Meeting possibilities (exp)
2	Inclusive product (exp)	Age friendly housing	Proximity to family
3	Facilities	Stronger social connections	Facilities
4	Stronger social connections	Downsizing for financial ease	Age friendly housing
5	Age friendly housing	Change in mindset	

Housing
Social
Healthcare

Table 10 – Pull factor ranking per focus group

4.3.6.3 keep factors

The ranking of keep factors illustrate a clear difference between those who relocated and those who did not. Among current residents, the highest-ranked keep factors include pride ego and more healthcare focused factors. These factors all reflect barriers that they managed to overcome, probably because the push and pull factors became too urgent.

For the non-movers the ranking was more emotionally and social rooted. Their top 5 highlight a strong desire to keep things the same as they are, even when they know that relocation can improve their living conditions. For the participants of group 2a, the current home is not just a dwelling but the place where their personal and social ties are. This can make relocating feel more like a loss than a gain.

Interestingly, focus group 3 only ranked two keep factors. These were acknowledged as reasons that can make relocation harder. The group chose not to rank additional keep factors, as they felt the others were not personally relevant or did not apply to their relocation process. This limited ranking supports the idea that urban movers may have different view on staying put.

Keep	Focus group 1	Focus group 2	Focus group 3
1	Healthcare continuity	Family proximity	Established social ties
2	Preference for aging in place	Established social ties	Emotional attachment to home
3	Confidence in managing health at home	Pride/ego (exp)	
4	Established social ties	Resistance to change	
5	Fear of social isolation	Emotional attachment to home	

Housing Social Healthcare

Table 11 – Keep factor ranking per focus group

4.3.6.4 *Reflection on the ranking*

The senior ranking enabled reveal some differences between group 1 (current residents) and group 2 (non-movers). The fact that the first group relocated, and the second group did not result in different experiences with assisted living. But the ranking also displays fundamentally different mindsets and decision-making styles between the two groups.

Group 1 participants' ranking prioritised push factors related to declining health, their high maintenance homes, and fear of dependency, this shows mindset where the decision to relocate is seen as a strategy to keep control and be prepared for future life changes. Regarding their pull factor ranking they placed factors like age friendly housing, meeting possibilities, and community facilities in their top 5. This shows how these benefits were not only desired up front but also experienced once they relocated. And even though it is normal that keep factors like pride and resistance to change are present in their ranking, the fact that this group relocated shows that they can be overcome. This groups just looked at relocation as a practical step towards improved well-being and preparation for the future.

In contrast, group 2 participants display a more present-focussed mindset. Their top push factors are centred on (still to come) big life events. But while they recognised health risks they were viewed as distant. Downsizing or stronger social ties were acknowledged pull factors but lacked the concreteness to prompt action. Their keep ranking was dominated by emotional and social factors like family proximity or pride. This highlighted once again why their final decision was to not relocate to an assisted living project.

An additional group (group 3), consisting of seniors who just relocated to Seasons in Amsterdam offered a supplementary perspective. Their ranking and discussion revealed a planning-oriented mindset. These seniors were often motivated by factors like widowhood, family proximity, or anticipation of future limitations, rather than immediate necessity. Their pull factors focused on opportunities for social engagement, age-friendly design, and appealing locations such as the urban environment or proximity to Het IJ. While emotional ties to their current homes were still present, they saw relocation as a positive and proactive life choice. This group balanced excitement about new beginnings with a certain level of nostalgia, showing that emotional ambivalence does not necessarily prevent action. Their inclusion helps to bridge the gap between groups 1 and 2 by illustrating how a forward-looking yet emotionally grounded mindset can lead to a decision to relocate.

Dimension	Group 1 - Residents (Soesterberg)	Group 2 – non movers	Group 3 - Residents (Amsterdam)
Mindset	Future oriented, proactive	Present focused cautious	Future oriented, proactive
triggers	Health(care), life changes	Perceived as non-urgent	Widowhood, life changes
Social framing	Excited by new connections	Afraid to lose familiar ones	New community within family proximity
Main barrier	Hassle	Uncertainty, unattractive product	Leaving familiar surrounding
Emotional dynamics	Accepted change	Strong pride, attachment, and doubt	Optimistic
housing experience	Influenced by real examples	Not convinced causes inaction	Attracted by location and concept

Table 12 – Overview of decision-making dimensions: current residents vs. non-movers

4.4 FINAL TABLE

The table below presents the refined, ranked and final overview of the push, pull, and keep factors. Just like the table after the interviews, this version is ranked based on how frequent they got mentioned during the focus group sessions. By combining the factors with the coding of the transcripts it offers a insight into what truly influences senior relocation decisions.

New factors included are lack of participatory design, “forsiting” (pre-emptive relocation before decline), and try-out constructions. These factors all emerged through the lived experiences shared by the participants of the focus groups. Factors that marked with **(exp)** or **(fg)** indicate where the factors are grounded. The original factors found during the literature study are unmarked.

Domain	Push Factors (Reasons to Leave)	Pull Factors (Reasons to Move In)	Keep Factors (Reasons to Stay)	
Housing	1 High Maintenance house	Downsizing for financial ease	Lack of participial design (fg)	1
	2 Worsening health	Facilities	Lack of examples (exp)	2
	3 Unsafe home environment	Try out construction (fg)	Emotional attachment to home	3
	4 Post retirement changing needs	Age friendly housing	Hassle/moving (exp)	4
	5 lack of accessibility adaptations	Inclusive product (exp)	product just not attractive (fg)	5
	6	Distance- development closeby (exp)	Home modifications instead of moving	6
	7	Homeownership stability	Financial stability of homeownership	7
Social	1 Neighbourhood changes	Stronger social connections	Resistance to change	1
	2 Major life transitions	communication/participation (exp)	Esthablished social ties	2
	3 Social isolation (after fall)	Proximity to family	Pride/ego (exp)	3
	4 Widowhood	Change in mindset (exp)	Fear of social isolation	4
	5	Meeting possibilities (exp)	Family proximity	5
	6	Alignment with personal values		6
Health (care)	1 Fear of future dependency	Assisted living communities	Confidence in managing health at home	1
	2 "Forsiting" (fg)	Acces to high-quality healthcare	Preference for aging in place	2
	3 Declining health		Healthcare continuity	3
	4 Lack of nearby caregivers		Stability for cognitive impairments	4
	5 Fear of falls			

Table 13 – Final list of push, pull, and keep factors

5

CONCLUSIONS

5 CONCLUSIONS

This chapter helps to collect the insight gathered through the various research methods that were employed during this thesis and answer the main research question and its sub-questions. The three research methods, literature review, expert interviews and senior focus groups enabled triangulation of the identified factors.

5.1 SQ1 – identifying key factors in senior relocation decisions

This research confirms that the decision to relocate in later life is a complex process that is shaped by housing conditions, social circumstances, and health-related needs. The push, pull, and keep framework based on Wiseman’s behavioural model of elderly migration helped to order the factors.

Push factors were primarily related to difficulty in maintaining large homes or gardens, social transitions like widowhood or children leaving the house, or declining health. These themes were consistently confirmed by the expert interviews and participants from both group 1 and group 2. Experts repeatedly noted that declining physical capacity and housing mismatches created both psychological and practical relocation pressures, especially when combined with life events like retirement or the death of a spouse. Focus group 1 participants added that push factors became meaningful only when combined with proactive awareness, what this study refers to as “forsiting”: the ability to foresee and acknowledge that the current situation will not remain suitable.

Pull factors emerged more strongly in the housing and social domains. Experts and focus group participants alike emphasized that attractive age-friendly housing, combined with access to care and meaningful social environments, were decisive for seniors who did relocate. Group 3, consisting of recent movers to a senior housing development in Amsterdam, emphasized additional social and emotional benefits of urban relocation, such as proximity to family, the vibrant city life, and even elements like the view over the IJ, which offered emotional comfort and inspiration. This nuance confirms that the pull effect can vary based on whether the relocation context is urban or more rural.

