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research article

Home is where the heart is? Older individuals moving closer to a grandchild with disability

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This article examines older individuals in Sweden who relocate to care for grandchildren with disabilities. Findings from semi-structured interviews show that life events in the lives of adult children, such as having a child with a disability, can prompt older individuals to move closer. These relocations typically occur when circumstances align in the lives of both generations and result from an identified care need not met by formal care. The article also explores the complexities of these moves, including the challenge of leaving other family members behind and establishing belonging in a new location. By situating the findings within a combined care ethics and linked lives perspective, the article both empirically and conceptually advances our understanding of how relational and moral dimensions across generations drive relocation among older individuals. Informal caregiving as a relocation motive challenges prevailing assumptions about who migrates and why in a welfare state.

Keywords intergenerational support • internal migration • children with disabilities • linked lives • ethics of care

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Introduction

Life events and changing circumstances, whether in one's own life or in the lives of emotionally close individuals, can prompt people to reconsider where they live (Findlay et al, 2015). A common driver of internal migration that increases geographical proximity between extended family members is the provision of intergenerational care (Pettersson and Malmberg, 2009; Smits, 2010), where research has primarily focused on adult children relocating to support ageing parents (see, for example, Artamonova et al, 2020; Vergauwen and Mortelmans, 2020). Little attention has been paid to how

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care for younger generations affects older adults' residential decisions. There is, however, research on transnational migration indicating that grandparents often relocate to be closer to their adult children, with caregiving emerging as a common motive (Plaza, 2000; Atique et al, 2025; Nguyen et al, 2025). Such migration is not merely logistical but, rather, reflects moral negotiations about responsibility and reciprocity across generations (Hamilton et al, 2022).

Having a grandchild with a disability can significantly affect older individuals' lives, not least if they provide substantial care. Caring for grandchildren with disabilities tends to be more extensive and prolonged compared to that offered to non-disabled grandchildren, involving regular childcare, medical care, personal care and transportation to appointments (Moffatt et al, 2019). Emotional support can be offered from a distance, but practical support generally requires geographical proximity (Offer and Fischer, 2018; Vergauwen and Mortelmans, 2020), suggesting that either grandparents or adult children must relocate if they live far apart. In many cases, families with children move closer to grandparents (Artamonova et al, 2020). However, for families of children with disabilities, such moves may be complicated by the need to maintain access to support systems in their current locality. In Sweden, the everyday lives of families with disabled children are often highly structured around support systems, such as personal assistance, adapted schools and healthcare appointments (Landby, 2024). This implies that geographical proximity between older adults and their grandchildren with disabilities may depend more on the decisions of the older generation. Yet, research on grandparents who relocate to be closer to a grandchild remains limited.

This article draws on interviews with ten Swedish grandparents of children with various disabilities to explore how intergenerational ties and care needs influence internal migration decisions. The 'linked lives' principle is employed, focusing on how life events, such as having a grandchild with a disability, can trigger relocation (Elder, 1994; Settersten, 2018). The analysis adopts a relational, moral perspective grounded in care ethics (Tronto, 1993). Micro-level responses to meet care needs are interpreted in the context of wider societal structures that shape care availability (Tronto, 2013). More specifically, the article examines the following questions:

- How and why do older individuals decide to move closer to a grandchild with a disability?
- How is this migration experienced?

The focus is on the act of moving closer rather than the specific types of care provided. Here, 'migration' refers to residential relocations within Sweden that result in increased proximity to a grandchild with a disability.

The article is organised to first introduce linked lives, care (including care ethics and the Swedish care context) and migration research, focusing on individuals moving for family reasons. The next section outlines the methods. The results are presented in three thematic parts: experiences before moving closer, the decision to relocate and reflections after the move. Finally, a concluding discussion situates the findings in relation to linked lives, the ethics of care and the socio-geographical context, demonstrating how moral responsibilities to provide intergenerational care can drive the internal migration of older individuals, even in a well-developed welfare state.

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Linked lives through time and space: implications for care and residential location decisions

This section is structured to introduce the following: first, the principle of linked lives; second, how linked lives and the ethics of care affect care reciprocation; and, finally, how family relations and care needs can influence migration.

