

## Geographic Proximity between Older Adults and Adult Children in Flanders (Belgium)

*Wesley Gruijthuijsen, Chidi Nweke, Dominique Vanneste*

(MSc. Wesley Gruijthuijsen, KU Leuven, Division of Geography and Tourism, Celestijnenlaan 200E, 3001 Heverlee, Belgium, Wesley.gruijthuijsen@kuleuven.be)

(MSc. Chidi Nweke, KU Leuven, Division of Geography & Tourism, Celestijnenlaan 200E, 3001 Heverlee, Belgium, chidi.nweke@kuleuven.be)

(Prof. Dr. Dominique Vanneste, KU Leuven, Division of Geography and Tourism, Celestijnenlaan 200E, 3001 Heverlee, Belgium, Dominique.vanneste@kuleuven.be)

### 1 ABSTRACT

Most European countries do not only prioritise policies focused on ageing-in-place, but also re-emphasise the role of informal caregiving which, in reality, is mostly provided by children. Thereby it is often overlooked that organising informal care at home gives rise to complicated and multilayered negotiations between people and their home environments. Distance can be seen as one of the decisive factors regarding informal caregiving. At least, international literature suggests that distance between older parents and adult children (still) matters in receiving and providing informal care, which was further highlighted during the pandemic in which some countries forbid non-essential travel outside the neighbourhood (incl. informal caregiving and support). Altogether, not much is known about the geographic proximity between older adults and adult children. We aim to contribute to the discussion regarding the impact of geographic proximity to provide or receive informal care in the context of a policy of ageing-in-place and the socialisation of care. To realise this, we calculate distances between parents (65+, living in Flanders) and adult children (across Belgium) based on the national population register of Belgium, using a cohort study for the period between 2002 and 2017. We researched ways in which physical distances differ across several dimensions, such as the number of children, age, gender and civil status. Although we found that older adults and adult children in Flanders in general live close by, there are signs pointing to an increase in geographical distance over time, potentially challenging the possibility to age-in-place and to negotiate informal care, while a differentiation of the pattern can be recognised according to dimensions mentioned above.

Keywords: geographic proximity, informal care, distance, Ageing-in-place, residential movements

### 2 INTRODUCTION

The spatial dimension is often neglected in research focusing on ageing, especially when it comes to the role of the neighbourhood and the home, the availability of informal care (from family and neighbours) and the importance of distance between care givers and care receivers, insight into residential movements, and all of this with regard to the wishes and needs of the older population when it comes to ageing-in-place. For that reason we set-up an interdisciplinary research project (started in 2019) trying to disentangle the concept of ageing-in-place from the perspective of geography, architecture and social sciences (gender studies). From the perspective of geography we focus on age-friendly cities and neighbourhoods (with an emphasis on the quality of public spaces and facilities, especially important for older residents) and the importance of geographical distance between older adults and children. The issue of geographic proximity, and how this influences informal caregiving, is one of the main research concerns of this analysis, trying to generate answers from quantitative and qualitative approaches (mixed-method). This paper explores the quantitative results, focusing on physical-geographical distances between older adults and their (adult) children and how they shifted over time (2002- 2017). Therefore it offers insights into geographic proximity between older adults and their children, but also into the importance of factors such as age, marital status and urbanisation. We focus on the situation of older adults (65+) in 2002 and 80+ in 2017, to see if there are large changes within that specific cohort. For doing so, we were provided by Statbel (the National Statistical Agency of Belgium) with the (anonymous) individual records of all 65+ in 2002 (in Flanders) and data on their children as far as they live in Belgium (in total n= 2.344.145) and the situation of this cohort 15 years later (2017). It is important to stress that this research is not based on a sample but takes the full population into account. This is in contrast with most research into geographical distances which is either based on the Survey of Health, Ageing and Retirement in Europe (e.g. Hank, 2007; Bonsang, 2009; Isengard, 2013; Brandt et al., 2019) or national panels (e.g. Michielin & Mulder, 2007; Van Diepen and Mulder, 2009). More on the complex methodology, taking into account the high volume of data, can be found in the methodology section. Before that a short literature review on ageing-in-place, socialisation of care and the role of distance

is provided, mainly to clarify some concepts. The result section is largely supported by figures. All of these figures are based on extended computer analysis after cleaning the database and offer a brief overview of geographical proximity between parents and children.