Keep factors, in contrast, often outweighed both push and pull motivations, particularly among hesitant seniors. Expert interviews confirmed that emotional attachment to the home, pride in what has been built, and a perception of ongoing independence can prevent seniors from moving—even when their situation is objectively unsuitable. Focus group 2 participants reinforced this by articulating that they “did not feel old,” and were reluctant to accept concepts they associated with dependency.

Interestingly, new keep-related insights emerged through the interviews and focus groups. Several participants raised concerns about the potential mismatch between the expectations and design of assisted living apartments. The fear of not liking the housing after the move, combined with lack of concrete examples or experiences, was a critical psychological barrier. Both group 1 and the expert interviews supported the idea that trial stays could reduce this uncertainty and lower the threshold for acting.

Overall, this study shows that there is not a single dominant factor in relocation decisions, but rather a web of push, pull, and keep dynamics that must be understood in context. Developers and policymakers must not only reduce the barriers and emphasise future risks but also communicate the benefits and lived experiences of those who have successfully relocated.

5.2 SQ2 – comparing expectations and experiences

The focus group sessions with the seniors who relocated to the assisted living project in Soesterberg (group 1) revealed both alignment and divergence between their initial expectations and post-move experiences. Overall, participants expressed high satisfaction with their new living environment, especially in terms of the social, practical, and emotional benefits. However, this did not mean all expectations were met. Some residents even highlighted areas where the concept fell short of what was promised or imagined.

Prior to relocation, some seniors associated assisted living with a loss of autonomy. These expectations reflect stigma that is mostly connected to classic nursing homes that symbolise decline. This fear of losing one's independence and the preference for aging in place remains a strong keep factor, as stated by Chaulagain et al. (2021). These concerns were echoed in the expert interviews, where professionals highlighted the persistent negative framing of care environments and how it influences decisions. Experts emphasised the need to reframe assisted living as a lifestyle-enhancing option rather than a care-dependent necessity.

Yet once settled, seniors from group 1 discovered the opposite and stated that the move to an assisted living concept allowed them to live more freely, securely, and actively. The flexibility to participate in community activities that were not mandatory was highly valued. This contrast between the feared loss of autonomy and the actual situation confirms findings by Ronkainen et al. (2023) and was also mentioned by experts who described how many seniors report greater peace of mind, safety, and social opportunities after moving. Seniors from group 3 in Amsterdam made similar comments. Although they relocated to a more urban and socially vibrant setting, they too noted how their lives had gained new energy and structure, often in contrast to their own earlier fears. One participant even reflected, "I hesitated, but now I can say I wish I had done it five years earlier."

Despite the fact that the experiences after relocation were mostly in line with the expectations, the focus group sessions also identified several misalignments:

- Communication and marketing of the concept were described as false or inconsistent. Some seniors reported that access to care services was not as seamless as expected and advertised. Delays in installing essential safety adaptations such as handrails created frustration and raised concerns about the concept. Experts had warned that trust and clarity are central to the success of these concepts and that unmet expectations damage the credibility of future projects. This insight was especially relevant for group 3, where urban seniors also experienced confusion or delay during the transition phase. Despite being motivated and well-informed, some felt the move was harder than anticipated due to inconsistent information and bureaucracy.
- A second misalignment involved resident participation and responsiveness to feedback. Several seniors expressed that complaints and suggestions were not taken seriously, leaving them with the impression that they were treated more like commercial clients than valued residents. This lack of responsiveness negatively impacted trust in the concept. Participants stressed that, with decades of lived housing experience, they could have contributed meaningfully to the evolution of the concept. The fact that the opportunity to do so was not offered highlights a missed opportunity for participatory design. Both experts and group 1 participants emphasised this point, stating that involving residents early and continuously leads to better outcomes and greater satisfaction. This was also observed in group 3, where participants stated they wanted more say in how shared spaces were used and managed.

In summary, while many expectations were met or even exceeded after seniors relocated, initial fears and doubts delayed the decision for many. Moreover, unmet promises regarding care accessibility and the lack of resident involvement reveal aspects that require attention. By better aligning marketing with reality and fostering ongoing dialogue with residents, future assisted living concepts can better fulfil their promises and strengthen resident satisfaction.

5.3 SQ3 – contrasting decision-making process: movers vs. non-movers

The The decision to relocate was shaped by the presence of the factors and how these were perceived by the seniors. The comparison between the two groups revealed a contrasting decision-making process that provides insight into why some seniors act while others hesitate.

Seniors from group 1 (relocated) tend to have a more forward-looking mindset. Their decision to relocate was strategic and proactive, driven by an awareness of future needs rather than triggered by a crisis. Whether related to declining health, the burden of maintaining a large home, or the desire for new social connections, the movers made their decision based on foresight. This pattern was echoed in the expert interviews, where professionals described how those seniors who eventually chose to relocate often did so because they acknowledged potential future mismatches and wanted to stay ahead of them. Focus group 3 participants confirmed this mindset. Although they lived in an urban setting and were not in immediate distress, they actively pursued housing that gave them long-term peace of mind — proximity to healthcare, better access to amenities, and renewed social belonging.

In contrast, the non-movers in group 2 acknowledged similar push factors but framed these as distant concerns. They recognised that future health decline or social isolation could occur, but these concerns were not urgent enough to prompt relocation. This aligns with insights from Ronkainen et al. (2021), who found that seniors typically act only when faced with an immediate need. The expert interviews confirmed that many seniors delay action because they underestimate the time and effort relocation requires or overestimate their ability to adapt when the time comes.

A second distinction lies in how the relocation decision was framed. The movers, particularly in groups 1 and 3, saw their relocation as a practical, even empowering, step — a way to future-proof their living situation. They perceived relocation as a positive lifestyle change rather than a loss. This mindset shift was particularly visible among urban movers in group 3, who emphasised that moving gave them more freedom, access to culture, and in some cases, emotional comfort, such as being near family or enjoying the view of the IJ. One participant said, “I did not move because of health. I moved to live more.” In contrast, non-movers tended to focus on emotional aspects such as uncertainty, fear of regret, or the perception that moving equalled giving up autonomy. Staying in place was not only easier but also emotionally safer.

Interestingly, both groups responded differently to factors surrounding hassle, pride, and uncertainty. The movers had managed to overcome these, often by shifting their perspective on what relocation meant. Group 1 participants shared how once they mentally reframed the concept as a proactive choice rather than a forced response, the idea of moving became more acceptable. Experts likewise explained that emotional reframing plays a key role in helping seniors break through inertia. For non-movers, however, these same factors acted as powerful limitations. The idea of

leaving behind a familiar neighbourhood, long-time possessions, or a home full of memories created enough friction to halt or postpone the decision.

A final observation is the role of identity in this process. Many movers described how changing their mindset helped them embrace the transition. With this mindset shift, they viewed relocation as a step towards a better life instead of as a loss of what they had. Seniors in group 3, for instance, discussed how moving closer to family or a lively urban area helped them “reconnect” with who they were or wanted to be. In contrast, the non-movers in group 2 expressed more uncertainty about whether assisted living suited them. They often viewed such housing as something for “older people” — a label they did not yet identify with. As the expert interviews pointed out, this self-perception is a major barrier: as long as seniors do not see themselves reflected in the image of assisted living, the likelihood of them initiating relocation remains low.

In conclusion, the difference between movers and non-movers is not based on the presence or absence of specific push, pull, or keep factors, but in how these are emotionally processed and interpreted. To create successful concepts and strategies, it is essential to understand these different perspectives. When done effectively, interventions and communication can do more than just inform, they can help shift mindsets and create real momentum for change among both types of seniors.

