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To cite this article: Jo Greene, Ilia Marcev, Aileen O'Reilly, Catherine Elliott O'Dare, Sinéad McGilloway & Joanna McHugh Power (24 Feb 2026): The impact of housing insecurity on the health and wellbeing of older adults: a qualitative evidence synthesis, *Aging & Mental Health*, DOI: [10.1080/13607863.2026.2634129](https://doi.org/10.1080/13607863.2026.2634129)

To link to this article: <https://doi.org/10.1080/13607863.2026.2634129>



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Published online: 24 Feb 2026.



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The impact of housing insecurity on the health and wellbeing of older adults: a qualitative evidence synthesis

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ABSTRACT

Objectives: Adequate and stable housing has implications for the health and wellbeing of older people. However, affordable housing options are becoming elusive and dominant models of home ownership are in decline with uncertain health consequences for older populations. Supporting older adults to age safely in their community has many health benefits such as improved quality of life and increased social connectedness and reduces dependency and healthcare costs.

Method: This qualitative evidence synthesis examines 15 international studies to assess impact of housing insecurity on the health and wellbeing of older people. A reflexive thematic analysis (Braun & Clarke, 2021) identified five interlinked themes building upon each other to create contextual depth of understanding of how health is impacted by housing insecurity in older age.

Results: To summarise findings, psychosocial health and wellbeing benefit from safe, secure housing which promotes autonomy, dignity and social engagement. Poor housing conditions and inability to install modifications negatively impact health and the ability to live independently for longer. Increasing housing costs and lifecourse financial uncertainty both precipitate deteriorating health and wellbeing, potential relocation and constitute barriers to ageing in place and were most evident for marginalised social groups. Housing insecurity was mitigated by strong social attachments or attempting to be an ideal tenant/neighbour but there is some evidence that smoking or alcohol are used as coping mechanisms.

Conclusion: In conclusion, housing insecurity negatively impacts mental health whereas adequate housing supports older adults to live independently and promotes positive mental health and wellbeing.

ARTICLE HISTORY

Received 27 June 2025
Accepted 13 February 2026

KEYWORDS

Older adults; housing insecurity; tenure status; health inequality; qualitative evidence synthesis

Introduction

Adequate and stable housing has profound implications for health and wellbeing, including mental health. Thus, increasing the availability of such housing has the potential to save lives and improve overall quality of life (WHO, 2018; UN, 2021). In recent years, previously dominant models of tenure, such as homeownership, are in decline which when coupled with an insufficient supply of social housing, is reshaping housing needs across Western societies. There are now growing numbers of people experiencing housing insecurity across the lifecourse (Slaymaker et al., 2022; Waldron, 2023) and trying to manage their health and wellbeing in a home they are not in full control of (Aplin & Petersen, 2023; Morris, 2018; Taylor et al., 2019).

Housing insecurity is defined as limited access to stable, safe, adequate and affordable housing and can impact all tenure types and populations (Cox et al., 2016; DeLuca & Rosen, 2022). However, the increasing numbers of older people (defined as those

aged 60 and over (WHO, 2020) impacted by housing insecurity is a source of some concern due to the strong and well-established association between housing and health (D'Alessandro & Appolloni, 2020; Fisk et al., 2010; Howden-Chapman et al., 2023; Rolfe et al., 2020; Taylor, 2018). Indeed, older people have been identified to be at particular risk of housing insecurity when compared to other groups (Iwarsson, 2005; Oswald et al., 2007; Threshold & Alone, 2023; Windle et al., 2006). Despite this, the intersection of ageing and housing insecurity is underexplored (Humes et al., 2023). Instead, research to date has typically focused on children, families and younger adults (e.g. Glasheen et al., 2019; Hock et al., 2023; Jolleyman & Spencer, 2008; Weitzman et al., 2013) or analysis of large-scale surveys with older populations (e.g. Alba et al., 2019; Aplin & Petersen, 2023; Bárrios et al. 2020; Costa-Font et al., 2009; Herbers & Mulder, 2017) with limited attention to lifecourse perspectives and experiences of older adults.

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 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13607863.2026.2634129>.

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Adequate housing greatly contributes to feelings of independence and autonomy and is an important feature of ontological security (Dupuis & Thorns, 1998; Giddens, 1991). Older people's preferences regarding where and how they age in place are well documented, with feelings of security and strong connections to the local community identified as key to independence and wellbeing (Gonyea et al., 2018; Verma, 2024; Wiles et al., 2012). Housing security and retaining links to the community is linked to many health benefits including improved quality of life, reduced healthcare costs and increased social connectedness (Owusu et al., 2023; van Leeuwen et al., 2019). Therefore, the provision of adequate housing and the necessary resources to support older adults to age in place, are important features of community care initiatives (HSE, 2024; Kim et al., 2017). However, there is a mismatch between our growing ageing population and the availability of adequate housing options that enable older people to age safely and healthily in place (i.e. to remain healthy, avoid dependence, and care for themselves) (Ratnayake et al., 2022; Tuckett et al., 2018). Increasingly, inequitable housing markets mean that many individuals are unable to avail of secure housing options in earlier life presenting serious housing challenges (Bobek et al., 2021; Cox, 2024; Hearne, 2022), with implications for mental health in later life.

The interdisciplinary literature on housing security examines housing insecurity across various multi-dimensional aspects (i.e. housing stability, housing affordability, housing quality, housing safety, neighbourhood safety, neighbourhood quality and homelessness) (Cox et al., 2016). This illustrates the wide spectrum of housing insecurity experienced, including external factors, across different tenure types and provides an opportunity to examine the range and depth of issues that older populations encounter, which in turn impacts their mental health. This qualitative evidence synthesis systematically brings together international primary research on housing insecurity to improve understandings of how this issue impacts the mental health and wellbeing of older people. This approach aggregates findings from multiple studies to generate context-rich insights and interpretations and captures a broad range of experiences. By examining the evidence, the review will contribute further to knowledge and policy for creating and implementing innovative health service delivery and community care for older adults.