### 3 AGEING-IN-PLACE AND THE SOCIALISATION OF CARE

Ageing in place is the wish of most older people (e.g. Wiles et al., 2012; Costa-Font et al., 2009). Smetcoren et al. (2014) stress for example -based on the Belgian Ageing Studies- that the majority of older people in Flanders (northern, Dutch speaking region of Belgium) have a positive attitude towards independent living in their own dwelling (ageing in place). In contrast to this, less than 5 percent of the older people hold a positive attitude to either moving to a residential care setting (elderly home) or to live with their children. It's therefore not surprising that the majority of older people do not want to move out of their home or home environment. Myncke & Vandekerckhove (2007) show – based on research in Belgium - that more than 70 percent of the older people who are confronted with mobility or physical constraints are still not willing to move to another dwelling. Of course, when the home and the neighbourhood are adjusted and offer a supportive environment to get old, ageing in place can indeed be ideal. However, only 1 out of 2 older people is willing to move when the home is not longer adjusted to their needs (Flemish senior council, 2018), while other international research shows that the willingness for home modifications or adjustments to age-in-place are rather low (e.g. Peek et al., 2016) or blocked by reluctant landlords. This certainly results in challenges when ageing in for example urban or deep rural environments characterised by many old buildings (De Decker & Volckaert, 2020).

Further, the neighbourhood plays a decisive role as well. Even when the home is adjusted, an unsupportive neighbourhood, both in terms of age-friendly public space and the availability of amenities and (in)formal care, will often not lead to what Golant (2015) describes as residential normalcy. The opposite can be true as well, as older people often express a strong attachment to (intangible) neighbourhood features (Van Hees et al., 2017), which can be a reason not to move and stay in the current dwelling, even if the latter shows important shortcomings. In fact when neighbourhoods experience major shifts such as gentrification which can compromise the way of living and affect supporting networks, ageing in place is the preferred option (Versey, 2018). Golant (2015) stresses that reaching residential normalcy is often a (personal) balancing act whereby some positive aspects can offset other negative aspects, which are perceived differently by each person. There is currently a lack of insight in factors contributing to age-friendly environments (e.g. Scharlach, 2017) and the living environment and immediate neighbourhood (meso) are often factors forgotten in research about ageing, in which most attention goes to macro-economic (e.g. health-care expenses, pensions etc.) or micro-economic factors (income, pension etc.) (Greenfield et al., 2019). The trade-off between these factors and e.g. distance to informal care givers is very unclear as well.

Ageing-in-place is not only the wish of the majority of the older population, it is also facilitated and stimulated by most governments in Europe. Moreover, the policy regarding ageing-in-place is often combined with a larger emphasis on informal care giving, the so-called socialisation of care, emphasising that care is a shared responsibility between the family, the community and the government (e.g. Dermaut et al., 2019), often a consequence of austerity measures or to safeguard the long-term financial sustainability of the healthcare system. However, this can lead to what Agotnes et al. (2018) describe as a 'limitless and extensive concept' of voluntarism that blurs the boundaries of informal care. Zigante (2018) stresses that especially in countries with a well-developed formal (home) care sector (e.g. Scandinavia & the Netherlands, Belgium) this means a shift towards the re-familiarisation of care. Dobner et al. (2014) stress by comparing experiences of older adults in Amsterdam (long tradition of state provision of care) and Portland (tradition of individual responsibility and community culture), that a renewed focus on informal care and cutbacks in formal care provisions are not automatically compensated by community initiatives in places with a long tradition of state provision of care. In other words, it is not sure if enough informal (family) care can be safeguarded in the long run. Even if formal care supply is partly substituted by (intensive) informal care (e.g. UK; Zigante et al., 2020) the supply of informal family care to parents cannot follow the demand. For the UK, Pickard (2013) estimates a shortage in informal caregivers of 160,000 by 2032.