5.4 Main RQ – optimising relocation strategies through push, pull and keep insights

The study explored how deeper understanding of push, pull and keep factors can lead to more effective relocation strategies for seniors in the Dutch free rental market, while simultaneously improving their experiences in assisted living concepts. The findings confirm that relocation strategies must be differentiated according to the seniors’ readiness to move. Therefore, based on the analysis of both expert interviews and focus group insights, this section proposes three strategic approaches:

1. Strategies for seniors open for relocation
2. Strategies for hesitant seniors
3. Strategies applicable for both types of seniors.

Together, these strategies provide useful tips that can optimise the relocation processes and increase the appeal and success of assisted living developments.

5.4.1 Strategy for seniors open to relocation

Seniors who are already open for relocation but have not taken the steps often face practical and logistical obstacles. Participants of group 1 said it would help this group if developers focused on removing friction they encountered.

Firstly, increasing the output of desirable housing alternatives is essential. The time is now to let the supply create the demand for this kind of developments. Many seniors acknowledged that despite having interest in this kind of concepts, they lacked relatable examples to get to see what life would look like after relocating. Therefore, developers should invest in senior-friendly marketing to invite them to similar projects, open days, or other events to get to know the concept.

This finding was reinforced by group 3, consisting of seniors who had recently relocated to a senior-specific development in Amsterdam. Their experience showed that urban developments can strongly appeal to seniors who are looking not just for care readiness but also for social and lifestyle benefits. Several participants described how the proximity to family, cultural amenities, and even

the view over the IJ played a key role in their decision-making. These reflections suggest that especially in urban contexts, highlighting such environmental and emotional factors can make relocation more appealing and relatable.

Secondly, simplifying the practical side of relocation can be crucial in getting the seniors to relocate. The decision to relocate can be delayed through complex digital sign-up systems or unclear communication about the financial requirements. This can be taken away by offering more personalised support and simplified registration procedures.

Even among the group 3 participants, who had already relocated, there were stories of hesitation linked to uncertainty or confusion about the process. While these seniors were ultimately able to make the move, some recalled the application and coordination steps as burdensome. This confirms that even confident movers benefit from clear and accessible guidance, underscoring the need for simplified, human-centred onboarding processes in assisted living developments.

Lastly, relocation support services that can help with downsizing, help finalising the paperwork, or take the hassle of moving away can reduce the emotional and physical burden associated with relocation. This way it becomes more attractive to make this decision.

The third group also confirmed this. Several participants reflected on the difficulty of parting with long-time possessions and managing the physical act of moving. Although they had already overcome these barriers, they acknowledged that without informal support or professional help, the step might have felt overwhelming. Their stories demonstrate that proactive relocation is not just a rational choice but also an emotional journey, one that is made easier when the logistics and transitions are shared.

What becomes evident across both groups is that while their reasons for relocating may differ, they share similar needs in terms of support. Group 1 often motivated by preparedness and practical planning, and group 3 by social and environmental quality. For seniors in urban settings, relocation is often seen as an opportunity to enhance quality of life rather than simply prepare for decline. As such, future strategies should not only address readiness to move but also consider the context and aspirations tied to different living environments.

5.4.2 Strategy for hesitant seniors

Hesitant seniors are primarily influenced by strong keep factors, like emotional attachment to the house and surrounding, fear of change, or stigma around assisted living. For this type of seniors, developers need to have strategies in place that can make them reshape their attitudes towards these keep factors.

A powerful intervention can be the use of trial stays. Once the supply of these kind of developments gets more, developers can offer seniors to test an assisted living environment temporarily. By doing this it let them see if they like the assisted living concept, without the need of already making the irreversible step of selling their current home. It offers the seniors experiential insight without the immediate big steps and shows them the benefits that are connected to assisted living concepts. Once they experienced these benefits, they are more open to proactive relocation.

Another thing that is important is to reframe the concept of assisted living. Rather than highlighting care, something seniors don't want to think about at all, the marketing should focus on other aspects

of the concepts with the care aspect as last. This improved framing helps to dismantle the outdated perceptions of these hesitant seniors and highlights the benefits of moving to such a concept.

Finally, promoting earlier dialogue between seniors, their families, and possibly their care professionals can make the seniors more open to relocation. The initiative from the Ministry of Health, Welfare and Sport (VWS). “talk today about tomorrow” (Praat vandaag over morgen) needs to be continued and considered by developing parties. By having this conversation about how the seniors want to stay fit, how they want to live, and how they look at their situation if suddenly care is needed, we can create awareness about their current situation. Simultaneously we normalise to have this conversation about future housing at a younger age, and let the senior consider relocation from a position where they still have control rather than in a moment of crisis.

An additional point of attention is the role of pride and status. For some hesitant seniors, particularly those from group 2, moving from a large family home to a rental apartment is experienced as a symbolic step down. Expert interviews revealed that pride, identity and ego are frequently underestimated keep factors. A strategy to address this is by offering high-quality, well-designed living environments that reflect or elevate the senior’s previous housing trajectory. By developing housing that feels exclusive or aspirational, developers can reduce the felt loss of status. If the surroundings of assisted living feel like a step forward rather than a compromise, seniors are more likely to embrace them. This approach helps maintain dignity while still encouraging the move.

5.4.3 Strategy for both seniors

In addition to targeted strategies, the thesis also revealed some areas of improvement that benefit all seniors, regardless of their readiness to move.

One clear issue was the mismatch between expectations and the actual delivered product and services. Several participants expressed frustration when promised services got delayed or the overall handling of complaints was not sufficient. This gap is not contributing to positive word of mouth of the assisted living concepts. As such, developers or investors must treat relocation not as the endpoint of their development but as the beginning of an ongoing relationship. Only by remaining responsive and handling feedback in good order the overall resident satisfaction will stay positive. This will create more examples of seniors that have positive experiences, and these will in turn attract other seniors, like a domino effect.

Finally, the importance of social design was emphasised by experts and seniors. It is important to include features that encourage spontaneous social interaction. Things like benches, shared gardens, and shared facilities are central to the success of assisted living concepts. If these things are embedded in the development, the project can combat isolation, support well-being, and enhance the overall living experience.

In sum, this study demonstrates that relocation decisions are not simply reactions to external changes but are shaped by a combination of internal motivations and personal perceptions. By recognising the diversity in how open seniors are to relocation, and tailoring the marketing and strategies accordingly, stakeholders can enhance both the relocation process and the overall assisted living experience.

6

LIMITATIONS & RECOMMENDATIONS

6 LIMITATIONS & RECOMENDATIONS

This thesis followed a specific methodology that came with some boundaries that are reflected upon in this chapter. Besides that, it also reflects the key recommendation derived from the findings. While the thesis offers an understanding of senior relocation in the Dutch free rental sector, it remains subject to certain limitations in scope and overall generalisability. By integrating lessons from empirical evidence with theoretical models, this thesis provides strategic guidance for stakeholders engaged in senior housing.

6.1 Limitations

While this thesis provides valuable insights into the relocation decision-making process of seniors, several limitations must be acknowledged.

First, the study focussed specifically on assisted living concepts, like the seasons concept, and targeted seniors who had either already relocated to a development of Amsvest or had seriously considered doing so. This scope resulted in a relatively narrow participant pool for the focus group sessions. As a result, the number of participants was limited and fell on the lower end of the recommended range for this kind of qualitative research. This small sample size may reduce the generalisability of the findings. By having sessions primarily being joined by seniors who were already aware of or engaged with these housing concepts, the study may have unintentionally excluded seniors who are unfamiliar with such options. These seniors possibly possess perspectives that might reveal additional or alternative factors.

Second, all investigated projects were located within or near the Randstad metropolitan region of The Netherlands. Consequently, the findings may not fully reflect the experiences of seniors in other areas, particular rural regions or provinces.

Finally, the study concentrated on a specific form of senior housing with mid to high-end rental units within the Seasons concept. While several insights are likely transferable, caution is needed when applying these conclusions to seniors with lower incomes or more complex care needs.