The principle of linked lives

The life-course perspective is commonly employed in research to elucidate how life events across different spheres, such as education, employment and family, can trigger migration or lead to a decision to remain sedentary (Coulter et al, 2016; Bailey et al, 2021). Nevertheless, much of the research has focused on individuals in isolation, overlooking the interdependence of life trajectories (Settersten, 2018). The principle of 'linked lives' addresses this gap by highlighting that lives are rarely lived independently but, rather, are deeply interconnected (Elder, 1994). Although this concept has gained increasing research attention in family research on intergenerational interdependence, studies seldom examine how children influence older generations (Carvalho et al, 2023).

Individuals' lives and decisions are strongly influenced by the lives and choices of others within their social networks, especially family members. Events in the lives of those to whom we are closely linked can be unexpected and may disrupt previous life decisions and aspirations (Coulter et al, 2016). One such event is when adult children have children of their own. The decision to become a grandparent typically lies beyond the individual's control but leads one to assume this new role (Settersten, 2018).

The ways in which lives are linked, as well as the nature of these links, are shaped by individual relationships at the micro-level as well as societal structures at the macro-level (Findlay et al, 2015; Coulter et al, 2016). Societal structures may include cultural norms and changes in welfare systems that affect the role of the family. The interlinked micro- and macro-levels underscore the importance of time and place in understanding individuals' life courses and the characteristics of intergenerational links (Findlay et al, 2015; Settersten, 2018).

Interdependency and care across generations

The interdependence of family members has significant implications for care provision. Unlike formal care, family-based care is often motivated by emotional bonds (Offer and Fischer, 2018). The ethics of care framework provides a lens through which caring practices can be understood as relational, contextual and morally significant. Tronto (1993) conceptualises care as an ongoing process comprising four interconnected phases, each associated with a particular moral quality: 'caring about' involves attentiveness to recognising that care is needed; 'taking care of' reflects the responsibility for addressing those needs; 'care-giving' refers to the practical performance of care and its associated moral quality, where competence relates to being capable of carrying out such care or ensuring that care is undertaken properly; and 'care-receiving' highlights the responsiveness of the care recipient and how the

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care provided is experienced. These dimensions often intersect in intergenerational care, where recognising unmet needs frequently leads to hands-on support shaped by moral expectations and obligations (Tronto, 1993).

Care is shaped by wider structures and ideologies that are context dependent (Tronto, 1993), for instance, expectations of parenthood and grandparenthood. Welfare systems strongly influence these dynamics by determining access to and the affordability of childcare, disability care and eldercare. For instance, when childcare is expensive, parents' labour market participation becomes challenging and grandparents often step in with unpaid reproductive work (Hamilton et al, 2022; Atique et al, 2025). Intergenerational care thus not only reflects responsibility and reciprocity but also reveals political dimensions, exposing how societies allocate resources. When formal services are insufficient, responsibility shifts to informal networks, mainly relatives, and creates inequities for those lacking strong networks (Tronto, 2013).

Although public childcare is available in Sweden, grandparents play a more active role in their grandchildren's lives today than in previous generations, which is a response to parents' increased time constraints, as they are expected to work full-time while managing early school pickups and extracurricular activities. Through childcare, grandparents help their adult children meet parenting norms (Eldén et al, 2024). One group of grandparents that has received increased research attention comprises those with grandchildren who have disabilities (Novak-Pavlic et al, 2022), who often provide care that goes beyond what is usually offered to non-disabled grandchildren (Moffatt et al, 2019). However, research on grandparents of children with disabilities in Nordic contexts remains limited (Novak-Pavlic et al, 2022).

As with care reciprocation more broadly, the socio-geographical context affects how much a grandchild with a disability impacts grandparents' lives. In many parts of the world, care for a child with a disability is primarily provided within the family (Moffatt et al, 2019), while Nordic welfare systems favour formal support (Brennan et al, 2016). The Swedish Act Concerning Support and Service for Persons with Certain Functional Impairment (hereafter, LSS) entitles people in specific disability categories (such as intellectual disabilities, autism and physical impairments) to assistance with daily activities like personal hygiene, meals and communication. A common form of support is personal assistance, provided to the individual in their own home to promote autonomy and independence while reducing reliance on family members (Rauch et al, 2018).

Recently, Swedish disability support systems like LSS have faced cutbacks (Brennan et al, 2016). Approval rates for personal assistance have dropped sharply, from 70 per cent in 2005 to 17 per cent in 2017, and recipients risk losing support during biennial reassessments. For children, access is even more restricted due to an ambiguous distinction between 'regular' and 'extraordinary' parental responsibilities. Consequently, only those with very extensive needs receive assistance, while others remain ineligible despite qualifying under the law (Rauch et al, 2018). Rauch et al (2018) describe these reforms as a 'refamilialisation' of care, illustrating how structural changes shift responsibility back to families. This aligns with Tronto's (2013) argument that care is not merely private but a political and democratic concern, revealing how macro-level policy decisions shape who provides care and under what conditions on the micro-level (Settersten, 2018).