Study aims and objectives

The overarching aim of this study was to systematically chart the literature to document the nature and extent of research conducted to date, on the impact of housing insecurity on the health and wellbeing of

older adults, including their mental health. The specific objectives of the study were to:

- Identify associations between housing insecurity and mental health of older adults
- Describe the contextual complexity of housing insecurity for older people
- Explore how older adults respond to, and mitigate, housing insecurity
- Increase understanding of lifecourse perspectives and impacts of housing insecurity on the health and wellbeing of different subgroups of older people.

Methods

Design

The study was based on a systematic qualitative evidence synthesis, a methodology which brings together primary research in a systematic way and utilises qualitative analysis to achieve a greater understanding of an issue and to uncover healthcare priorities (Flemming et al., 2019; Noyes et al., 2019). A study protocol was registered with PROSPERO, the International Prospective Register of Systematic Reviews (Registration ID: CRD42023489531), on 4th December 2023 (Greene et al., 2023). The study was conducted in line with the ENTREQ (Enhancing transparency in reporting the synthesis of qualitative research) guidelines (see [supplementary materials](#)) (Tong et al., 2012).

Search strategy

The strategies for planning and executing a thorough, objective and reproducible search were implemented across four distinct stages and were informed by the information retrieval guidelines of the Campbell Collaboration (Kugley et al., 2016). The first step was an initial exploratory search, based on the research team's knowledge of the topic and involved a review of peer-reviewed journal articles to identify key concepts and phrases in the literature. These were used to inform the second step, the development of a keyword search string to query article titles and abstracts. The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) tool was used to comprehensively define terms into a systematic search strategy (Cooke et al., 2012). Thirdly, a systematic search of the literature across six electronic databases was conducted: Academic Search Complete (EBSCOhost), CINAHL Ultimate, EMBASE (Elsevier), Ovid MEDLINE, PsycINFO (EBSCOhost) and Scopus. Full details of the search strategy terms, using Boolean operators to refine search results, are contained in the [supplementary materials](#). Finally, following screening, the reference lists of included studies were reviewed to locate any

additional studies for inclusion. No filters were applied to the date range, the articles for review had to be published in a peer reviewed journal, available in the English language and use qualitative methods for data collection and analysis. Quantitative surveys or analysis, scoping and literature reviews were not considered for inclusion in this review.

Screening and study selection

A total of 944 articles was identified and a further three were included following a hand search. All 947 articles were imported into Covidence screening and data extraction manager (Veritas Health Innovation, 2023). Screenshots of search results are contained in the appendices. One researcher (JG) screened all titles, abstracts and full texts of potential studies. A second researcher (IM) independently assessed 10% of the studies at each screening stage and any discrepancies were resolved by consensus. Duplicates

were automatically removed, yielding a total of 563 articles for screening.

A clear and replicable screening process, following the review methodology guidelines established by Levac et al. (2010) was carried out to assess eligibility for full text evaluation (Levac et al., 2010). Titles and abstracts were reviewed for adherence to the inclusion criteria, and a further 493 studies were excluded as they were not fully compliant. This was mainly due to an insufficient qualitative element, not specifically relating to housing tenure, or without a focus on health. This yielded 70 studies for full text review. The full texts of the 70 included studies were retrieved and assessed for inclusion, 12 of which were selected for extraction and further analysis. Finally, a hand search of the reference lists of included studies were scrutinised to locate additional articles and a further 3 were identified for inclusion. This screening and study selection process resulted in a final total of 15 studies for inclusion in the review (see Figure 1).