6.2 Scientific recommendations

This research contributes to the academic conversation of senior housing by deepening the understanding of how push, pull, and keep factors operate within the context of assisted living within the Dutch free rental market. Based on these findings, several recommendations can guide future research.

First, this thesis highlights the value of engaging directly with seniors to capture their lived experiences, motivations, and concerns regarding relocation. While previous studies have primarily emphasised structural factors, this research demonstrates the importance of experimental and emotional factors. Given that perceptions of push, pull, and keep factors often evolve, longitudinal studies can be interesting to do next. Following seniors over time, from initial considerations through post-relocations, would provide a understanding of the changing factors that play a role.

Second, While the focus on the free rental market provides an important perspective, it represents only a segment of the senior housing landscape. The role of the identified factor on relocating to

assisted living concepts for seniors from diverse socioeconomic remains unexplored. Future research into this is needed for developing inclusive housing strategies.

Finally, additional research is recommended to explore whether the identified factors hold true in affordable housing context. Currently it remains unclear how the relocation process works for seniors with limited financial means. Future research should examine how push pull, and keep factors differ between ownership and rental market, and see how they are shaped by variation in income, wealth, and care needs.

In addition, future research should explore how urban versus rural context influences relocation decisions. The third focus group indicated that seniors relocating in urban environments may be driven more by social, cultural, or lifestyle-related factors, whereas literature and earlier focus groups suggested more health or maintenance-related motivations in non-urban areas. Understanding how geographic setting affects decision-making could help tailor development strategies more effectively.

6.3 Social recommendations

The results of this thesis touched upon several implications for society, particularly stakeholders within the senior housing domain. With the rapidly aging society, creating assisted living concepts can solve a piece of the problem.

To start with, the study explained that relocation is not just a logistical or financial issue, but also a process that is flooded with emotional and social factors. These factors need to be considered by developers, investors, municipalities and other stakeholders. This can be done by creating areas that support autonomy, continuity of identity, and overall community connection. They need to focus on preserving a sense of status or continuity with the senior's previous housing experience. Participants and experts alike noted that emotional resistance tied to pride or status loss could be mitigated by developing housing that feels aspirational rather than a downgrade. Offering aesthetically appealing, high-quality environments can help seniors transition without feeling they are giving up what they have worked for. With including shared facilities in their projects age friendly living is not only the responsibility of the developer, but the public domain also needs to take some responsibility. By designing the public domain with benches and meeting area in synergy with new housing developments, we can encourage social interaction, combat isolation, and increase the overall quality of life of seniors.

Next, the role of communication and marketing is critical. The findings suggest that these kinds of concepts should be marketed as quality of life improving environments where support is available but not the main aspect of the building. Next to that stakeholders should work together to present assisted living concepts as something positive, reframing relocation to it as a proactive choice rather than a response to decline.

Finally, the seniors that participated in the focus groups expressed a desire to be heard and taken seriously both during and after relocation. Developing parties should consider a participatory development process where there is a possibility to include the future residents in the design process of a new project. When deciding to develop an assisted living concept it is important to remember what you promised at the start. Once it is delivered it is essential to keep in contact with the residents to build trust and satisfaction with them.

In conclusion, promoting senior mobility and enhancing the assisted living experience requires a shift from reactive, care-driven solutions toward proactive, person-centred approaches. By combining practical support with emotional sensitivity and meaningful participation, society can create housing models that truly respond to the evolving needs of its aging population.

6.4 P4/5 reflection

1.

This thesis is an interesting journey that started at the beginning of my second year of my Master's. Titled "*Designing better moves: improving senior mobility with assisted living*", the thesis focuses on understanding the senior relocation decisions, particularly in the context of assisted living. By using a framework based on push, pull, and keep factors, the thesis what influences the senior to move.

As our society ages, senior housing becomes more important. While the topic could relate to all AUBS tracks, this thesis fist best within the MBE track. It sits at the intersection of real estate development, stakeholder communication, tenant satisfaction, and relocation strategies. The focus on translating lived experiences of seniors into practical recommendation for housing strategies is the contributions to the MSc program.

2.

The thesis took an explorative and qualitative approach, combining literature review, expert interviews, and focus group sessions. The findings were not translated into spatial design but into actionable strategies for stakeholders.

Wiseman's (1980) behavioural model formed the basis for my framework, which I enriched by integrating the domains of housing, social, and healthcare. By introducing the three domains into this framework known factors from literature but also new emerging themes from the interviews and focus groups could be added.

3.

From the start, I aimed to triangulate existing knowledge with new insights. The combination of methods allowed for a better understanding of both structural factors and lived experiences. Early in the graduation process, my scope was too ambitious (initial plans included a tool for mapping senior housing demands in a area). Based on feedback after P2, I refined my scope to focus on assisted living concepts in the free rental sector.

The qualitative approach enabled me to dive into both expert and senior perspectives. By incorporating a ranking exercise in the focus groups, I added semi-quantitative layer. However, this method did limit generalisability due to the small and relatively homogeneous participant pool.

4.

Academic value:

The research advances the academic discussion by proposing a refined behavioural framework that includes new factors like "forsiting," "trial living," and emotional denial. These have not yet been sufficiently addressed in literature.

Societal value:

The project delivers clear insights for developers, municipalities, and housing providers on how to make assisted living more appealing and accessible. It highlights emotional and communication-based barriers often overlooked in policy or product development.

Ethical consideration:

The project touches on the fine line between encouraging relocation and respecting autonomy. It advocates for transparent communication, informed choice, and user participation, aligning with ethical housing development principles.

5.

While the study focused on two specific cases (seasons concept in Amsterdam & Soesterberg), the final framework and created strategies are broadly applicable. Stakeholders can apply the push, pull and keep framework to identify key opportunities and barriers in their projects. Similar housing can benefit from the conclusions of this thesis.

Feedback

over the past 9 months, regular feedback sessions helped shape and refine the thesis. A key takeaway was the need for a clearly scoped and academically sound framework. My supervisors pushed me to ground the thesis more firmly in theory while also capture the lived experiences. The final framework is a direct result of that feedback. Their focus on maintaining academic helped me improve my argumentation and methodology clarity. Not only on the product side but also on the personal development their feedback helped me to act like a graduating student must act.

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8 Appendix

8.1 Appendix I: Expertinterview code document diagram

	1 Hans Adriani - I...	2 Interview - Da...	3 Interview - Fle...	4 interview - Jea...	5 Interview - Lar...	Totals
	87	84	99	106	96	
Gezondheid (zorg) - Ke...	2					2
Gezondheid (zorg) - Ke...	1			1		2
Gezondheid (zorg) - Ke...	2		2		1	5
Gezondheid (zorg) - Ke...	1		2		2	5
Gezondheid (zorg) - Pu...	11	11	5	9	5	41
Gezondheid (zorg) - Pu...	6	4	3	3	4	20
Gezondheid (zorg) - Pu...	3	1	3	1	2	10
Gezondheid (zorg) - Pu...	1	1	2			4
Gezondheid (zorg) - Pu...	1	1	4			6
Gezondheid (zorg) - Pu...	2				1	3
Sociaal - Keep: Angst v...				1	3	4
Sociaal - Keep: Gevesti...	2	3	3		3	11
Sociaal - Keep: Nabijhe...	1	1	1		1	4
Sociaal - Keep: trots/ego					3	3
Sociaal - Keep: Weerst...	5	1	6		3	15
Sociaal - Pull: Afstemm...	1		2	4	4	11
Sociaal - Pull: communic...	10	4	19	10	11	54
Sociaal - Pull: Denkwijz...	7	8	13	11	12	51
Sociaal - Pull: Nabijhei...	1	2	6	2		11
Sociaal - Pull: Ontmoeti...		1	2	8	3	14
Sociaal - Pull: Sterkere...	6	6		6	3	21
Sociaal - Push: Grote le...	3	1	2	4	2	12
Sociaal - Push: Sociaal...		2	3	1		6
Sociaal - Push: Verand...		1		3		4
Sociaal - Push: Weduw...		1	1	3		5
Wonen - Keep: Emotion...	1	2	4	2	4	13
Wonen - Keep: Financi...	7	2	1	5	6	21
Wonen - Keep: gebrek...	6	10	5	6	8	35
Wonen - Keep: Gedoe	6	7	7	7	3	30
Wonen - Keep: Woning...	1	1	1	2		5
Wonen - Pull: afstand - ...		6	9	1	3	19
Wonen - Pull: Downsizi...	3	5	2	5	3	18
Wonen - Pull: Inclusief...				8	5	13
Wonen - Pull: Leeftijds...	3	10	10	10	1	34
Wonen - Pull: Stabiel h...	1	2		1		4
Wonen - Pull: Voorzieni...			1	7	8	16
Wonen - Push: Gebrek...			2	3		5
Wonen - Push: Onderh...		1	3	3	2	9
Wonen - Push: Onveilig...			3			3
Wonen - Push: Verand...	3			3	3	9
Wonen - Push: Verslec...	1	1	2	2		6
Totals	98	96	129	132	109	564