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Migration and social relations

The life-course perspective provides a valuable framework for understanding why individuals choose to move or remain in place, emphasising how life events across different domains influence residential decisions (Findlay et al, 2015). Moreover, research consistently shows that non-resident family members can act as 'mobility attractions' for internal migration (Pettersson and Malmberg, 2009). In Sweden, it is common for adult children with young children to migrate closer to their parents if they have lived further apart, but geographical convergence to adult children is also a strong motivating factor for older individuals' internal migrations (Pettersson and Malmberg, 2009; Gillespie and Fokkema, 2024).

The role of social relationships in residential decisions underscores that migration is driven not only by individual aspirations but also by the circumstances of those to whom individuals are emotionally and socially linked (Coulter et al, 2016). The need to live near extended family can increase due to life events and changing circumstances, such as divorce (Smits, 2010) or declining health (Vergauwen and Mortelmans, 2020). Moreover, the presence of grandchildren has been shown to increase the likelihood of older adults relocating to be closer to their adult children (Rutigliano et al, 2023). This pattern is also observed in Scandinavian welfare states, where norms of nuclear families and formal support systems prevail. However, the effect is generally modest, and a study from Norway demonstrates that older adults are more likely to move closer to extended family to receive care rather than provide it (Thomas and Dommermuth, 2020).

Grandparent migration, especially in transnational contexts, has attracted growing attention (Nguyen et al, 2025). While this article focuses on internal migration, research on transnational grandparental migration illustrates similar dynamics of moral obligation related to intergenerational care. Research on 'flying grannies' shows how grandparents (especially grandmothers) are relocating internationally to provide childcare that enables parental employment (Plaza, 2000; Hamilton et al, 2022; Atique et al, 2025). The gendered pattern may respond to perceptions that women bear a greater moral duty to provide care than men (Tronto, 1993). However, transnational migration entails challenges, including visa restrictions, financial constraints, language barriers and cultural adaptation (Hamilton et al, 2022; Atique et al, 2025; Hu et al, 2025).

Comparative research shows higher loneliness among older migrants than those remaining settled, though strategies like neighbour engagement help mitigate this (Savaş et al, 2025). Relocating closer to grandchildren may enhance older individuals' well-being, unless caregiving responsibilities become excessively demanding, in which case, their health may deteriorate (Hu et al, 2025). Moreover, migration decisions are further complicated when adult children live in different locations (Pettersson and Malmberg, 2009; Smits, 2010); some grandparents move where needs are greatest or travel between extended family members (Plaza, 2000; Hamilton et al, 2022; Atique et al, 2025). Internal relocations within Sweden are not affected by the same migration regimes but may be hindered by such factors as place attachment and geographically spread social relations.

Methods

This article is based on semi-structured interviews with grandparents of children with disabilities in Sweden, forming part of a larger project on the importance

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of geographical proximity for supporting adult children and grandchildren with disabilities. This project was approved by the Swedish Ethical Review Authority. The article is limited to focusing on the ten study participants of the larger interview study who have moved closer to a grandchild with a disability.

Study participants were recruited through disability organisations and Facebook groups. Disability organisations and I distributed a link with study information, allowing interested individuals to sign up via email. This approach was used to limit the risk of individuals feeling forced to participate. I contacted those who expressed interest, asking them to share details about themselves and their grandchild with a disability to ensure they fit the study's target group.

The interview guide included questions about the participants, their grandchildren, the care provided and experiences of geographical proximity to their grandchildren with disabilities and other family relations. Questions were formulated to capture the grandparents' perspectives, and no specificities about the children's disabilities were asked for. While I had the interview guide in mind, I allowed participants to speak freely on different topics, ensuring all questions were covered. Interviews lasted between 51 and 98 minutes, averaging 68 minutes.

The interviews were voice-recorded, with permission from the participants. All interviews were transcribed verbatim and analysed using thematic analysis. I first identified parts of the interviews related to the theme of moving closer to a grandchild with a disability. Overarching codes included the challenges of living far from a grandchild with a disability, the timing of moving, life events, place attachment, the decision to move, adapting to a new place and changes after migrating. These were divided into sequential themes: experiences before migrating closer, the decision to move and thoughts on migrating in hindsight. The interviews were conducted, transcribed and analysed in Swedish, and all quotations have been translated into English.