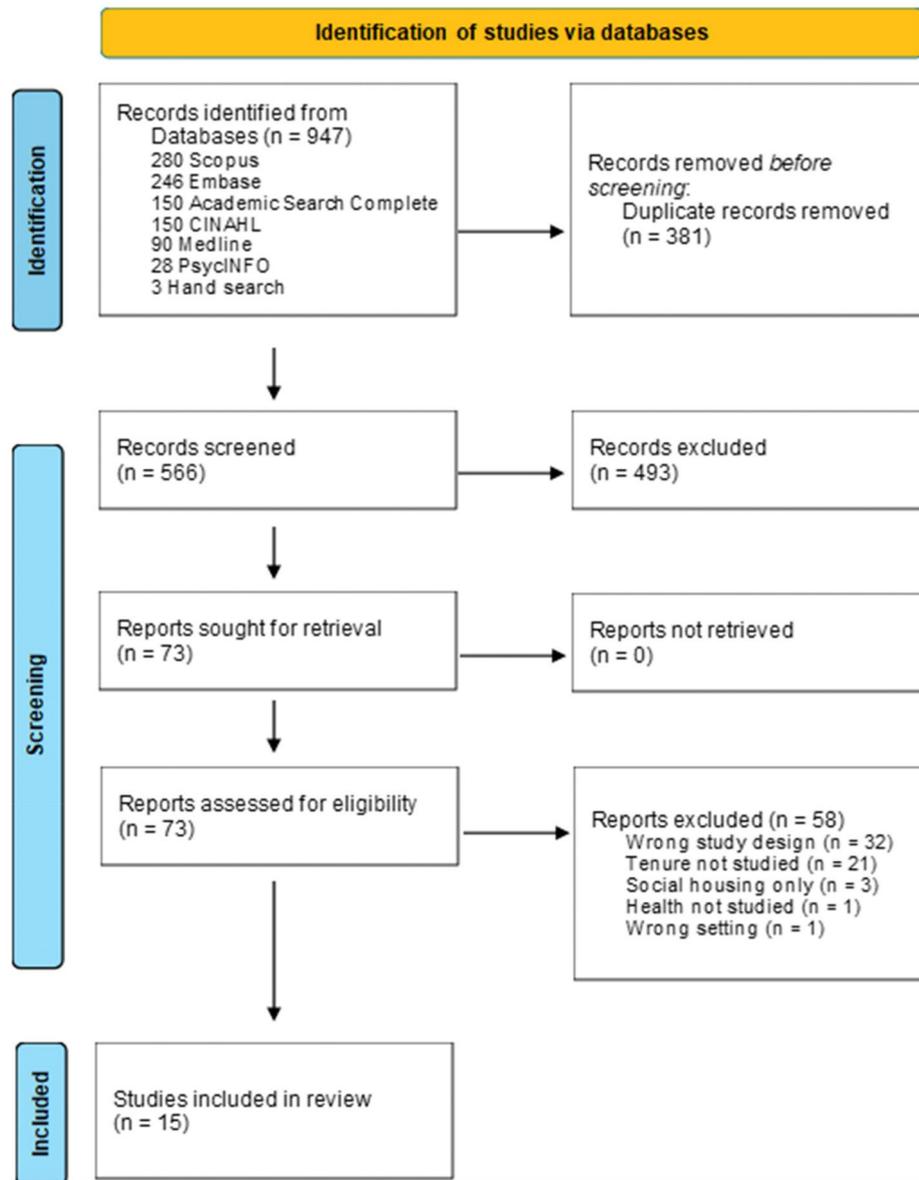


Figure 1. PRISMA Flow diagram (Page et al., 2021) of study selection process.

Data extraction

The final 15 articles were then examined by the research team for compliance with the objectives of the review. Relevant details were extracted and compiled into a data extraction table (Table 1) to chart the data and record characteristics and key information.

Study and population characteristics

The data in the included studies were collected between 2001 and 2023. Five of the studies were conducted in Canada, five in Australia/New Zealand, three in Europe (UK and Belgium) and one study each was located in the USA and Asia respectively. The studies mainly related people aged over 50 ($n=431$), and three studies included people aged in their thirties and forties ($n=35$). While the focus of this review was on older adults (i.e. those aged 60+), the inclusion of a wider age range incorporates perspectives on planning for older age and reflections from family members and service providers. Most participants ($n=416$) were described as living in urban areas, either in cities, large towns or suburbs. Sixteen were reported as living in rural locations. Where detailed tenure status information was provided, 135 were reported as living in social housing, 112 in the private rental sector, 82 as owner occupiers, 11 as sharing with family or friends and 5 in transitional accommodation. The most commonly reported methodological approaches were one-to-one interviews or focus groups with older people and their families as well as with key informants in statutory and voluntary agencies.

Assessment of confidence in findings

The methodological limitations of the selected studies were assessed using the Critical Appraisal Skill Programme (CASP) Tool (CASP, 2023). The first author (JG) appraised all of the included studies and an independent appraisal of 10% of the sample was conducted by a second member of the review team (IM). Consensus was achieved by discussing discrepancies and no studies were excluded.

Data coding and analysis

A reflexive thematic analysis involving six phases (Braun & Clarke, 2021), was used to identify patterns within the data to capture the spectrum of concepts across the literature. This was achieved in a systematic way; firstly, familiarisation with the data through intensive reading; then systematically generating initial codes for each article; next constructing themes through the clustering of codes into topic areas; then revising and refining themes; finally writing up the findings. Using this approach, themes were

developed inductively based on the data which represent the meanings and perceptions held by the populations under study, as interpreted by the researchers. The codes were ultimately grouped into five overarching themes with associated sub-themes. The codebook is contained in the [supplementary materials](#), together with a thematic map to illustrate early stages of the analytical process.

Findings

Five separate but inter-linked themes were identified and are presented below. Numbers in parenthesis refer to the study IDs in Table 1.

Psychosocial health impacts

This review found that the ability to age well in a safe and secure environment is of vital importance as are the psychosocial wellbeing benefits derived from housing security [2,5,7,8,11,14]. A stable sense of home was key: *"I am happy that we could open the door and enter our home"* [10; p. 11]. The availability of a secure home base has profound implications for wellbeing as uncertainty in this regard contributes to psychological and emotional strain [2,5]. The ability to exercise autonomy and agency at home, was identified as an important factor in supporting overall wellbeing [2,7,8,10] in terms of promoting positive self-esteem, confidence, and independence [2,5,7,10]. Feeling stressed [1,2,7] was common for many when experiencing unpredictability related to many aspects of tenure insecurity [7], resulting in anxiety and depression [8]. For some, their psychosocial distress was so profound that it led to feelings of suicidality: *"I usually ring (a counselling service) when I feel that I want to commit suicide...I don't want anyone to know [my situation]...I'm a burden on everybody"* [7]. The private rental sector offered the least security of tenure, contributing to considerable stress as tenants reported feeling perpetually anxious about rent increases or relocation [7,10]. Thus, moving from the private rental sector to social housing often dramatically improved mental health: *"About six months into living in public housing, I could breathe...I could afford to eat and pay my bills"* [2; p. 173]. Former private rental tenants regained control and housing security through security of occupancy and regulated rents [7], although there were often long waiting lists to secure a scarce social home [3].