8.3 Appendix II: Focus group code document diagram

	1 Nieuwe-opnam...	2 focusgroep-II-...	3 Focus-groep-...	Totals
	98	76	41	
● ◆ Gezondheid (zorg) - Ke... 9	4	5		9
● ◆ Gezondheid (zorg) - Ke... 3	2	1		3
● ◆ Gezondheid (zorg) - Pu... 10	7	2	1	10
● ◆ Gezondheid (zorg) - Pu... 1	1			1
● ◆ Gezondheid (zorg) - Pu... 4	3		1	4
● ◆ Gezondheid (zorg) - Pu... 5	4	1		5
● ◆ Gezondheid (zorg) - Pu... 2	2			2
● ◆ Gezondheid (zorg) - Pu... 6	4	1	1	6
● ◆ Sociaal - Keep: Angst v... 4	4			4
● ◆ Sociaal - Keep: Gevesti... 9	2	3	4	9
● ◆ Sociaal - Keep: Nabijhe... 2	1	1		2
● ◆ Sociaal - Keep: trots/ego 5	4	1		5
● ◆ Sociaal - Keep: Weerst... 7	2	5		7
● ◆ Sociaal - Pull: comunic... 9	7		2	9
● ◆ Sociaal - Pull: Denkwijz... 6	2	4		6
● ◆ Sociaal - Pull: Nabijhei... 13	7		6	13
● ◆ Sociaal - Pull: Ontmoeti... 7	3	3	1	7
● ◆ Sociaal - Pull: Sterkere... 11	7	3	1	11
● ◆ Sociaal - Push: Grote le... 6	1	2	3	6
● ◆ Sociaal - Push: Sociaal... 1	1			1
● ◆ Sociaal - Push: Verand... 8	6		2	8
● ◆ Sociaal - Push: Weduw... 4		1	3	4
● ◆ Wonen - Keep: Emotion... 3		2	1	3
● ◆ Wonen - Keep: gebrek... 6	2	4		6
● ◆ Wonen - Keep: Gedoe 4	1	3		4
● ◆ Wonen - Keep: product... 4		4		4
● ◆ Wonen - Keep: Woning... 4		4		4
● ◆ Wonen - Keep: wooner... 11	10	1		11
● ◆ Wonen - Pull: afstand -... 1		1		1
● ◆ Wonen - Pull: Downsizi... 13		8	5	13
● ◆ Wonen - Pull: Inclusief... 2	2			2
● ◆ Wonen - Pull: Leeftijds... 4	1	2	1	4
● ◆ Wonen - Pull: onzekerh... 7		7		7
● ◆ Wonen - Pull: Stabiel h... 3		1	2	3
● ◆ Wonen - Pull: Voorzieni... 11	5	3	3	11
● ◆ Wonen - Push: Onderh... 17	8	3	6	17
● ◆ Wonen - Push: Onveilig... 1	1			1
● ◆ Wonen - Push: Verand... 1	1			1
● ◆ Wonen - Push: Verslec... 5	4	1		5
Totals	109	77	43	229

8.4 Appendix III: Interview protocol & informed consent

Semigestructureerde Interviewleidraad – Experts / Stakeholders Seniorenhuisvesting

Titel: Woonontwikkeling en verhuisdynamiek onder senioren

Doelgroep: Beleidsadviseurs, projectontwikkelaars, zorgorganisaties, ontwerpers, gemeenten.

I. Introductie & Achtergrond

1. Je bent met Stijlvol Ouder al jaren actief op het snijvlak van wonen, zorg en vergrijzing. Zou je kort willen schetsen wat jouw rol is en waar jouw passie in dit werk ligt?
2. In Rijswijk hebben jullie onderzoek gedaan naar woonwensen van senioren. Wat zijn daarin volgens jou de opvallendste inzichten – en wat gaat er momenteel goed, of juist nog niet goed genoeg?

II. Besluitvorming rondom verhuizing

3. Veel ouderen verhuizen niet zomaar. Hoe kijk jij aan tegen de balans tussen push-, pull- en keepfactoren in hun verhuisgedrag?

III. Pushfactoren – Redenen om weg te gaan

Welke situaties zie jij als de grootste aanleidingen voor senioren om te overwegen hun woning te verlaten? Denk aan fysieke beperkingen, veranderende buurt of sociale isolatie?

En hoe zit het met gezondheidsproblemen of toenemende zorgbehoefte – hoe zwaar wegen die in de praktijk?

Huisvesting	Sociaal	Gezondheid
Onveilige thuisomgeving Gebrek aan toegankelijkheidsaanpassingen Onderhoudsintensief huis Verslechterende gezondheid Veranderde behoeften na pensioen.	Grote levensovergangen Weduwschap Sociaal isolement na val Veranderingen in de buurt	Afnemende gezondheid Angst om te vallen Gebrek aan zorgverleners in de buurt Angst voor toekomstige afhankelijkheid

IV. Pullfactoren – Aantrekkingskracht van nieuwe woonvormen

Jullie hebben het concept ‘Wonen met een Plus’ onderzocht. Wat zijn volgens jou de belangrijkste ‘plussen’ die een woning of woonomgeving aantrekkelijk maken voor senioren?

Zie je verschillen in wat jongere senioren (60-75) aantrekkelijk vinden, vergeleken met de oudere groep (75+)?

In het onderzoek viel ook op dat ontmoeting en gemeenschapsgevoel belangrijk zijn. Hoe kun je daar als ontwikkelaar of gemeente echt werk van maken?

Huisvesting	Sociaal	Gezondheid
Leeftijdsvriendelijk wonen Stabiel huiseigenaarschap Downsizen voor financieel gemak	Sterkere sociale banden Nabijheid tot familie Afstemming op persoonlijke waarden	Toegang tot hoogwaardige gezondheidszorg Gemeenschappen voor begeleid wonen

V. Keepfactoren – Redenen om te blijven

Tegelijkertijd zie je dat veel ouderen helemaal niet willen verhuizen. Wat zijn voor jou de belangrijkste redenen dat mensen vasthouden aan hun huidige woning of buurt?

Welke rol speelt hun sociale netwerk daarin – buren, kinderen, mantelzorg? Werkt dat vooral als steun of houdt het verhuizen juist tegen?