The final sample was heterogeneous regarding participants' characteristics. Participants lived in different parts of Sweden, mostly in urban areas. Seven were grandmothers, and three were grandfathers. Ages ranged from 63 to 85, with a mean age of 71, and all but two had retired. Almost all of them had a university education and can be considered middle class in the Swedish context. None of the participants reported financial constraints affecting their ability to move, nor did any experience health issues that hindered migration. The sample is therefore skewed towards individuals with the necessary resources and capacity to undertake internal migration. Pseudonyms are used in the article.

Most participants had more than one adult child, and it was common for the grandchild with a disability to have siblings and/or cousins. The grandchildren's ages ranged from three to 17, with a mean age of 11. Regarding the grandchildren with disabilities, most had neurodivergent, cognitive or mobility disabilities, sometimes in combination. Four children with mobility impairments received personal assistance; two of them had multiple disabilities. Other grandchildren also fell into disability categories covered by the LSS but were not granted assistance despite having applied, reflecting the law's narrowed interpretation and reduced approval rates in recent decades (Rauch et al, 2018). One child had a disability outside the LSS (attention deficit hyperactivity disorder [ADHD]) yet still required more support in daily life compared to non-disabled children.

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Moving closer to a grandchild with a disability

This section is divided into three parts covering the study participants' thoughts and challenges before moving closer, the decision to move, and how moving closer has been experienced.

Before moving closer

Migrating to be closer to a grandchild with a disability presupposes that geographical separation between the participants and their adult children had occurred at some point. In most cases, this was due to the adult children moving away from their home region. When the participants' adult children had children with disabilities, the geographical distance between them became a more pressing concern than before. The participants did provide care for their adult children and grandchildren with disabilities prior to relocating, which disrupted their everyday routines and, in some cases, caused stress. As Evy, who previously lived 800 km from her son and grandchild, explained:

> It happened a couple of times that [adult son] called and said, 'Mum, we're at the hospital, and we can't take it anymore, can you come here?'. Yeah, and I thought the first time this happened that the kids [at the preschool she worked] have plenty of preschool teachers, but [grandchild with a disability] has only one grandma, so I went to my boss and said, 'I have to go to [city where grandchild lived]'. 'Okay', she said, and I went. It was nice being able to do so. (Evy)

For Evy, the care she provided before relocating was irregular, involving stays of a few days at her son's home each time. In addition to exemplifying how care provision could emerge suddenly, disrupting the everyday life of grandparents, Evy's quote also shows how attentiveness and moral responsibility to care can be stronger for family members compared to formal care provided in the context of one's occupation, as other care options were lacking. Vivianne experienced a similar situation, travelling nearly 400 km to assist her daughter and grandchild with a disability while also caring for her own parents, who lived over 500 km away in the opposite direction. She described the situation as exhausting, which eventually led her to think, 'Well, I might try to live a bit closer'.

Aina's situation was different. She lived slightly over 100 km away from her daughter and grandchild with a disability and actively participated in their everyday life, with preschool pickups and childcare provision:

> Before I moved here … it was chaotic, since she was working irregular hours. They got divorced, and she moved when [grandchild with a disability] was only four years old. Sometimes, I came here twice a week from [previous place of living]…. When they separated and she moved to that apartment … well, she didn't have anyone by then. Someone had to come. (Aina)

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For Aina, the uncertainty of when she would be needed was a source of stress; she lived close enough to be called upon at short notice yet too far away to be as readily available to her adult daughter and grandchild as they required following the daughter's divorce. This example also highlights the significance of linked lives (see, for example, Coulter et al, 2016): when one link between individuals, such as that between the daughter and the father of the child, weakens and one parent relinquishes care responsibilities, other family links may strengthen out of necessity and relinquished responsibility must be assumed by someone else (Tronto, 1993). Furthermore, when multiple life events converge in a family member's life, such as having a child with a disability and experiencing a divorce, the motivation to move closer can become more compelling (see Smits, 2010), as these dynamics interact to increase care needs within the family and prompt grandparents to assume moral responsibility for providing that care (Tronto, 1993).

Moreover, Aina's quote highlights another important factor necessitating the move: the lack of available support. While Aina's daughter had separated and had no external support for her child, many other participants felt that they were the only ones who could assist, often due to unavailable or insufficient external support, exemplifying how societal structures can affect interdependency between extended family members (see, for example, Settersten, 2018). This aligns with the ethics of care, where grandparents identify unmet care needs, find themselves the only available carers and act to provide care (Tronto, 1993).