The lack of control and loss of independence [10] associated with insecure housing were frequently reported to lead to social isolation and loneliness [6,7,12,13,15]. Declining mobility and health implied less engagement with local communities [6] and coupled with a lack of financial resources [7], meant that many feared ageing alone without social

Table 1. Data extraction table: Housing insecurity and health and wellbeing of older adults.

| ID | Author, Date | Title | Publication | Region | Study Aims | Population/Methods | Findings |
|----|------------------------------|---|--|-------------|---|--|--|
| 1 | (Bates et al., 2019) | Precariously placed: Home, housing and wellbeing for older renters | Health & Place, 58, p. 102152. https://doi.org/10.1016/j.healthplace.2019.102152 | New Zealand | Investigate how housing-related precarities may impact upon experiences of ageing and home during later life and implications for wellbeing. | In-depth interviews with 13 older private sector renters (age 56+) currently living in rural areas. | Experiences of renting and ageing were compromised by inter-related aspects of precarity and resilience related to housing, community, health, financial and personal circumstances. Distance or isolation from services and healthcare, tourism-related infrastructural pressures, and community changes can intensify precarious experiences of home, and has implications for older people's wellbeing and opportunities to age well in place. |
| 2 | (Colic-Peisker et al., 2015) | Asset poverty, precarious housing and ontological security in older age: an Australian case study | International Journal of Housing Policy, 15(2), pp. 167–186. https://doi.org/10.1080/014616718.2014.984827 | Australia | Explore asset poverty and pathways into precarious housing in older age, coping strategies of the older asset-poor, and consequences of precarious housing on older people. | Thirty semi-structured in-depth interviews and three focus groups with older Australians (age 55+) currently in private ($n=6$) or social housing ($n=10$) or owner-occupied housing ($n=14$) in urban areas. Article reports qualitative findings from a mixed-methods research project. | Increase employment and interrupted careers later life. Single private renters are most likely to be asset poor and need social housing in older age. Managing daily financial stress presents psychological and emotional strain. Poverty a major threat to independence in older age. Downsizing, moving to areas with lower housing costs and reducing spending seen as solutions but had negative consequences for social isolation. |
| 3 | (Epps et al., 2018) | Challenges to aging in place for African American older adults living with dementia and their families | Geriatric Nursing, 39(6), pp. 646–652. https://doi.org/10.1016/j.gerinurse.2018.04.018 | USA | Explore challenges to ageing in place for older African Americans (age 65+) living with dementia and their families. | Twenty-four semi-structured interviews with community leaders, citizens, service providers and caregivers. All participants lived in urban areas. (Breakdown of housing tenure status not provided). Observational data in the form of photographs, media clippings and field notes were also analysed. | Shame, improper housing, financial constraints, resource inadequacy, transportation concerns, and knowledge deficit are common challenges faced by older adults and their families to receiving health services to support aging in place when living with dementia. |
| 4 | (Fear et al., 2004) | Home or hell: older tenants' experiences in the private rented sector | The Journal of Adult Protection, 6(2), pp. 15–20. https://doi.org/10.1108/14668203200400010 | England | Investigate harassment and abuse of older tenants in the private rented sector and uncover links between health and housing. | Interviews and focus groups with older people currently or previously living in the private rented sector in urban areas. Detailed participant information and number of participants is not provided by authors. | Payment and collection of rent caused stress. Diverse experiences relating to repairs of rented properties; some properties were well maintained, others were in severe disrepair. Tenants fear asking for improvements as may lead to rent increases. The housing dimension of community care is not seen as a priority for health and social services. |
| 5 | (Hiscock et al., 2001) | Ontological Security and Psycho-Social Benefits from the Home: Qualitative Evidence on Issues of Tenure | Housing, Theory and Society, 18(1–2), pp. 50–66. https://doi.org/10.1080/14036090120617 | Scotland | Study relationship between housing tenure and health and how adults obtain psycho-social benefits from their home. | Semi-structured interviews with 43 adults, 33 of whom are aged 38+, currently or previously in a mix of housing tenures; owner occupied ($n=21$), social housing ($n=12$) or private renting ($n=10$). The majority of participants ($n=40$) live in urban areas, 3 live in rural villages. Article reports qualitative component of a mixed-methods national project. | Homeowners felt protected by their homes when they lived in low crime areas. Threat of losing their home through repossession was felt more by owner occupiers than social renters. Autonomy over the home increased when living in a house rather than a flat and when having skills or income to carry out repairs and maintenance. |

(Continued)

Table 1. Continued.

