Who moves where? Changes in parents' health and their proximity to adult children in Europe

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Extended abstract

Adult children are an ever-important source of support for ageing parents. As population ageing puts a strain on public resources, adult children can provide much-needed assistance to parents who deal with declining health, requiring closer parent-child proximity and even co-residence. There is, however, a need to clarify the extent to which parental health influences the distance between parents and their children. How, if at all, does the decline in parental health influence children and parents to move closer to one another?

We seek to answer this question by using data from the Survey of Health, Ageing, Retirement in Europe (SHARE), a cross-national panel survey of older adults aged 50+ from more than 20 countries in Europe. Using regular SHARE waves from 2004-2015, we use discrete-time event history analysis to examine the relationship between the type of proximity-enhancing moves and parental health status and health decline, including experience of health shocks, physical frailty, depressive symptoms, and self-perceived health, all while controlling for the parents and nearest children's characteristics. We perform a similar analysis on any proximity-enhancing moves in each of the four European regions: Northern Europe, Central and Eastern Europe, Southern Europe, and Western Europe.

We find that the majority (88%) of proximity-enhancing moves were performed by children. In terms of the direction of movement, a recent health shock substantially increased the odds of parents moving in with a child (OR = 1.7), and to a lesser extent the odds of moving closer to a child (OR = 1.2) and the odds of a child moving in with the parent (OR = 1.2).

Similarly, being physically frail at *t-1* (OR = 1.7), worsened depressive symptoms since *t-1* (OR = 1.5), and poor self-rated health at *t-1* (OR = 2.2) were associated with higher odds of moving in with a child, while worsened physical frailty and depressive symptoms were associated with higher odds of respondents moving closer to a child (OR = 1.2). On the other hand, baseline health, including previous experience of health shocks (OR = 1.1), frailty status (OR = 1.3), depressive symptoms (OR = 1.1), and poor self-rated health (1.7) were associated with increased odds of children moving in with their parents. By region, a recent health shock (OR = 1.3), worsened frailty (OR = 1.2), and worsened subjective health (OR = 1.3) were associated with the odds of proximity-enhancing moves only in Southern Europe, while baseline frailty and worsened depressive symptoms were linked to higher odds of moving closer in Northern Europe.

In general, our findings suggest that it is mostly the parents who move in with or closer to their children in response to rapid health decline, while children may move in with their parents because of the latter's already poor health. The association between health decline and proximity-enhancing moves is also mostly confined to Southern Europe, a region marked by strong family ties. We discuss the implications of our findings in the context of rapid population ageing and intergenerational solidarity in Europe.

Keywords: proximity, mobility, ageing, intergenerational relationships