From the literature it becomes clear that there is a strong correlation between providing informal care to parents and distance (e.g. Hank, 2007). It is often assumed that geographical distances between family members, and parents and children in particular, are becoming larger as a consequence of 'mobile societies'

(Urry, 2000). Societal tendencies as globalisation and increased mobility also challenge concepts of ‘home’ and ‘away’ (ibid.) and challenge the concept of ageing-in-place (Buffel et al., 2018). Furthermore we also have to consider the local structure of settlements which can influence the age-friendliness of environments and possibilities regarding ageing-in-place. Belgium for example has the second highest level of urban sprawl in Europe (EEA, 2016), which brings challenges to (public) service provisions such as home care and goes together with substantial extra costs (Wauters et al., 2021). This might affect also the possibilities of ageing-in-place (with home care), simply because this situation might not be financially sustainable in the future.

#### **4 GEOGRAPHICAL DISTANCE BETWEEN PARENTS AND CHILDREN AND INFORMAL CAREGIVING**

Sometimes, we are not aware that most care in Europe is informal care. Eurocarers (2021) estimates that 80% of all long-term care is provided by informal care givers (ranging from family members to friends and neighbours). As mentioned before, there are signals that increased pressure and emphasis on informal care due to cutbacks in professional care can potentially lead to a shortage of caregivers (e.g. Van Broese Groenou & De Boer, 2016). Spouses are often seen as the most important source of informal care and support, often followed by adult children (e.g. Pinquart et al, 2011; Van der Pers et al., 2015). Based on numbers in Belgium, it can be stressed that 80 percent of informal care takes place within the household (e.g. provided by spouses) or family (provided by an adult child(ren) taking care of a parent), while only 20 percent of the informal caregivers provide care to a neighbour or friend (Van Deurzen, 2016). This figures show the emphasis on care as a shared responsibility, and seems to add importance to the proximity of family members or more specifically, adult children. Research during the pandemic showed that involvement of neighbours and the neighbourhood in informal caregiving (ranging from doing groceries to a chat on a regular basis, as well as providing personal care) was indeed very limited, partly because of the lack of (existing) neighbourhood networks, but also due to being reluctant to accept care from neighbours for what was seen mainly as family responsibility (D’Herde – Gruijthuijsen et al., 2021). Moreover, Volckaert et al. (2020) stress that most older people cannot count on much help from both neighbours and family.

Except for the availability of informal care, it is important to take the wishes of the older people themselves into account. Timmer & Kanne (2019) stress for example that a large share of people between 55 and 75 (in the Netherlands) indicate that they mainly hold the government as the responsible actor for caregiving and do not want to burden their children. Tanube (2020) finds that in Japan, while the age group 66- 90 sees care mainly as an individual responsibility, the age group between 35 -65 sees it mainly as a governmental responsibility. This shift can be related to distance, e.g. due to children moving farther away and therefore, adapting wishes to reality. But more detailed research reveals that, even when one does not necessarily prefer care from children, they are seen as a latent resource in times of crisis, which can provide a feeling of (higher) security and safety if they live close-by (Van der Pers et al., 2015). Certainly when the network of older people shrinks it becomes more focused on the family (Schwartz & Litwin, 2018). Of course, the importance of distance to provide support differs according to the type of help and support needed and offered. Bengtson (1991) distinguishes 6 dimensions of solidarity (associational, affectual, consensual, functional, normative and structural), of which Hogerbrugge & Komter (2012) found that contact (associational solidarity), affection (affectual solidarity) and help (functional solidarity) are mutually reinforced and impacted by the geographical distance between parents and children. However, also within these dimensions differences can be noticed, such as face-to-face contact which is influenced by distance, while contact in general (phone, digital) is not affected (ibid.). The same might be true in terms of care and support (functional solidarity). Financial and emotional support are less dependent on distance, while functional support such as personal care mostly requires proximity. To summarise and based on the literature, it can be concluded that distance matters and influences contact and support exchange (Hank, 2007; Bordone, 2009; Mulder & Van der Meer, 2009).