| ID | Author, Date | Title | Publication | Region | Study Aims | Population/Methods | Findings |
|----|--------------------------|--|--|-----------|---|---|---|
| 6 | (Kwan & Tam, 2022) | "What If I Die and No One Notices?" A Qualitative Study Exploring How Living Alone and in Poverty Impacts the Health and Well-Being of Older People in Hong Kong | International Journal of Environmental Research and Public Health, 19(23), p. 15856. https://doi.org/10.3390/ijerph192315856 | Hong Kong | Explores the intersection of older people living alone, in poverty and housing insecurity and the impacts on health and wellbeing. | Interviews with 47 older adults (age 65+) living alone in urban areas. All participants were on low incomes and did not live in owner-occupied housing. Tenure status reported as social housing ($n=37$), sharing with family/friends ($n=9$), private rental ($n=1$). | Challenges to health and wellbeing were identified as social isolation and loneliness, self-esteem and self-efficacy, declining mobility and activity levels and high medical expenses. Resilience and strong formal and informal social supports helped mitigate issues. Addressing health inequalities among older people will necessitate a focus on housing security, and the social and cultural determinants of health. |
| 7 | (Morris, 2018) | Housing tenure and the health of older Australians dependent on the age pension for their income | Housing Studies, 33(1), pp. 77–95. https://doi.org/10.1080/02673037.2017.1344202 | Australia | How older people perceive the impact of their housing tenure on their health, focusing primarily on their mental health | In-depth interviews with 125 older private renters ($n=40$), social housing tenants ($n=53$) and homeowners ($n=32$) (age 65+) living in urban areas. | Cost of accommodation, security of tenure and capacity to feel safe and comfortable in their neighbourhood, play a fundamental role in shaping health status. Security and cost of housing has a profound negative impact on the psychological health of older adults in the private rental sector. The stronger security of social housing tenants and homeowners creates a more positive outlook and better wellbeing. |
| 8 | (O'Neil et al., 2021) | Dimensions of Housing Insecurity for Older Women Living with a Low Income | Journal of Aging and Environment, 35(1), pp. 1–27. https://doi.org/10.1080/26892618.2020.1744498 | Canada | Exploration of experiences of housing insecurity for older women (age 50+) living on low incomes experiencing health issues. | Semi-structured interviews with 11 women aged 50+ living on a low income who self-identified as living in insecure housing and included a mix of current and past homeowners and renters living in urban areas. (breakdown of housing tenure status not provided). | Housing insecurity amongst older women emerged as the cumulative effects of inter-related factors, including the quality of personal relationships with partners and landlords, exacerbated by marginalised employment history and early trauma. |
| 9 | (Petersen & Aplin, 2023) | Exploring Older Tenants' Healthy Ageing in Privately Rented Homes | Australian Social Work, 76(1), pp. 100–112. https://doi.org/10.1080/0312407X.2021.1970783 | Australia | Seeks to understand how renting privately influences health ageing. | In-depth interviews and assessments undertaken in the homes of 27 older adults (aged 65+) who were all renting privately ($n=27$) in urban areas and in receipt of community aged care. Mixed-methods study included health and financial capability measures. | Illustrates the significant barriers many older private renters experience in affording housing, meeting daily expenses, and utilising community aged care including home modifications. Many experienced anxieties about their future due to unpredictability of rent increases, security of tenure, and ability to live in homes not suited to ageing in place. |
| 10 | (Phlix et al., 2023) | The Happy Home: Ageing, Migration, and Housing in Relation to Older Migrants' Subjective Wellbeing | International Journal of Environmental Research and Public Health, 20(1), p. 106. https://doi.org/10.3390/ijerph20010106 | Belgium | With increasingly diverse older populations, explores influence of housing, migration and ageing on older migrants' subjective wellbeing. | In-depth interviews with 22 older (aged 60+) migrants who are homeowners ($n=15$), in social housing ($n=6$) or renting privately ($n=1$) and living in urban areas. | The intersection of ageing and housing is a prominent feature of older migrants' subjective wellbeing. Subjective wellbeing is determined by both material influences, such as housing stability, and immaterial influences, such as sense of home, age and migration background. Homeownership aids sense of home and feeling in control. A stable sense of home is important in coping with adversity in life. |

(Continued)

Table 1. Continued.

| ID | Author, Date | Title | Publication | Region | Study Aims | Population/Methods | Findings |
|----|----------------------------|---|--|-----------|---|--|--|
| 11 | (Power, 2023) | Insecure Housing and the Ongoing Search for Ontological Security: How Low-Income Older Women Cope | Housing, Theory and Society, 40(2), pp. 170–191. https://doi.org/10.1080/14036096.2022.2118370 | Australia | Explores how individuals living in insecure housing cope with persistent threats to ontological security. | In-depth semi-structured interviews with 38 low-income single older women (age 55+) on low incomes and in various forms of insecure housing. All participants live in urban areas; 17 in social housing, 14 in private rental sector, 5 transitional, 2 sharing with family. | Rent is prioritised to ensure housing security but intensified experiences of poverty as challenges to affording food, essentials, and social activities. Coping strategies reflect pragmatic acceptance of housing risk, sustained optimism in the face of housing risk, cynical pessimism and engagement with housing risk. |
| 12 | (Redden et al., 2023) | Housing as a determinant of health for older LGBT Canadians: Focus group findings from a national housing study | Housing and Society, 50(1), pp. 113–137. https://doi.org/10.1080/08882746.2021.1905996 | Canada | Examine how housing needs of older (age 55+) LGBT Canadians are addressed at community, organisational and policy levels. | Ten in-person focus group discussions in five Canadian cities with 52 adults aged 55+. All participants lived in urban areas in private rented or owned housing settings (breakdown of housing tenure status not provided). Article reports qualitative component of a mixed-methods national project. | The housing needs of older LGBT adults are shaped by structural and systemic factors situated at the intersections of LGBT identities, older age, poverty and race, contributing to discrimination when seeking, securing or maintaining housing. Susceptibility to institutionalised hostility led to fears of further discrimination as care needs escalate. |
| 13 | (Stewart & Cloutier, 2022) | More than a roof: challenges for older women renters in British Columbia, Canada | Journal of Women & Aging, 34(5), pp. 582–595. https://doi.org/10.1080/08952841.2021.1948791 | Canada | Explores lived experiences of older women who have encountered barriers to ageing in place due to housing insecurity in the rental sector. | Nine in person interviews with single older women (age 70+) on low incomes paying over 30% of their income on rent. All participants (n=9) lived in an urban area and were housed in the private rental sector. | High rental rates had a substantial influence on health and wellbeing. Participants were spending a growing proportion of their income to remain in their local area. Many were reducing health visits in order to stretch incomes. Social activities were limited which impacted quality of life. Many attributed housing precarity in later life to life circumstances, such as death of spouse, divorce and caregiving roles. |
| 14 | (Waldbrook, 2013) | Formerly Homeless, Older Women's Experiences with Health, Housing, and Aging | Journal of Women & Aging, 25(4), pp. 337–357. https://doi.org/10.1080/08952841.2013.816213 | Canada | Explores older women's experiences of health, housing and aging, coping with low incomes, addictions and the importance of supportive housing and community services. | Eleven interviews with formerly homeless older women (age 45+) now living in stable housing in urban areas. Mixed-methods study: 15 participants first completed a health survey which included demographic information and housing histories. In this sample, 47% (n=7) were living in supportive housing facilities, 33% (n=5) were living alone in a rented apartment, 13% (n=2) were renting an apartment with family members or roommates, 7% (n=1) were living in a home they owned. | Participants attributed their current health problems to past experiences of homelessness and addiction issues. Stable housing was viewed as an important mechanism for enabling health status to improve. Highlighted importance of community services as mechanisms for improving health and remaining housed. |