For the few grandchildren who had personal assistants, the grandparents said that they had a different role in supporting the whole family, including non-disabled siblings and practical tasks like cooking and cleaning, which personal assistants did not provide. As one grandparent expressed it, they could be more like 'regular grandparents' when the child was approved for personal assistance. Hans explained that they contributed time, which his daughter and son-in-law lacked. He further resonated, 'These everyday things … if you have assistance, they are here certain hours, and then they have to go home', while he and his wife could be available without a schedule. Their involvement was grounded in attentiveness to the broader needs of the family and capabilities for flexibility, whereas personal assistance was focused on practical caring tasks directed solely towards the child with a disability. Additionally, many participants mentioned that other grandparents lived far away, had ill health or were deceased, meaning that a large share of care provision fell on them. The lack of sufficient formal support, combined with few informal care options, could thus create a sense of moral obligation to help out (Tronto, 2013; Hamilton et al, 2022). Moreover, in line with Tronto's (1993) fourth phase of 'care-receiving', several grandparents recognised that the care they provided genuinely made a difference, and this responsiveness reinforced their decision to move closer.

The decision to move closer to a grandchild with a disability

While previous research on transnational migration has shown that caregiving is a more common motive for grandmothers' than grandfathers' migration (see, for example, Plaza, 2000; Hamilton et al, 2022), participants in the current study reported no tension with their partners regarding relocation. Moves were most often initiated by grandmothers, though sometimes by grandfathers, and partners generally agreed that

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moving closer was a good idea. Both grandmothers and grandfathers were likewise involved in caring for the grandchild and their family.

For many, the primary motivation for relocating was to achieve geographical proximity to their adult children and grandchildren. However, the actual move often coincided with other life events, suggesting that timing played a significant role in the relocation decision. For example, Vivianne and Evy both chose to leave work for early retirement when they moved closer, loosening previous spatial restrictions caused by being tied to the workplace. As Evy explained:

> You know, I worked as a preschool teacher for 25 years.… I felt that it takes lots of energy to work at a preschool, and I didn't feel so happy at home either at the time. I didn't have enough energy, so seven years ago, or seven and a half by now, I quit working. I was 63 years old. And then my partner also felt that it might be time to quit working, and then we decided that we should move to [city where grandchild lives]. We haven't regretted the decision.… Sometimes, we say to each other, my partner and I, that we would probably not have moved if we didn't have [grandchild with a disability]. (Evy)

For Evy and her partner, the migration decision was made not when the grandchild with a disability was born but in relation to retirement. This exemplifies how the alignment of life events and circumstances in both a grandparent's and an adult child's life can affect the timing of moving closer. For Vivianne, the decision to retire early and move closer was even more related to the urge to help out. Her daughter had an older sibling to the child with disability, but moving closer was not something she considered when having only the non-disabled grandchild:

> **Vivianne:** I want to have that connection, being close, especially when [adult daughter] had her own family. But I might not have moved here if it wasn't for [grandchild with a disability] because I enjoyed living in [previous place of living].
>
> **Emma:** So, moving closer wasn't something you considered when his older brother was born?
>
> **Vivianne:** No. No, absolutely not. I thought it was a pity that they lived here, that they didn't live in [previous place of living]. But that's how it was.

While living far away from a non-disabled grandchild could be emotionally difficult, it was more manageable compared to when they had a grandchild with a disability. This is in line with previous research showing how grandparenting a child with a disability can be more extensive and require geographical proximity to a higher degree compared to the support provided for a non-disabled grandchild (Moffatt et al, 2019). The distinction between 'caring about' and 'caring for' helps explain the differences in perceived need, but it was 'care-giving' that made geographical proximity essential. Vivianne cared about both grandchildren, and she took responsibility for their needs, yet it was the need for hands-on care for her grandchild with a disability that ultimately motivated her to relocate (Tronto, 1993).