As has been stated before, the insight in geographical distance between parents and children is limited, especially when it comes to changes over time. Furthermore, large international differences are found (e.g. Hank, 2007), which implies that the (care) context, spatial scale and settlement structures matter. Hank (2007) stresses that 85% of parents (50+) have a child co-residing or within 25 kilometer in the 10 European countries that were considered. Although the differences between countries do not look that large at first

sight, ranging from 75-76 percent in Sweden and France towards 92 and 93 percent in Spain and Italy, with regard to co-residence they are rather large. While in Denmark and Sweden 16-17 percent of parents aged 50+ lives with a child, in Italy this is 63 percent, and in Spain and Greece around 55 percent (Hank, 2007). To a large extent these numbers of co-residency have to do with different dynamics of children moving out, rather than care needs, as illustrated by the decline in co-residence by age, although in Southern European countries a reverse relationship between co-residence and age has been found in older age categories (Hank, 2007). Chan & Ermisch (2014) found based on a household panel in the UK that around 4 percent of the children (31-54) co-reside with their parents (55+), while more than a third live within 15 minutes from their parent(s). Around a quarter live more than 2 hours from a parent or live abroad. With regard to the older adults (55+) around 70 percent live within 30 minutes of a child (including 20 percent of older adults who co-reside with a child). While comparison is not easy due to different measurement units, Warnes (1986) shows, that around 30 years earlier the mean distance between retired parents and children was 57 kilometers (excluding co-residence), based on a survey in the UK (1983). More specifically, he found that depending on the social class, between 12 and 37 percent of the children of retired parents lived within 2 kilometers and between 33 and 67 percent within 10 kilometers. Based on a survey in the Netherlands, Dykstra & Knipscheer (1995) found that 85 percent of older adults (55+) lived within 30 minutes from at least 1 child. Mulder & Kalmijn (2006) found that the average distance between parents and children is 29 kilometers. Even in a large country like the United States, which is often described as a highly mobile society in which long-distance movements are more common, Choi et al. (2018) stress that 75 percent of adults having at least one child or parent alive, live within 30 miles of their nearest kin. Chui & Miller (2015) stress that on average an adult lives 18 miles from his or her mother, but point at the same time to regional differences. We will discuss these numbers and insights further based on other researchers and articles when discussing the results.

## 5 DATA AND METHODOLOGY

We make use of the data from the national register (2002-2017) based on a cohort of all people older than 65 in 2002 and their children. These years were chosen for practical reasons and compatibility with other datasets. At the year of application (2019/2020) the dataset of 2017 was the most recent, while the year 2002 allows us to connect the received data with the population census to get more insight into neighbourhood, home and personal characteristics. Two additional measurement moments were chosen (2007, 2011) but they are beyond the scope of this paper, in which we focus on 2002 and 2017. The goal is to get insight into geographical distances between parents and children, and later on as well into residential movements over the years. Although we have access to data about the complete Belgian population of 65 years and over and their children, for practical and computational reasons we chose to limit ourselves to those older people (65+) that live in Flanders (Dutch speaking region of Belgium) in 2002. Both care and spatial planning are to a large extent regional responsibilities, which justifies as well that we focus largely on Flanders. The starting point is all older adults (65+) in Flanders, including their children (if any) regardless of their residential location (Flanders, Walloon or Brussels) (n= 2.344.145). This evolves to a sample size of all older adults (80+) and their children in 2017 (n=1.028.129).

Our data consists of different clusters, which can be linked via the anonymised personal identification number, which means it are microdata on the level of the individual. The first cluster consists of personal characteristics from the population register for each year, more precisely, the anonymised personal identification number, the anonymised personal identification number of the partner (only if married), the civil status, sex, age (date of birth), place of birth, country of birth, nationality (current), first registered nationality and the year of arrival in Belgium. The second cluster consists of variables that are related to household characteristics and variables related to descendancy, such as the (anonymised) personal identification numbers from the parents (if alive), household identification number, the reference person of the household (registered head of household), position in the household, household type, size of the household and the relation between the members of the household. The third cluster consists of geolocational variables, such as coded addresses, the statistical sector (lowest administrative level), the municipality, and the geographical XY-coordinates of the address. Other data clusters which are less relevant for this paper are related to neighbourhood, home and personal characteristics based on the population census.