(Continued)

Table 1. Continued.

| ID | Author, Date | Title | Publication | Region | Study Aims | Population/Methods | Findings |
|----|-----------------------------|--|---|--------|--|--|--|
| 15 | (Wyndham-West et al., 2022) | A narrative-based exploration of aging, precariousness and housing instability among low-income older adults in Canada | Cities & Health, 6(3), pp. 587-601. https://doi.org/10.1080/23748834.2021.1919976 | Canada | Examine the lived experiences of aging, precariousness and housing instability and provide a contextual account of rapidly changing housing environments on low-income older adults health, wellbeing and ability to age in place. | Individual semi-structured interviews with 17 low-income older adults (aged 62+) in the social or private rental sector in urban areas. Additionally, participatory research approaches were used to study their lived experiences of aging, precariousness and housing stability through arts-based techniques such as photos, videos or diary content. | Participants had complex housing trajectories across the lifecycle. Feeling devalued as one ages was common and narratives countered aspirations that older adults will be taken care of as they age, either by the state or through private savings. Securing shelter became an overwhelming and stressful journey. Participants did possess agency despite challenging circumstances, which allows for hopeful futures if the experiences of low-income older adults with housing instability is included in policymaking processes. |

connections [12]. This was particularly pertinent for those who had recently relocated [7,13], living in areas without adequate transportation [1,3,7] or internet connection [15]. Residing in areas with known and persistent anti-social behaviours was a further source of deep distress and anxiety [3,8] and a sense of entrapment was palpable for some [4,5]. The loss of dignity associated with insecure housing was described as a *"corrosive thread of fear"* [7; p. 85] and was often linked to feelings of shame and embarrassment. As a result, older people experiencing housing insecurity were often reluctant to invite friends or family to their homes. This also regularly extended to workers installing modifications or conducting repairs as well as health professionals [1,12].

Physical health impacts

Poor quality accommodation has many negative consequences for health, particularly for older people as it can be detrimental to the ability to age well. Living with unsuitable or poorly maintained housing can also exacerbate existing health problems. For instance, the evidence here suggests that new or existing respiratory conditions were frequently attributed to dampness, mould and poor ventilation [1,4,6,7,11] and cold homes were found to aggravate injury-related pain [1,11]. Unsuitable accommodation can also lead to injuries occurring at home [1] as some people had limited opportunities to modify their homes to make them age appropriate by, for example, installing grab rails in bathrooms or hand-rails on stairs [6,8,9,10]. This issue was most evident in rental properties: *"We wanted rails in the toilet. The agents said no because they have to take them out once we go"* [9; p. 108]. These issues were particularly pressing when recovering from illness or surgery [15]; in such circumstances, stable, suitable housing was considered an important mechanism for recovery [14], potentially delaying entry to residential care [9]. However, it should be borne in mind that even when more suitable accommodation became available, this also brought with it a cost, [1,2,5], since relocation was described by participants as leaving them *"physically exhausted"* [11; p. 179]. However, timely planning for renovations or moving to more appropriately designed housing - for example, single level homes - facilitated people to age in place more successfully [3,4,12,13]. Consistently across the literature reviewed, there are clear indications of the numerous ways in which housing quality impacts physical health with repercussions for mental health, showing how adequate housing quality supports older adults to live independently and promotes positive overall health and wellbeing. A recurrent finding from our work was that feeling secure at home is key to an ability to cope and respond appropriately to adversity.

Responding to housing insecurity

Indeed, our findings show that a range of coping mechanisms was employed by those who experienced adversity due to insecure housing. For many, there was an emphasis on focusing on the positives and making do with their situation [1,6,11,13]. A sense of resignation [6] or pragmatic acceptance of the many constraints associated with insecure housing were also highlighted [1,11]. Smoking and alcohol use was a compounding factor for some, leading to addiction relapse [8,14]. Creating a sense of home was important for promoting positive wellbeing, as a stable home was perceived as crucial during difficult periods [10]. Pets were also found to frequently provide comfort and companionship, filling a gap in dwindling social networks and were *“something to get up for”* [8; p. 11].

Enlisting supports from outside the home was also frequently reported to be necessary in responding to housing insecurity. This involved the use of both informal and formal social networks and social connections which were reported to be a valuable source of support [6] as well as active involvement in community life, all of which created solidarity with neighbours and supported mental health and wellbeing [8,13]. This also helped to embed relationships in the community: *“now I contribute to society, I join voluntary work”* [6; p. 9]. These social attachments reportedly became a source of resilience when ageing in place [1], fostering a sense of belonging and identity [13], whilst also providing a source of knowledge about available community services and how to access them [3,6]. Living in inclusive communities was generally preferred, although some raised the point that intergenerational communities could be grouped by commonalities rather than siloed by age [12]. This resonated, in particular, with groups that had experienced discrimination, such as the LGBTQ+ population who sought to create positive and affirming housing opportunities for both older and younger members of their community [12]. Furthermore, some thought that fostering strong intergenerational interactions had the potential to counter modern stresses as older people could share viewpoints on how to be resilient, thereby promoting positive mental health from an earlier age [6] and further strengthening community links.