Another motive affecting the decision to move among a few study participants was the need to downsize housing. As older adults with no children living at home,

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some participants had already considered moving, but the disability of a grandchild contributed to the decision of where to relocate. Hans and his adult daughter came up with the idea of building a new house together when the grandchild was about two years old. They now live in a common house with separate entrances. He was asked if this was something they would have considered if his grandchild did not have a disability:

> No. No. That thought … no. I don't think we or [adult daughter] and [son-in-law] would've had that thought. No. We had plans on downsizing and building a smaller house for us, and they would do their thing.… This idea emerged only because of [grandchild with a disability] and the situation they ended up with. (Hans)

The example of Hans and his family illustrates how their linked lives were reshaped as different phases of care unfolded (see, for example, Coulter et al, 2016). Attentiveness to the grandchild's needs and a shared sense of responsibility led them to consider a housing arrangement that would better support practical care provision (Tronto, 1993).

Whereas downsizing was part of the decision for Hans and his partner, it was the main reason for moving for Doris and her partner. They moved within the region. They had two adult children living in the region, and their new apartment is located close to the family with the child with disability: '[Getting closer] was not decisive but an extra bonus.… It's close to her, so she can walk [to us]. It's not only because of that, but the apartment is in a good location' (Doris).

Ingrid and her husband had relocated to another region when their adult children were already adults but chose to move back when her husband's health declined. Their relocation was thus a case of return migration. However, she explained that the decision on where to move was easier because both adult children, including the grandchild with a disability, lived in the same area and that it would be a trickier dilemma as to where to move if their children and grandchildren had lived in different locations. That social relations were clustered in a place was also a motivating factor behind Aina's migration. While supporting her daughter and grandchild with a disability was the main motive, her adult son had previously moved to the same place, her parents were deceased, and she felt that 'there was nothing left'. This pattern aligns with previous research showing that individuals are more likely to migrate if multiple extended family members are clustered in one place (Thomas and Dommermuth, 2020).

Experiences of moving closer: social and geographical belongings and disruptions

The study participants were asked how they experienced moving, and the general answer was that the benefits of living closer and being more active in the lives of their adult children and grandchildren with a disability outweighed the disruptions of place attachment to their previous home. This may reflect the responsiveness they perceived in how their care was received and a recognition that they were needed and made a difference. Positive experiences of relocation may also reflect the grandparents' good

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health and adequate financial resources. Research on transnational migration offers a different picture, showing declines in well-being linked to strenuous caregiving (Hu et al, 2025) and financial constraints that limit freedom at the destination (Atique et al, 2025). However, some challenges persisted. A few participants talked about leaving a home in which they had resided for a long time:

> Something I realised, because the house that we had built ourselves in [previous place of living] was special. Of course it was. And I found it a bit challenging at first, to sell it and leave it, but then I came to terms with it, and I remember thinking when we were standing there and had moved out all the furniture, that it's only a shell, just empty walls. Then I felt that 'a home is where you have your stuff and where the family is'. (Susanne)

While the previous housing was not necessarily something the participants missed, the geographical distance to other extended family members could become longer after migrating. Evy explained how she moved away from other non-co-resident family members. While she had previously travelled to provide care for the family with the child with a disability, she continued to travel in the opposite direction to see her other relatives:

> We moved away from two [grandchildren] in [previous place of living] when we moved here seven years ago, and that's … a bit special.… We also moved away from my mother, who was old already then and lived at an institution. It was almost more difficult to move away from her. But … I made it as good as I could. I went up there a week at a time, seeing her and the kids. (Evy)

This resonates with previous research on transnational 'flying grannies', who travel between destinations to support various family members (see, for example, Plaza, 2000). If they had other grandchildren at another location, another strategy was to rent a small apartment at that place, making it easier to visit them for longer stays. Many study participants also had elderly parents at their place of origin, whom they visited frequently. In this sense, the grandparents were navigating competing care needs across generations and locations, reflecting their position in a 'sandwich generation' (Offer and Fischer, 2018).

While Evy's mother lived in an institution, others' parents were relatively healthy when they moved, with care needs increasing over time. Hans mentioned that his parents were 'still going strong', and he and his partner were more needed near their adult daughter's family at the time, though he now travels back and forth. These examples highlight how competing care needs might exist prior to relocation or evolve over time, increasing the total care responsibility of the grandparents. They also reflect a form of intergenerational reciprocity, in which caring for both younger and older generations involves ongoing attentiveness and moral deliberation (Tronto, 1993). However, participants who travel to support other extended family members noted that these caring practices were less intense and could be more planned compared to the care provided for the grandchild with a disability and their family. Instead of travelling back and forth to provide care for elderly parents, Susanne came up with another solution:

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> My mum lived in [city in southern Sweden] before, and then her health got a bit worse, and then she actually moved here, to the same place as we live. We said, 'You can move here', and now she lives in her own apartment, and I go there every day to help out, actually.… The alternative would be for me to drive 300 km back and forth a couple of weekends every month and sleep over there and be away a lot from the family here. That would be too exhausting, taking too much time. (Susanne)

These examples demonstrate that while social belonging can be more significant than geographical place attachment, it can also become complex when extended family members live in different locations (see, for example, Pettersson and Malmberg, 2009; Hamilton et al, 2022). Moreover, the fact that the study participants remained involved in the lives of other family members after relocating further underscores the importance of understanding linked lives. Links are not necessarily broken by geographical distance, but some relationships require closer physical proximity than others.