Huisvesting	Sociaal	Gezondheid
Emotionele gehechtheid aan thuis Financiële stabiliteit van huiseigenaarschap Woningaanpassingen in plaats van verhuizen	Gevestigde sociale banden Nabijheid van familie Angst voor sociaal isolement Weerstand tegen verandering	1. Continuïteit van de gezondheidszorg 2. Vertrouwen in het beheren van de gezondheid thuis 3. Voorkeur voor thuis ouder worden Stabiliteit voor cognitieve beperkingen

VII. Toekomstvisie

Jullie zagen in het onderzoek dat veel ouderen in een koopwoning wonen, vaak met flinke overwaarde. Toch is de stap naar vrije sector huur niet vanzelfsprekend. Waar ligt dat volgens jou aan?

Wat zou er nodig zijn om die overstap makkelijker te maken – financieel, maar ook qua gevoel van zekerheid of waardigheid?

Stel, je mag zelf een woonconcept ontwikkelen zonder belemmeringen – hoe zou jouw ideale toekomst voor seniorenhuisvesting eruitzien?

Tot slot: zijn er thema's of groepen die jij nu nog te weinig vertegenwoordigd ziet in het beleid of het aanbod?

Expert interviews consentformulier

April 2025

Deelname informatieblad

U wordt uitgenodigd om bij te dragen aan het afstudeeronderzoek, uitgevoerd door een masterstudent van de Master Management in the Built Environment (MBE), dat tot doel heeft inzicht te krijgen in de push-, pull- en keep-factoren die de verhuisbeslissingen van senioren beïnvloeden. Dit onderzoek wordt uitgevoerd met behulp van verschillende methoden.

Literatuuronderzoek: Eerst heb ik onderzocht wat er al bekend is over dit onderwerp.

Expert interviews: Semigestructureerde interviews met verschillende belanghebbenden binnen de seniorenhuisvesting niche

Focusgroepen: (1) met senioren die al zijn verhuisd naar een project voor begeleid wonen, (2) senioren die op het punt staan om te verhuizen naar een project voor begeleid wonen en (3) senioren die geïnteresseerd waren in verhuizen maar hier om de een of andere reden van afzagen.

Voordat u besluit deel te nemen en uw toestemming geeft, is het belangrijk dat u het doel van het project begrijpt, uw rol erin en hoe de informatie die u verstrekt zal worden gebruikt. Neem de tijd om het volgende informatieblad zorgvuldig door te lezen. Je bent altijd welkom om vragen te stellen.

Deelname aan dit afstudeerproject is geheel vrijwillig. Je mag je op elk moment, om welke reden dan ook, terugtrekken zonder negatieve gevolgen.

Onderzoekstitel

Boosting residential mobility with assisted living: identifying relocation triggers and improving senior housing transitions.

Insight and recommendations for optimizing senior relocation within the free rental market in The Netherlands

Korte inleiding tot het onderzoek

Dit onderzoek probeert de factoren te identificeren die van invloed zijn op de beslissing van senioren om te verhuizen naar concepten voor begeleid wonen (assisted living). Met een vergrijzende bevolking en een altijd prominente woningcrisis is het noodzakelijk om te onderzoeken hoe we de woonmobiliteit kunnen stimuleren. Een deel van de oplossing zou kunnen zijn om senioren te motiveren om te verhuizen van hun (meestal) grote woning naar een meer leeftijdsgeschikte woning. Om deze overstap vaker te laten plaatsvinden, moeten we weten wat het besluitvormingsproces van senioren beïnvloedt. Als dit eenmaal is vastgesteld, kunnen betere strategieën worden ontwikkeld die beter rekening houden met de verhuisfactoren. Het onderzoek richt zich op projecten voor begeleid wonen in de vrije huurmarkt.

Hoe lang duurt het onderzoek?

Het afstudeerproject is gestart in september 2024 en zal in juni 2025 afgerond zijn.

Wie voert het onderzoek uit?

De interviews worden afgenomen door een afstuderende masterstudent van de afdeling MBE van de faculteit Bouwkunde van de TU Delft.

Waarom bent u gekozen?

Dit onderzoek is gericht op het zoeken naar factoren die van invloed zijn op de verhuisbeslissing van senioren met betrekking tot hun woonsituatie. Dit wordt gedaan door middel van literatuuronderzoek, interviews met experts en focusgroepen met senioren. Eerst leren we wat er al geschreven is over seniorenhuisvesting. Ten tweede proberen we de perspectieven van experts op dit onderwerp te begrijpen. Ten slotte gaan we het gesprek aan met de senioren zelf om op zoek te gaan naar ontbrekende factoren. U bent gekozen voor een interview vanwege uw kennis over seniorenhuisvesting. In uw eerdere werk en activiteiten geeft u blijk van kennis en betrokkenheid bij het seniorenhuisvestingsdebat. Daarom ben ik ervan overtuigd dat u een impact kunt hebben op de verbetering van de transities in seniorenhuisvesting.

Wat wordt u gevraagd als u meedoet aan dit onderzoek?

Als u instemt met deelname, willen we graag een interview met u afnemen dat ongeveer 60- 90 minuten zal duren.

Seniorenhuisvesting Consentformulier expert

Wat gebeurt er met de informatie die je hebt gegeven en hoe wordt de vertrouwelijkheid gewaarborgd?

Alle door u verstrekte informatie wordt uitsluitend gebruikt voor onderzoeksdoeleinden, zoals wetenschappelijke publicaties en beleidsaanbevelingen.

Uw interview wordt opgenomen en samengevat. We verzamelen alleen persoonlijke gegevens (zoals uw naam, adres, telefoonnummer en e-mailadres) om tijdens de duur van het project contact met u te kunnen houden. Deze persoonlijke gegevens worden apart van de samenvatting van het interview en de opnames bewaard en worden een jaar na afloop van het project veilig verwijderd.

Je privacy wordt volledig beschermd door volledige anonimiteit, tenzij je expliciet vraagt om je naam te gebruiken. In al het gepubliceerde materiaal zullen we pseudoniemen gebruiken om ervoor te zorgen dat uw identiteit vertrouwelijk blijft, tenzij anders overeengekomen. Alle mogelijk identificeerbare details worden voor publicatie verwijderd, waarbij de integriteit en geldigheid van het onderzoek behouden blijft.

Wordt u betaald voor het onderzoek?

Deelname aan het onderzoek is volledig vrijwillig. Ik zal mijn best doen om het projectproces en de resultaten voor u zo gunstig mogelijk te maken.

Wie heft het onderzoeksproject beoordeeld?

Het onderzoeksplan, inclusief de ethische aanvraag en het Data Management Plan (DMP), is beoordeeld en goedgekeurd door de Ethische Commissie van de TU Delft.

Contact voor meer informatie

Voor meer informatie kunt u contact opnemen met de hoofdonderzoeker
Diederick Buijs

Wat als er iets misgaat?

Als u tijdens het interview problemen ondervindt die u liever met iemand buiten het onderzoeksteam bespreekt, neem dan contact op met de privacy officers van de TU Delft via: privacy-tud@tudelft.nl

Seniorenhuisvesting
Consentformulier expert

CONSENTFORMULIER

Als u ervoor kiest om deel te nemen, vul dan dit toestemmingsformulier in en onderteken het. Geef JA of NEE aan naast elke verklaring. U hoeft niet met alle verklaringen in te stemmen om deel te nemen.

	JA	NEE
1. Ik bevestig dat ik het informatieblad heb gelezen. Ik heb vragen kunnen stellen over het onderzoek en mijn vragen zijn naar tevredenheid beantwoord.		
2. Ik begrijp dat mijn deelname aan het onderzoek vrijwillig is en dat ik kan weigeren vragen te beantwoorden. Verder ben ik vrij om mij op elk moment zonder opgaaf van reden terug te trekken.		
3. Ik begrijp dat de interviews zullen worden opgenomen en dat er tijdens het interviewproces schriftelijke aantekeningen kunnen worden gemaakt.		
4. Ik ga akkoord met het gebruik van mijn citaten zonder mijn naam te gebruiken.		
5. Alternatief: Ik ga ermee akkoord dat mijn echte naam kan worden gebruikt voor citaten.		
6. Ik begrijp dat de interviewresultaten worden opgeslagen in een beschermde digitale omgeving die alleen toegankelijk is voor de deelnemende onderzoeker. In deze omgeving worden de interviewresultaten gescheiden van individuele persoonlijke gegevens (naam, e-mail, etc.) van de deelnemers. Een jaar na afloop van het thesisproject worden alle interviewgegevens vernietigd.		
7. Ik begrijp dat de informatie die ik geef gebruikt zal worden voor onderzoeksrapporten, presentaties en als input voor latere focusgroepsessies met senioren.		

