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Policy implications
of the greying of
family diversity

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- More and more people are experiencing diverse living arrangements at advanced ages due to life events such as separation, divorce and repartnering. Scientists refer to this development as the 'greying of family diversity.'
- This phenomenon raises new questions around health and care in older ages, as different family arrangements have different capacities and willingness to provide care. Institutional care systems as they are today do not always fill in the gaps.
- The question of who will care for the future cohorts of frail elderly people should be on governments' policy agendas. We recommend incorporating changing family structures into care projections, adapt rehabilitation and support programs to consider the diverse family situations of older adults, and develop targeted policy interventions.

Overview

In many European countries and societies around the world, family diversity is on the rise. Families increasingly extend beyond the traditional nuclear structure, encompassing diverse arrangements such as single-parent households, stepfamilies, or same-sex parent families. Social scientists interested in population change have tended to view family diversification as a phenomenon that occurs in early and midlife. However, more people are experiencing diverse living arrangements at advanced ages. This 'greying of family diversity' is fuelled by two major processes. For one matter, people now reaching retirement age have often undergone separation, divorce or remarriage and family reconstitution at some point in their lives, resulting in more interrupted family trajectories. Secondly, patterns of family behaviour at advanced ages have changed: divorce and separation rates have increased disproportionately at later ages, heralding a "grey divorce revolution."

This greying of family diversity poses unprecedented societal challenges around health and care needs in old age. Since health declines with age, family transitions at older ages can have a greater negative impact than in midlife. By combining disciplinary insights from sociological and medical research, and by examining policy processes in countries facing similar issues in different parts of the world, researchers can support governments in the design and implementation of public policies that respond to the impact of changing family arrangements on health in ageing populations.

Key evidence

- Divorce at advanced ages has become common in many European countries. For example, the share of divorcees out of the total population aged 65-69 in Germany rose from 9.5% in 2011 to 13.6% in 2021, according to census estimates. Similar trends can be seen in other European countries.
- Apart from divorce and separation, rising unmarried cohabitation and remarriage at older ages are resulting in more complex family constellations, such as step-grandparent relationships.
- Medical research shows that the risk of being diagnosed with depression in old age is higher for women than for men, whereas men are at greater risk of developing cardiovascular diseases. Divorce and separation increase these risks for both men and women.
- The risk of being institutionalised after being diagnosed with a severe disease (such as dementia or myocardial infarction) is strongly related to marital status, suggesting that demand for institutional care will increase as family patterns change.
- Social norms may dictate that spouses support each other if one partner needs care. However, recent evidence indicates that these norms cannot be directly applied to cohabiting unions. For example, studies have shown that the risk of union dissolution is higher for cohabiting couples than for married couples when one partner requires care.
- More generally, divorce and separation can be significant, yet often overlooked factors that may slow or even offset positive trends in increasing life expectancy and healthy life years among older adults.
- Family diversity is no longer restricted to the Global North, but is rising in the Global South as well, with increasing divorce, cohabitation, and extramarital births reported in countries, such as Colombia, Mexico, and Brazil. In Mexico, divorce rates have more than doubled between 2000 and 2022. Growing family diversity in Latin America challenges traditional family-based systems of old-age care, even though late-life divorce is not yet widespread.

Policy context

Although contexts, policy objectives, and how policies are implemented differ between countries and regions, the greying of family diversity raises similar challenges across advanced economies and opportunities for cross-border policy learning.

Policies that influence economic wellbeing, old-age care and intergenerational solidarity were generally designed against the backdrop of the traditional family model, where old age care was essentially family care, and the primary caregiver in old age was often the spouse. As cohorts with more diverse family structures enter middle and older ages, demographic shifts are predicted to intensify risks of later-life economic vulnerability and isolation. They create more complex intergenerational relationships, where spouses or children are no longer available as caregivers, and are unable or unwilling to provide support to a wider range of more biologically and physically distant family members. The question of who will care for the future cohorts of frail elderly people should be on governments' policy agendas.

Although countries like the Netherlands, Germany and Japan have established long-term care insurance systems in place, they nevertheless often cover only parts of the costs for those in need of care. These systems still depend on intergenerational solidarity. Limited government financial resources may lead to an increased reliance on family and informal care, raising questions not only about social inequality but also about the governance of informal care arrangements, as different family arrangements have varying capacities and willingness to provide care.

Recommendations

The following recommendations are designed to assist policymakers in finding effective responses to the greying of family diversity:

1. Raise awareness of diverse needs among the elderly: Policymakers should recognize that not only will the number of older adults grow, but their diverse family situations will lead to different care needs, particularly in terms of institutional care.
2. Incorporate changing family structures into care projections: Care planning and projections should account for evolving family patterns—such as higher shares of childlessness and fewer married older adults—and provide estimates of institutional care needs based on these shifts.
3. Address heterogeneity among older adults: The diversity of family arrangements will increase with age. Individuals without family support or social networks require targeted interventions at multiple levels, ranging from combating loneliness to providing tailored healthcare services.
4. Adapt rehabilitation and support programs: Rehabilitation and long-term care programs should consider the varied family situations of older adults. Support should extend beyond spouses and children to include broader networks, such as neighbours and community organizations.
5. Advance research on the impact of divorce and separation on health outcomes to develop targeted policy interventions that mitigate negative effects and improve wellbeing among older adults.

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