We used R-studio to explore and clean the raw data, merge the different data sets and create new variables. Analysis was done with both SPSS and ArcGIS for the visualisation of the patterns. We made use of the coordinates to calculate the Euclidean distance between parents and children and vice versa. For each child we indicated the distance to parent 1 and parent 2 (if any), as well as the average distance to their parents. Since the ID of the first and second parent can be switched for each child of the parents (depending on how it was registered by the municipal official of the civil registry), and across the different year, we also created a variable indicating the distance to a mother or father. Calculating the distance for parents to children is more complicated due to the fact that every parent can have multiple children (also from different relationships). Therefore, we created three variables, namely, the distance to the child that lives closest by, the distance to the child that lives furthest away, and the average distance to their children. Since the civil status is the current civil status (e.g. if parents are divorced and re-married it indicates married), we created for each child a variable to indicate if the parents live together (based on the XY-coordinates). Co-residence can in our dataset be calculated in different ways, based on the household ID, address ID and the XY-coordinates. These show high levels of similarity (+/- 90%). For each child we created a variable indicating if he/she has a distance of 0 towards at least 1 parent, and if the child lives in the same household (as parent 1 and/or parent 2) and if the child has the same address as the parent(s). Coordinates of the address are normally attributed to the centroid of the plot, which means that several addresses in the same building will have the same coordinates. A distance of 0 between parents and children therefore means that they co-reside or live in the same building, but is in this study described as co-residence.

## 6 RESULTS

Emphasis on informal care can lead to a potential shortage of informal caregivers. The ratio that is often used in this context, is the “family care ratio”, which shows the amount of people older than 80 compared to the population aged 50 – 59 who generally provide most care. Figure 1 displays the situation in Flanders per municipality in 2017. On average the ratio amounts 39.8 per municipality, which means that for 100 people aged 50-59, there are 40 persons aged 80 or above. However, regional differences can be detected, with higher numbers at the seaside and western parts of Flanders and lower numbers in the eastern part of Flanders. This is in line with general patterns regarding the ageing of the population (e.g. Gruijthuijsen & Vanneste, 2018).