To mitigate the risk of relocation away from established community networks, there was a strong impetus, for some, to be a *“good tenant”*, overtly positioning themselves as reliable and responsible as they worked to build trust with housing gatekeepers [11; p. 180]. Tensions and power imbalances from interactions with landlords or housing agents were evident across several studies [4,8,11,13,15]. This can occur in both explicit and subtle ways [15] including, for instance, requests for repairs or improvements

which result in rent increases [4,9,15] and which many felt powerless to appeal [13], while there were also some unsettling race and gender-related interactions with landlords [8]. Securing new accommodation was a further challenge: *“landlords are in the power position and they can pick and choose [their tenants]”* [12; p. 122]. While participants described a wide variety of responses and coping strategies to deal with adversity, many continued to feel devalued [15] as they aged, and the wider context of housing insecurity was commonly referred to as shaped by external forces, such as neighbourhood quality and housing affordability.

Context of housing insecurity

There are also wider societal issues to consider when looking at the impact of housing insecurity on the health and wellbeing of older people. The reshaping of communities through gentrification can displace older residents or place them in unfamiliar surroundings, potentially severing important existing community links [1,3,8,15]. The associated increase in housing costs [1,3,9,15] could also push older people into accepting lower quality housing in a high demand area in an effort to reduce everyday spending and remain within their community [1]. The only alternative was often to relocate [2], and involuntary displacement could lead to living in a less desirable area and social disconnection [2,3,12]. The lack of appropriate housing options for older people to age in place was a recurring feature in the literature across all tenure types [3,10,15].

There were also cultural contexts and ideals to consider with respect to housing insecurity. Multiple studies highlight the superior status and privilege associated with homeownership, along with the hierarchy of tenure types [2,3,5,10]. Owner occupation is highly valued as it affords financial independence and promotes wellbeing through housing security, often not achievable through other tenure types [2,10]. Societal and economic preferences have historically favoured homeownership and failure to achieve this status can attract shame and stigma [2,5,7]. However, the cost of home maintenance or keeping up with mortgage or rental payments were difficult for those older adults with declining incomes in later life [2,5,8,10], *“I have no income and no savings, I was paying more rent than I had income”* [13; p. 588].

Financial aspects of housing insecurity and their impact on health were also evident. It is likely that financial hardship directly impacts both housing insecurity and health outcomes. Poverty as a key social factor in health [6], was universally linked to housing precarity, becoming, for many, a threat to independence and ageing in place [2,7]. Financial

uncertainty and low income [2,8,9,11,14] were important barriers to the ability to afford necessary home modifications or repairs [8,9]. Furthermore, concerns over ongoing or unexpected medical expenses (e.g. forgoing dental or optician check-ups) were commonplace [3,6,8,13]. There was often a stark choice: “eat a meal or buy medicine” [3; p. 649]. Expenditure cutbacks were widespread with many reducing hobbies and social activities, often extending to going without household essentials such as food and heating in order to stretch incomes [2,3,9,11,13]. Scaling back on household spending was often undertaken to prioritise housing costs which, in turn, exacerbated overall levels of poverty [6,9,11,13]. For example, one study found that experiences of housing insecurity linked to poverty were experienced for the first time in old age [8], though more often, there was a long history of such marginalisation.

Lifecourse perspectives on housing insecurity

Experiences of housing insecurity were apparent across a diverse range of social groups within the included studies, demonstrating that gender, ethnicity, health and relationship status contribute to generating more complex trajectories across the lifecourse, ultimately resulting in increased risk of housing insecurity in older age [2,3,5,6,7,8,10,11, 12,13,14]. The cumulative impact of risks over the lifecourse can accentuate or trigger housing precarity as individuals may have less ability to counter ingrained disadvantages or unanticipated events as they age.

Existing evidence indicates that marginalised labour market histories frequently contribute to gendered financial differences. A lack of pension provisions and asset poverty are attributed to insufficient incomes for women, leading to economic vulnerability in older age [2,8,13]. A legacy of social exclusion also impacted housing for different ethnic minority groups as described in a small number of the included studies [3,10,15], with poor housing conditions coupled with disparities in access to health care, posing barriers to successful ageing in place for some communities [3]. The findings further demonstrate the lasting impacts of social marginalisation on the LGBTQ+ community, leading to fears they would need to conceal their identity if they became reliant on care providers in the future [12]. Furthermore, disability, ongoing health issues or deteriorating health status were all often associated with housing insecurity due to their overlap with financial disparities [13,14]. Becoming a widow or relationship breakdown presents further issues as these factors are frequently associated with tenure change and relocation [5,7,8,11,13,14]. In some cases, this can precipitate a

move to homelessness [2,14] compounding existing vulnerabilities: “It’s harder on women because women have to do some nasty things to get a roof over their head...” [14; p. 347]. This was particularly acute for those experiencing domestic violence and fearing homelessness [8,15]. A common feature linking these different social groups was their precarious financial circumstances across the lifecourse, implying a lack of resources to cope with unexpected life events and ultimately impacting housing pathways and security in later life. This cumulative disadvantage compromises health and the ability to age well and can create barriers to accessing healthcare.

Discussion

We aimed to explore and systematically synthesise literature regarding the association between housing insecurity and health and wellbeing in later life. The findings show that housing insecurity had a number of negative impacts including a loss of dignity, lack of autonomy and control, and social isolation. The results also indicate a number of attendant impacts on physical health due to poor housing conditions and the inability to install adaptations. Importantly, adequate quality housing supports were found to enable older people to live independently for longer. Responses to housing insecurity involved building strong social attachments or attempting to be an ideal tenant/neighbour. However, there was some evidence that smoking or alcohol use was employed as coping mechanism. The wider context of housing insecurity also featured, with increasing housing costs or gentrification precipitating unwanted relocation and often accentuating experiences of poverty. Finally, lifecourse experiences of financial uncertainty created barriers to ageing well and was most evident for marginalised social groups.