Ik ga akkoord met deelname aan bovenstaand project

Naam deelnemer _____ Handtekening _____ Datum _____

8.5 Appendix IV: Focus group protocol & informed consent

Focusgroep Discussiegids – Senioren in Woonzorgconcepten (Amvest)

Domain	Push Factors (Reasons to Leave)	Pull Factors (Reasons to Move In)	Keep Factors (Reasons to Stay)
Housing	Onveilige thuisomgeving Gebrek aan toegankelijkheidsaanpassingen Onderhoudsintensief huis Verslechterende gezondheid Veranderde behoeften na pensioen.	Leeftijdsvriendelijk wonen Stabiel huiseigenaarschap Downsizen voor financieel gemak	Emotionele gehechtheid aan thuis Financiële stabiliteit van huiseigenaarschap Woningaanpassingen in plaats van verhuizen
Social	Grote levensovergangen Weduwschap Sociaal isolement na val Veranderingen in de buurt	Sterkere sociale banden Nabijheid tot familie Afstemming op persoonlijke waarden	Gevestigde sociale banden Nabijheid van familie Angst voor sociaal isolement Weerstand tegen verandering
Health (care)	Afnemende gezondheid Angst om te vallen Gebrek aan zorgverleners in de buurt Angst voor toekomstige afhankelijkheid	Toegang tot hoogwaardige gezondheidszorg Gemeenschappen voor begeleid wonen	Continuïteit van de gezondheidszorg Vertrouwen in het beheren van de gezondheid thuis Voorkeur voor thuis ouder worden Stabiliteit voor cognitieve beperkingen

Introductie

Korte voorstelronde

Gespreksleider geeft uitleg over het doel van de focusgroep, de ‘spelregels’ voor het gesprek en over de verschillende onderdelen die aan de orde komen. Belangrijk om de drie factoren (Push, Pull, and Keep) en de domeinen (huisvesting, sociaal, en gezondheid(szorg) te introduceren.

Opstarten

Doel

Achterhalen wat de voornaamste redenen waren voor de bewoners om te verhuizen naar een project met een assisted living concept.

Methode

Om de ouderen niet meteen voor het blok te zetten zal de eerste ronden bestaan uit de vraagmethode. Bij de vraagmethode kunnen de bewoners zelf hun eigen ideeën/redenen opschrijven.

De bewoners krijgen een vel papier waarop ze redenen kunnen geven die ten grondslag liggen aan hun verhuisbeslissing. De resultaten hiervan worden verzameld en op een bord/flipover geschreven. De resultaten vanuit de groep worden gesorteerd op de drie domeinen. Na dat alles is opgeschreven is het tijd om te vragen aan de bewoners welke factoren zij voor zichzelf belangrijk vinden. Op basis hiervan kijken of we bepaalde factoren aan elkaar kunnen linken. Nieuwe motieven zijn goed om te hebben maar uiteindelijk wordt per domein later nog in gegaan.

Thema 1: Push factoren – Redenen om te verhuizen

Doel

Verdieping vanuit de gegeven factoren uit de opening. Zoektocht naar nieuwe factoren die vanuit de literatuur of expert interviews nog niet naar voren zijn gekomen

Seniorenhuisvesting Consentformulier expert

Methode

Een van de bewoners wordt gevraagd wat zijn belangrijkste reden was om te verhuizen. En of die zijn te plaatsen binnen de drie domeinen. Vervolgens worden ook de andere bewoners gevraagd naar hun redenen om te verhuizen.

De gespreksleider heeft een groslijst

Mogelijke Pull factoren verhuisredenen:

Huisvesting	Sociaal	Gezondheid
Onveilige thuisomgeving Gebrek aan toegankelijkheidsaanpassingen Onderhoudsintensief huis Verslechterende gezondheid Veranderde behoeften na pensioen.	Grote levensovergangen Weduwschap Sociaal isolement na val Veranderingen in de buurt	Afnemende gezondheid Angst om te vallen Gebrek aan zorgverleners in de buurt Angst voor toekomstige afhankelijkheid

Seniorenhuisvesting Consentformulier expert

Thema 2: Pull factoren – Aantrekkingskracht van nieuwe woonvormen

Doel

Verdieping vanuit de gegeven factoren uit de opening. Zoektocht naar nieuwe factoren die vanuit de literatuur of expert interviews nog niet naar voren zijn gekomen

Methode

Een van de bewoners wordt gevraagd wat hem aantrok om naar een nieuwe woonvorm te verhuizen. En of die zijn te plaatsen binnen de drie domeinen. Vervolgens worden ook de andere bewoners gevraagd wat hun aantrok naar nieuwe woonvormen.

De gespreksleider heeft een groslijst

Mogelijke Pull factoren verhuisredenen:

Huisvesting	Sociaal	Gezondheid
Grote levensovergangen Weduwschap Sociaal isolement na val Veranderingen in de buurt	Sterkere sociale banden Nabijheid tot familie Afstemming op persoonlijke waarden	Gevestigde sociale banden Nabijheid van familie Angst voor sociaal isolement Weerstand tegen verandering

Thema 3: Keep factoren – Redenen om te blijven in huidig/voormalige woning

Doel

Verdieping op redenen waarom bewoners ervoor kozen om *niet* te verhuizen (toen ze de kans hadden), of waarom ze in het verleden wél bewust zijn blijven wonen waar ze woonden.

Zoektocht naar onderliggende factoren, en verkenning van factoren die mogelijk nog niet in de literatuur of expertinterviews zijn opgemerkt.

Methode

Een van de bewoners wordt gevraagd wat hem ervan weerhield om te verhuizen naar een nieuwe woonvorm. En of die zijn te plaatsen binnen de drie domeinen. Vervolgens worden ook de andere bewoners gevraagd wat hun aantrok naar nieuwe woonvormen.

De gespreksleider heeft een groslijst

Mogelijke Pull factoren verhuisredenen:

Huisvesting	Sociaal	Gezondheid
Afnemende gezondheid Angst om te vallen Gebrek aan zorgverleners in de buurt Angst voor toekomstige afhankelijkheid	Toegang tot hoogwaardige gezondheidszorg Gemeenschappen voor begeleid wonen	Continuïteit van de gezondheidszorg Vertrouwen in het beheren van de gezondheid thuis Voorkeur voor thuis ouder worden Stabiliteit voor cognitieve beperkingen

Ranking: Seasons Café

Doel

De gevonden factoren ranken op basis van het persoonlijk belang van de individuele bewoner.

Methode

In verschillende groepen gaan de senioren de verzamelde factoren per domein ranken op basis van hun eigen ervaringen.

De groep wordt opgedeeld in kleinere tafels, elk met een ander domein.

Elke 15–20 minuten wisselen deelnemers van tafel en dus domein.

Op elke tafel ligt overzicht van alle factoren per domein. Op een flip-over of groot vel papier kan de ranking worden genoteerd.

Bevordert informele maar gestructureerde gesprekken per factor.