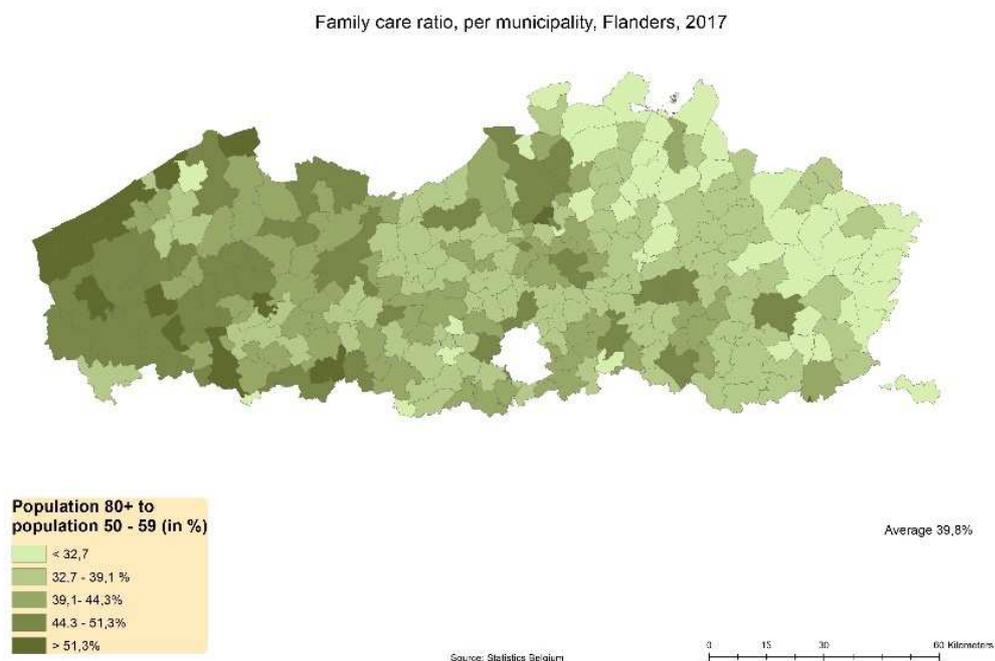


Figure 1: Family care ratio (created by authors)

Using this ratio might be useful on a national or regional scale, but less on a local scale, especially considering that it is mainly children (after the partner if any) who are responsible for informal care provision. These maps imply that the informal caregivers and older adults live close to each other, while in

reality this is unknown, which makes it important to look into the distance between parent and children and vice versa.

### 6.1 Distance between parents and children

Table 1 provides an overview of the geographical distance between parents and children in 2002 (65+) and 2001 (80+). All parents live in Flanders, while the children can live anywhere in Belgium. The maximum distance we found is 277.50 kilometers, which approximates the longest theoretical distance possible (280km). The average distance from a parent to a child in 2002 is 11.33 kilometer when we also take into account parents who co-reside when there is at least 1 child, or 12.71 kilometer without taking into account parents who co-reside with an adult child. By calculating the average distances we followed Van Diepen en Mulder (2009), by first calculating the average distance between the older adult and all children and then taking the average, which means the numbers are actually the ‘average average distance’, although we speak about the ‘average distance’ from now on. The same line of thinking applies to the nearest and furthest child.

	Including co-residence in km (median) (standard deviation) (n=757207) <b>2002 65+</b>	Excluding co-residence in km (median) (standard deviation) (n=615090) <b>2002 65+</b>	Including co-residence in km (median) (standard deviation) (n=302533) <b>2017 80+</b>	Excluding co-residence in km (median) (standard deviation) (n=267518) <b>2017 80+</b>
Average distance to child(ren)	11,33 km (4,48 km) (SD: 19,34)	12,71km (5,29km) (SD:20,7)	13,16km (5,75km) (SD: 20,36)	14,22km (6,44km) (SD: 21,19)
Nearest distance to child(ren)	6,11km (0,99 km) (SD: 16,68)	7,52km (1,71 km) (SD: 18,22)	6,77km (1,43km) (SD: 17,08)	7,80km (2,03km) (SD: 18,11)
Furthest distance to child(ren)	18,57km (7,02km) (SD: 28,93)	19,7km (7,82km) (SD: 29,58)	21,81km (8,91km) (SD: 31,57)	22,81km (9,65km)(SD: 32,02)

Table 1: Distance between parents and children in Flanders in 2002 and 2017 (Based on data provided by Statbel, own calculations)

When we exclude parents who live together with at least one adult child, we found that 50 percent of the older adults live within 1.71 kilometer from a child in 2002. The average distance to the nearest child (7.52km) is much lower compared to what Bonsang (2009) found based on the SHARE-survey. He found that the distance from adults (65+) to the nearest child was 21.7 on average, which is lower than in neighbouring countries such as the Netherlands (25.8km), France (71.3km) and Germany (51.0 km). Van Diepen en Mulder (2009) found an average distance to a child of 28.9km and an average smallest distance to a child of 16.1 kilometer in the Netherlands based on a national kinship panel. When we look into co-residence, it is found that 18.4% of older parents (n=142117) have a distance of 0 to at least 1 child. Although one would probably expect that distance decreases in older age, due to the higher care needs of the older adult, but as there is also the possibility to provide care for grandchildren, we find that distance increases with the age of the parents. For all older adults aged 80+ in 2017, we find that the nearest child lives on average around 7.8 km away, compared to 6.8 km for all older adults aged 65+ in 2002. Also within 2002 we find that the distance to the nearest child increases with age. While people in the age category 65-74 have their nearest child living on average 7.5 km away, for those in the age category 85+ this increases towards 8.1km. Van Diepen & Mulder (2009) found the same in the Netherlands with regard to the average distance to a child, while the smallest distance to a child shows a small decrease (while it remains stable in our data). Of course the chance for having experienced a move becomes bigger when one is older. With regard to gender we see some differences between male (fathers) and female (mothers). Mothers live on average closer to their children than fathers, although the differences are small, which is in line with findings from other researchers (e.g. Hank, 2007). With regard to the civil status, we see that especially parents who are divorced or have never been married live further away from their children, which is consistent over the 2 years. That might be surprising, since it is shown by Dykstra (1993, in Van der Pers et al., 2015) that adult children are a more important source of emotional support for divorced and widowed parents.