This review identified the many nuanced and interlinked ways in which insecure and poor housing conditions frequently exacerbate both the mental and physical health of older people, whilst also illustrating the many contextual and other factors that should be taken into consideration. As predominant models of housing tenure change, the consequences for older people’s health and wellbeing outcomes must be better understood in order to fully implement integrated community care strategies and support successful ageing in place.

Housing conditions are increasingly recognised as a critical feature of ongoing care of older people in the community (Grey et al., 2024; Traver et al., 2024). The reduced ability to install modifications or carry out repairs due to financial constraints or opposition by landlords, leads to a decline in mental health wellbeing and hampers the ability to age in place

successfully. The continual requirement to meet housing costs in retirement, such as rent, creates an additional vulnerability (Slaymaker et al., 2022). Our review documents the extent to which low income (Aung et al., 2021) contributes to financial stress and anxiety, impacting wellbeing and, in some cases, leading people to accept housing conditions that are sub-optimal in terms of effectively ageing in place. The need to make decisions regarding timely essential repairs or modifications to the home creates agency, prevents deteriorating housing conditions and ultimately, the need to relocate. The findings reported here align closely with suggestions from elsewhere that people need to feel safe and secure in their home as they age (Verma, 2024). This contributes to wellbeing and alleviates psychological and emotional strain. A pragmatic acceptance of housing insecurity was identified in our review as older people sought ways to cope, sometimes turning to smoking or alcohol use, but more frequently, seeking social support to help them remain socially engaged in their community thereby helping to alleviate depression (Gonyea et al., 2018). A declining resilience or ability to cope was also evident in our review, compounded by unexpected life events, relationship breakdown or unsustainable mortgages, all of which exacerbate precarious housing situations in older age (Morris, 2013).

The traditional pathways to affordable secure housing, such as home ownership, social housing or secure low-rent housing have become increasingly unobtainable, with many now pushed into private rentals with high rental costs and insecurity of tenure (Hearne, 2020; Bhat et al., 2022). Tenure status in later life is defined by housing trajectories across the lifecourse with complex and fragmented pathways frequently resulting in instability. For a growing number of older people, there are significant barriers across the lifecourse to acquiring secure housing, resulting in health inequalities in older age. There is a growing recognition that older people are not a homogenous group and have a wide range of housing needs to enable them to age well in place. The current review, in line with existing literature, highlights the gendered housing disadvantage experienced by women over the lifecourse (Darab et al., 2018). Housing insecurity is frequently underpinned by financial precarity linked to labour market histories of low pay and insecure employment (Collins & Elliott O'Dare, 2022) and is also associated with depression and anxiety amongst older adults (Marshall et al., 2021). However, further research is required on groups who experience discrimination, such as those from ethnic minorities or LGBTQ+ communities, who may have additional needs to overcome barriers to accessing healthcare. Experiences of housing insecurity have generally

focused on Western perspectives, particularly Canada (O'Neil et al., 2021; Redden et al., 2023; Waldbrook, 2013) and Australia (Colic-Peisker et al., 2015; Power, 2023), which are typical of ideal Western liberal welfare regime types (Dewilde, 2017; Esping-Andersen, 1990; Kemeny, 2001), to the exclusion of other regions. Distinctions between housing insecurity in urban and rural areas are also not explicitly studied with most research conducted to date centred on experiences in cities or large towns (Epps et al., 2018; Kwan & Tam, 2022; Phlix et al., 2023).

This comprehensive qualitative evidence review - based on a combined sample of 469 participants from 7 countries - addresses some important knowledge gaps by highlighting the potentially negative impacts of housing insecurity on the health and wellbeing of older people (including mental health) while providing some important insights into their own perspectives and lived experiences. The findings reported here highlight a number of key themes across psychosocial health and wellbeing, physical health, responses to housing insecurity, and broader contextual and lifecourse perspectives, which offer important and nuanced insights into the complexities associated with housing insecurity. Thus, the review contributes a timely and foundational synthesis of research for policymakers and health professionals seeking to advance positive health and wellbeing for older populations who are increasingly likely to experience housing insecurity.

However, the review was limited by the inclusion of studies published in the English language (due to resource constraints) which means that other relevant studies may have been missed. Additionally, the well-defined selection criteria necessarily resulted in a limited number of studies for inclusion.

Conclusion

This review provides important insights into the extent and nature of qualitative research on the impact of housing insecurity on health and wellbeing amongst older populations. The findings indicate that, more responsive approaches to integrated care in the community are required in the context of changing tenure models. Thus, in order to properly understand and tackle health inequalities amongst diverse older populations, we should address the social determinants of health and including the incorporation of a lifecourse perspective to identify pathways into housing insecurity in later life. The limited capacity of our housing stock to adapt to ageing populations is likely to worsen over time. Thus, our findings indicate that as predominant models of housing tenure change, there is a need to better understand the consequences for older people's

health and wellbeing in order to support health and safe ageing in place.

With the increasing likelihood of growing housing insecurity for many, more research of the lived experience of housing insecurity and the accessibility of community services would make a valuable contribution to existing literature and improve our understanding of the health and wellbeing needs of our older populations. Further comparative examination of experiences in the global north vs the global south and in urban and rural locations as well as the impact of different welfare paradigms, is also recommended. Additional research is needed on the cumulative nature of housing insecurity over the lifecourse and the long-term impact of low incomes, illness and disability on housing security as well as any implications for wellbeing as we age.

Ethics declaration

Ethical approval was not required for this qualitative evidence synthesis as it is a review of previously published literature.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was funded by the Structured Population health, Policy and Health-services Research Education (SPHeRE) Programme under Grant No. SPHeRE/2022/1. The funders had no role in the study design, data collection, analysis, interpretation of data or in the writing of the report.

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