Afsluiting

Zijn er nog deelnemers die iets willen delen dat nog niet ten spraken is gekomen

Seniorenhuisvesting
Consentformulier expert

Gespreksleider geeft korte indruk (samenvatting) van de belangrijkste verkregen informatie uit de focusgroep
Afronding door onderzoeker

Focus group Informed consent

April 2025

Seniorenhuisvesting Consent form Focus

Participation information sheet

U wordt uitgenodigd om bij te dragen aan het afstudeeronderzoek, uitgevoerd door een masterstudent van de Master Management in the Built Environment (MBE), dat tot doel heeft inzicht te krijgen in de push-, pull- en keepfactoren die van invloed zijn op verhuisbeslissingen van senioren. Dit onderzoek wordt uitgevoerd met behulp van verschillende methoden.

Literatuuronderzoek: Eerst heeft de onderzoeker bekeken wat er al bekend is over dit onderwerp.

Expert interviews: Semigestructureerde interviews met verschillende belanghebbenden binnen de seniorenhuisvesting niche

Focusgroepen: (1) met senioren die al naar een project voor begeleid wonen zijn verhuisd, (2) senioren die op het punt staan om naar een project voor begeleid wonen te verhuizen en (3) senioren die geïnteresseerd waren om te verhuizen maar hier om de een of andere reden van afzagen.

Voordat u besluit deel te nemen en uw toestemming geeft, is het belangrijk dat u het doel van het project begrijpt, uw rol erin en hoe de informatie die u verstrekt zal worden gebruikt. Neem de tijd om het volgende informatieblad zorgvuldig door te lezen. Je bent altijd welkom om vragen te stellen.

Deelname aan dit afstudeerproject is geheel vrijwillig. Je mag je ook op elk moment, om welke reden dan ook, terugtrekken zonder negatieve gevolgen.

Seniorenhuisvesting Consent form Focus

Titel van het onderzoek

Boosting residential mobility with assisted living: identifying relocation triggers and improving senior housing transitions.

Insight and recommendations for optimizing senior relocation within the free rental market in The Netherlands

Korte inleiding tot het onderzoek

Dit onderzoek probeert de factoren te identificeren die van invloed zijn op de beslissing van senioren om te verhuizen naar concepten voor begeleid wonen. Met een vergrijzende bevolking en een voortdurende wooncrisis moeten we onderzoeken hoe we de woonmobiliteit kunnen stimuleren. Een deel van de oplossing kan mogelijk liggen in het motiveren van senioren om te verhuizen van hun (meestal) grotere woning naar een meer leeftijdsgeschikte woning. Om deze overstap vaker te laten plaatsvinden moeten we weten wat het besluitvormingsproces van de senior beïnvloedt. Zodra dit bekend is, kunnen we beginnen met het ontwerpen van verbeterde strategieën die beter rekening houden met de verhuisfactoren. Het onderzoek richt zich op projecten voor begeleid wonen in de vrije huurmarkt.

Hoe lang duurt het onderzoek?

Het afstudeerproject is gestart in september 2024 en zal in juni 2025 afgerond zijn.

Wie voert het onderzoek uit?

De focusgroepen worden uitgevoerd door een afstuderende masterstudent van de afdeling MBE van de faculteit Bouwkunde van de TU Delft.

Waarom bent u gekozen?

Dit onderzoek is gericht op het zoeken naar factoren die van invloed zijn op de verhuisbeslissing van senioren met betrekking tot hun woonsituatie. Dit wordt gedaan door middel van literatuuronderzoek, interviews met experts en focusgroepen met senioren. Eerst moeten we te weten komen wat er al geschreven is over seniorenhuisvesting. Ten tweede moeten we horen wat de mening van experts is over dit onderwerp. Ten slotte gaan we het gesprek aan met de senioren zelf om op zoek te gaan naar ontbrekende factoren. U bent uitgekozen om deel te nemen aan een focusgroepsessie vanwege uw interesse in deelname. Daarnaast heeft u onlangs de beslissing genomen om (niet) te verhuizen naar een leeftijdsgeschikte woning en kunt u dus waardevolle input geven over welke factoren dat proces hebben beïnvloed. Daarom ben ik ervan overtuigd dat u invloed kunt hebben op de verbetering van de transities in seniorenhuisvesting.

Wat wordt van u gevraagd als u deelneemt aan dit onderzoek?

Als u wilt deelnemen, willen we graag een focusgroepsessie met u houden die ongeveer 90- 120 minuten zal duren.

Seniorenhuisvesting Consent form Focus

Wat gebeurt er met de informatie die je hebt gegeven en hoe wordt de vertrouwelijkheid gewaarborgd?

Alle informatie die u geeft, wordt uitsluitend gebruikt voor onderzoeksdoeleinden, zoals wetenschappelijke publicaties en beleidsaanbevelingen.

De focusgroepsessies worden opgenomen en samengevat. We verzamelen alleen persoonlijke gegevens (zoals uw naam, adres, telefoonnummer en e-mailadres) om tijdens de duur van het project contact met u te kunnen houden. Deze persoonlijke gegevens worden apart van de focusgroepsamenvatting en de opnames bewaard en worden één jaar na afloop van het project veilig verwijderd.

Uw privacy wordt volledig beschermd door strikte anonimiteit, tenzij u expliciet toestemming geeft om uw naam te gebruiken. In al het gepubliceerde materiaal zullen we pseudoniemen gebruiken om ervoor te zorgen dat uw identiteit vertrouwelijk blijft. Alle mogelijk identificeerbare details worden voor publicatie verwijderd, waarbij de integriteit en geldigheid van het onderzoek behouden blijft.

Wordt u betaald voor het onderzoek?

Deelname aan het onderzoek is volledig vrijwillig. Ik zal mijn best doen om het projectproces en de resultaten voor jou zo gunstig mogelijk te maken.

Wie heeft het onderzoeksproject beoordeeld?

Het onderzoeksplan, inclusief de ethische aanvraag en het Data Management Plan (DMP), is beoordeeld en goedgekeurd door de Ethische Commissie van de TU Delft.

Contact voor meer informatie

Voor meer informatie kunt u contact opnemen met de hoofdonderzoeker Diederick Buijs

Als u tijdens de focusgroep problemen ondervindt die u liever met iemand buiten het onderzoeksteam bespreekt, neem dan contact op met de privacy officers van de TU Delft via: privacy-tud@tudelft.nl

CONSENT FORM

Als u ervoor kiest om deel te nemen, vul dan dit toestemmingsformulier in en onderteken het. Geef JA of NEE aan naast elke verklaring. U hoeft niet akkoord te gaan met alle verklaringen om deel te nemen.

	JA	NEE
1. Ik bevestig dat ik het informatieblad heb gelezen. Ik heb vragen kunnen stellen over het onderzoek en mijn vragen zijn naar tevredenheid beantwoord.		
2. Ik begrijp dat mijn deelname aan het onderzoek vrijwillig is en dat ik kan weigeren vragen te beantwoorden. Verder ben ik vrij om mij op elk moment zonder opgaaf van reden terug te trekken.		
3. Ik begrijp dat de focusgroep wordt opgenomen en dat er tijdens het proces schriftelijke aantekeningen kunnen worden gemaakt.		
4. Ik ga akkoord met het gebruik van mijn citaten zonder mijn naam te gebruiken.		
5. Alternatief: Ik ga ermee akkoord dat mijn echte naam kan worden gebruikt voor citaten.		
6. Ik begrijp dat de resultaten van de focusgroep worden opgeslagen in een beveiligde digitale omgeving die alleen toegankelijk is voor de deelnemende onderzoeker. In deze omgeving worden de focusgroepresultaten gescheiden van individuele persoonlijke gegevens (naam, e-mail, etc.) van de deelnemers. een jaar na afloop van het thesisproject worden alle focusgroepgegevens vernietigd.		
7. Ik begrijp dat de informatie die ik geef, zal worden gebruikt voor onderzoeksrapporten, interne communicatie en presentaties.		

Ik ga akkoord met deelname aan bovenstaand project

Naam van de deelnemer _____ Handtekening Datum