In addition to housing and family relations, other factors contribute to feelings of place attachment. Finding a new social context outside their adult children's family could take time, especially if retired and not gaining new work-related relations. Previous research has shown that older migrants can experience loneliness at their new destination (Savaş et al, 2025) and use various strategies to overcome isolation and experience the rewarding aspects of social integration (see, for example, Hamilton et al, 2022). Participants described how they built a sense of belonging after relocating:

> I've become politically active again. I've been a Social Democrat my whole life, but got tired of it from time to time, but now I've got energy for that. And [partner] is active in the church, so we've got those kinds of contexts. That's not easy when moving, finding new relations. People often have the relations they have and are happy with that. You have to think a little bit about how to establish new relationships. (Evy)

Like Evy, Vivianne also felt it difficult, yet necessary, to establish new relationships after she moved:

> I felt that I wanted to be part of [my daughter's] family, but of course, it took some time before I felt more like [a local] here, getting to know new people and everything, so [moving here] was a bit challenging in the beginning.… But then, during the first period, when you decide how you want it to be and everything, I thought, 'I have to make myself part of this society!'.… But it has taken time. I have lived here for so long. (Vivianne)

She explained how she got to know her neighbours and found new social contacts with similar interests through organisations and leisure activities. Generally, how much the participants engaged in social activities, established contacts and started to feel like 'locals' could also depend on how long they had lived at their new place of residence. For Vivianne, who had built up a new social network, it had been almost ten years since she had moved there. Aina had moved more recently, only two years before participating in the interview, and found it difficult to make new relationships, explaining

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that she explored the city by herself to get to know her new place of residence better. Belongingness to a place is thus not only about social context; however, strategies like getting to know one's geographical surroundings can also contribute to this process.

Concluding discussion

This article has explored the geographical outcomes of linked lives and intergenerational care by focusing on Swedish older individuals who relocated to be closer to grandchildren with disabilities. The first research question addressed how and why the decision to move closer was made. The study found that becoming a grandparent to a child with a disability does affect where participants choose to relocate and adds to previous research suggesting that the presence of grandchildren can motivate older individuals' internal migration (see Rutigliano et al, 2023). Here, the incentive to move appears stronger when the grandchild has a disability compared to when they do not. This is consistent with earlier research on geographical convergence in response to increased support needs among non-resident family members (see, for example, Smits, 2010; Vergauwen and Mortelmans, 2020). However, it contrasts with studies suggesting that older individuals migrate towards their adult children to receive care rather than provide it (Thomas and Dommermuth, 2020).

Applying the four phases of the care ethics framework (Tronto, 1993) helps clarify how grandparents' decisions to relocate were shaped not only by 'caring about' the needs of their grandchildren and their families but also by 'taking care of' emerging responsibilities grounded in a sense of moral responsibility. Their choices were further influenced by the practical character of 'care-giving', which required geographical proximity. Reflections on 'care-receiving' were also influential: recognising that the support they provided before relocating was valued reinforced their decision to move closer. However, the ability to relocate in response to identified care needs depends on having sufficient resources, including good health and financial security. Different patterns of response might emerge in a more diverse sample. The timing of migration, when grandparents are healthy, is thus important. The findings also highlight how the grandparents' own life events (for example, retirement) and adult children's life events (for example, having a child with a disability) together shape internal migration decisions, showing that a moral willingness and responsiveness to provide care must be understood in relation to the circumstances of both generations.

The second research question explored how migrating closer to a grandchild with a disability is experienced. All grandparents described the move as positive, which is notable because the relocation was motivated by identified care needs rather than personal desire to relocate. Migration not only implies a change of geographical setting but also significantly affects the social context and sense of belonging. While proximity eased involvement in the daily life of the child, it introduced new challenges in maintaining ties with family left behind, especially while being in the 'sandwich generation' with one's own parents alive (see Offer and Fischer, 2018). In terms of care ethics, this illustrates how competing care responsibilities require ongoing moral deliberation, as grandparents navigate attentiveness to multiple needs. However, various strategies to continue caring practices directed towards other family members were found. In relation to the theory of linked lives, this shows how lives are not unlinked by migration while also indicating that some links can have stronger geographical implications than others.