Figure 2 and 3 visualise the percentage of parents that live within a certain distance from their children in 2002 and 2017 respectively. Slightly more than 25 percent of all parents in 2002 live within 100 metres from their children, while this drops towards 14 percent of all parents in 2017. As can be seen in Figure 2, in 2002

a relatively high percentage of parents co-reside with their children. This has probably to do with children who did not move out of the parental home yet, rather than with a care motive. It is therefore not surprising that 61 percent of all parents having a distance 0 to at least one child are between 65 and 74, while only 9 percent of them are older than 85. Furthermore, 78 percent of the parents live within 5 kilometers from at least one child in 2002. This can be considered as an important threshold, as Knijn & Liefbroer (2006) indicate that a distance of more than 5 kilometers has a large impact on instrumental support between parents and children. In 2017 this percentage is slightly lower with almost 75 percent. Van der Pers & Mulder (2013) found that in the Netherlands (in 2010), almost 55 percent of all parent (55+)-child (25+) dyads aged 65 and older live within 5 kilometers of each other. Hank (2007) indicates that 85 percent of the parents in Europe (based on SHARE) live within 25 kilometers from the nearest child. In our data this percentage in 2002 is 94.2 percent which is higher than in any of the countries included in her study (Italy: 93,9). Based on the Swedish national register, Malmberg & Petterson (2007) found that 85 percent of parents (65+) live within 50 kilometers to the nearest child, which compares to 97.2 percent in our data. Of course these differences can be partly explained by the size of the countries, something that has to be explored further.

Average distance to children	2002 (65+)	2017 (80+)
<b>Gender</b>		
Male	13,19km (n=268815)	14,98km (n=102857)
Female	12,32km (n=346275)	13,75km (n=159816)
<b>Civil status</b>		
Married	12,64km (n=406137)	14,59km (n=118635)
Not married	18,76km (n=787)	19,21km (n=275)
Widow/widower	11,96km (n=187122)	13,40km (n=133875)
Divorced	20,21km (n=21044)	20,86km (n=9888)

Table 2: distance between parents and children, gender, civil status, 2002, 2017 (Based on data provided by Statbel, own calculations)

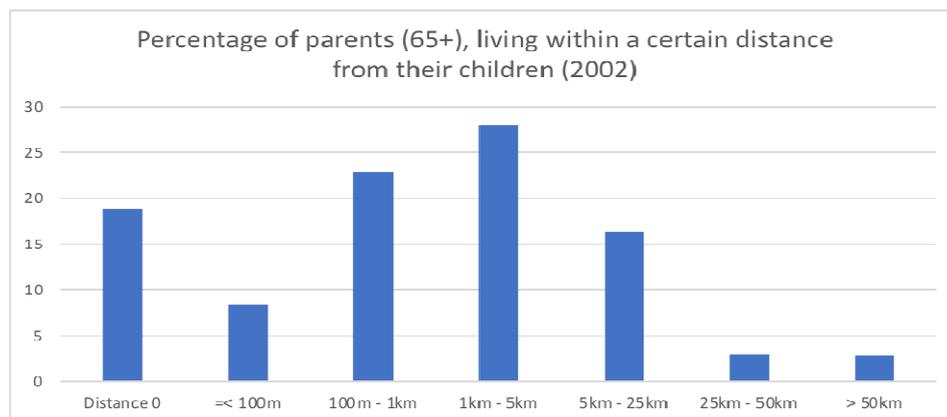


Fig. 2: Distance between parents (n=757207) and children in 2002 (own calculations based on Statbel)