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After a relocation, place attachment can be established in a new location (Bailey et al, 2021) but may require time and effort, especially post-retirement. While freeing individuals from workplace ties and enabling relocation, retirement also removes a key social context that can facilitate new relationships. The strategies participants used to establish belonging and feel like locals may be shaped by their financial resources and health, which determine the activities they can access. Reshaping belongingness to a new place may be far more difficult for others. To enhance new place attachment, societal institutions could play a more active role in supporting grandparents, for instance, through leisure activities and community organisations.

While this article has focused on the micro-level dynamics of linked lives, macro-level social structures (see Coulter et al, 2016) also appear to influence migration decisions. The findings showed no clear gender differences between grandmothers and grandfathers. This may reflect Sweden's relative gender equality or, alternatively, be a result of a skewed sample with highly engaged grandparents. However, the findings suggest that reductions in formal support over recent decades (Brennan et al, 2016; Rauch et al, 2018) increase reliance on extended family, illustrating processes of refamilialisation. The contributions of grandparents should not be overlooked. The findings also speak to debates on how care is not merely a private endeavour but also affected by wider political and democratic structures (Tronto, 2013), raising questions about equity and justice in the organisation of care. Not all grandparents can migrate, and society cannot assume that they will be available as care providers. Adopting a family-centred rather than solely individual-focused approach to formal support could help reduce inequalities and ensure that all families with children with disabilities receive the care they need, regardless of the availability of grandparents. The findings further indicate that combined formal and informal support would be beneficial, allowing grandparents to be 'regular grandparents' rather than acting as caregivers.

Theoretically, this article lies at the intersection of linked lives, migration research and care ethics. It contributes to the literature on the geographical outcomes of linked lives by shifting attention from the commonly studied influence of parents on children (Carvalho et al, 2023) to the less explored reverse dynamic: how children, particularly those with disabilities, can shape the migration of grandparents. While previous research has shown that the existence of grandchildren has a rather limited effect on older individuals' internal migration (Thomas and Dommermuth, 2020), this article suggests that it might be more common if the grandchild has a disability, reflecting how attentiveness, responsibility, practical care-giving and responsiveness can together create a moral imperative to move closer (Tronto, 1993).

This article also expands internal migration research, which has traditionally focused on adult children relocating to care for ageing parents (see, for example, Artamonova et al, 2020; Vergauwen and Mortelmans, 2020). Grandparents' migration has previously been studied primarily in transnational contexts (see, for example, Plaza, 2000; Nguyen et al, 2025), while internal migration differs by including fewer structural barriers like visa regulations and language barriers. However, the challenges with establishing place attachment in a new environment and losing proximity to other social relations remain similar (see, for example, Hamilton et al, 2022). The findings emphasise relational responsibilities and interdependence across generations while also challenging assumptions about intergenerational care and relocation in a welfare state like Sweden, where nuclear-family norms and reliance on formal support have long dominated. Linked lives and moral obligations that arise through recognising

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and responding to care needs can prompt older individuals to move, contradicting simplistic notions that they prefer to 'age in place' and emphasising that, for some, home is where the heart is.

Suggestions for future research

Future studies would benefit from using a larger sample, for instance, utilising Sweden's national register data. These registers cover the entire population and provide detailed socio-demographic and geographical information, making it possible to identify whether certain groups of grandparents are more likely than others to move closer to a grandchild with a disability. It would be beneficial for society to understand this segment of internal migrants and to design support systems to make it easier to migrate and establish place attachment to a new environment.

Another suggestion is to examine the experiences of older individuals who live far away from their grandchildren with disabilities. As this article has shown that life can be challenging before moving closer, due to time and space constraints and exhaustive travelling, a deeper understanding of how and where care is provided and how this affects other parts of daily life could bring important insights.

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Data availability statement
Anonymised interview transcripts in Swedish are available upon reasonable request.

Research ethics statement
Ethical approval for this study was granted by the Swedish Ethical Review Authority (No. 2024-04230-01) on 14 August 2024. The research strictly adhered to ethical guidelines, paying particular attention to disability sensitivity.

Conflicts of interest
The author declares that there is no conflict of interest.

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