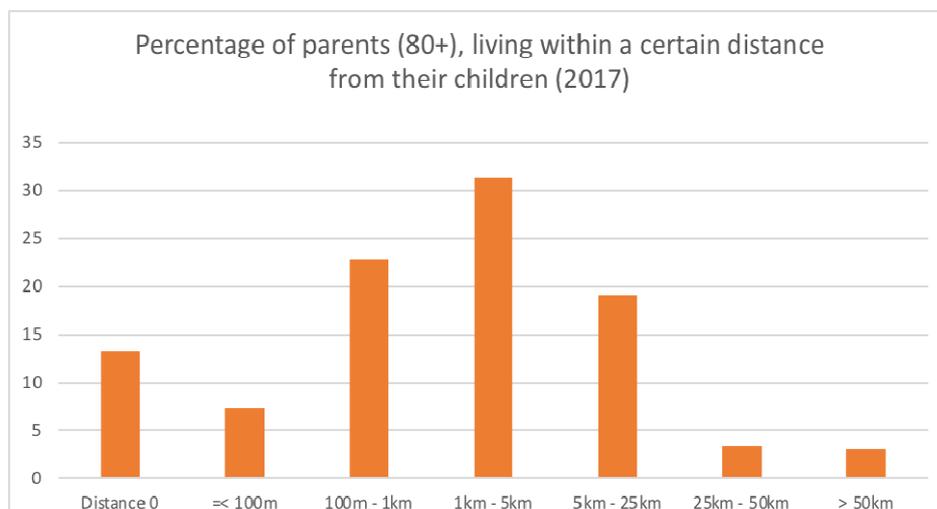


Fig. 3: Distance between parents (n=302533) and children in 2017 (own calculations based on Statbel)

## 7 CONCLUSION

We started this article with the observation that not much is known about the geographical distance between older adults and their children. This is somewhat surprising, given the renewed focus on informal care that comes together with a policy focused on ageing-in-place and the socialisation of care, whereby adult children are playing a larger role in caregiving towards their parents. We obtained data from the national population register to calculate these distances in a cohort of older adults of 65 and older starting from 2002. This article gave a brief and first overview of some main characteristics when it comes to geographical distances between parents and children. The main finding shows that the average (average) distance from parents (65+) in 2002 towards their children is 12.7 km, while we find a larger distance of 14.2 km in 2017. Although we found that older adults and adult children in Flanders live in general close by, there are signs pointing to an increase in geographical distance over time, potentially challenging the possibility to age-in-place and to negotiate informal care. This is especially true when the neighbourhood cannot be considered age-friendly, in terms of public space and the availability of facilities, but as well regarding the informal care potential. Further analysis is necessary in which also the level of urbanisation, regional differences and neighbourhood characteristics are taken into account when looking for patterns of distance. This should also be seen from the perspective of policies of sustainable land use planning, trying to prevent further sprawl, focusing on concentration of facilities in villages and cities, and promoting densification of land-use. Considering that a considerable proportion of the older population lives in rural areas, and together with population shrinkage in some regions, this might probably require a policy that stimulates moving to better equipped neighbourhoods, which is advocated by some experts (Segers et al., 2020), but demands a drastic change in the current health policy. Besides, we need to go beyond merely distance and look into residential movement patterns and how these can be related to either the availability of public transport, amenities and/or distance to children. Although proximity, contact and support are positively related in which a large distance results in less contact (e.g. Hank, 2017; Bordone, 2009; Mulder & Van der Meer, 2009) we hypothesise that mere proximity or a close geographical distance will not automatically lead to care and support. Therefore, we need to look further into emotional distance as well as in residential motivations and future care wishes of older people in the qualitative part of this research which will complement the results presented here.

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