

Policy Insights

3 | 2026

EINSTEIN
CENTER

Population Diversity



The unequal timing of family caregiving in Europe

Intersectional inequalities in the age of
caregiving onset for European older adults

The unequal timing of family caregiving in Europe

Intersectional inequalities in the age of caregiving onset for European older adults

Enrique Alonso Perez & Paul Gellert

This is a revised and reprinted version of an article published in journal "Ageing & Society". The original can be found at [When to care? A MAIHDA analysis of intersectional inequalities in the age of caregiving onset using European longitudinal data.](#)

Family caregiving does not begin at the same stage of life for everyone. New research using large-scale European longitudinal data shows that when people become caregivers is shaped by the intersection of their gender, education, occupation, and migration background — with gaps of up to eleven years between social groups. Recognising caregiving as an unequally timed life-course transition is essential for designing fairer support systems.

Why this matters

Family caregiving is a cornerstone of long-term care systems in ageing societies. Across Europe, between 12% and 18% of adults regularly provide unpaid care to ageing relatives: parents, partners or other family members. As populations age and formal care systems face growing resource constraints, informal caregiving is expected to play an even larger role.

Yet people do not become caregivers at the same stage of life, and timing matters enormously. Entering caregiving earlier can overlap with employment and other family responsibilities, affecting financial security and career trajectories. Later caregiving, by contrast, may coincide with declining health or retirement transitions, creating a different set of pressures. Whether caregiving falls before or after retirement, or before or after becoming a grandparent, can shape its consequences in profound ways.

Despite this, research has largely focused on whether people become caregivers, and less on when. Understanding who enters caregiving earlier in the life course is therefore essential for identifying vulnerable groups and designing policies that genuinely reduce inequality.

Key insights

New research using European longitudinal data shows that family caregiving onset differs substantially depending on both the type of caregiving relationship and individuals' social

characteristics. The study applies an intersectional analytical approach — considering how social characteristics such as gender, education, occupation, and migration background jointly shape the timing of caregiving onset, rather than treating each factor in isolation.

Caregiving type shapes when it begins. The research distinguishes two forms of caregiving that follow distinct life-course patterns:

- **Intergenerational caregiving** (caring for parents or in-laws) begins on average at around **59.6 years of age**, typically during midlife, when people are often still in employment.
- **Intragenerational caregiving** (caring for a partner or sibling) begins considerably later, on average at around **70.2 years**. This is a phase more often marked by retirement and health transitions.

Large inequalities exist in the timing of caregiving onset. Caregiving does not begin at the same age for everyone within these groups.

For intragenerational caregiving, the difference in age of onset between the earliest and latest social groups reaches **more than eleven years**. For intergenerational caregiving, gaps of up to **four and a half years** are observed. These are not marginal differences: they mean that certain groups take up caregiving responsibilities much earlier in their lives, at a time when the consequences for employment, finances and health are potentially most acute.

Inequalities are intersectional. The study's key finding is that these inequalities are intersectional and cannot be attributed to any single social factor. Instead, they arise from the combination of multiple social characteristics:

- Women consistently enter caregiving earlier than men across both caregiving types, reflecting persistent gender inequalities in care responsibilities.
- Individuals in lower-skilled occupations (particularly blue-collar low-skilled workers) tend to begin caregiving earlier, which may reflect existing economic disadvantage.
- Higher education is associated with earlier caregiving onset; a counterintuitive finding suggesting that those with more resources may still assume care responsibilities early, possibly because better health and resources make earlier caregiving more feasible, or because of stronger spousal care norms within more educated partnerships.
- Migration background shows no consistent independent association with timing, though its interaction with other factors still contributes to variation across social groups.

For intragenerational care in particular, the intersectional approach reveals patterns that individual factors alone cannot explain. For example, women in blue-collar low-skilled occupations have the earliest caregiving onset overall — a finding that only emerges when gender and occupational

class are considered together. These findings demonstrate that caregiving inequalities cannot be explained by a single factor alone. Instead, caregiving onset reflects the combined influence of multiple social positions across the life course.

Policy Implications

The timing of caregiving onset has important implications for employment, financial security and health. But crucially, both the timing and the consequences are unevenly distributed across social groups. Recognising caregiving as a key life-course transition can help policymakers design more effective and equitable support systems. Yet, policies that treat caregivers as a homogeneous group will systematically miss the groups most at risk.

Several priorities emerge:

- Support working caregivers, especially those in lower-skilled jobs. Many people begin caring for parents while still in employment, and earlier onset in this group increases the risk of career disruption, reduced earnings and pension penalties. Flexible working arrangements, paid caregiving leave and pension credits for caregiving periods are essential tools, which should be targeted to reach those least able to deal with the economic costs.
- Address gender inequalities in care. Women enter caregiving earlier and more often than men. Policies that do not explicitly account for this — including those governing parental leave, flexible working, and career re-entry — risk enlarging rather than reducing gender gaps in the labour market and in retirement security.
- Adopt intersectional approaches in care policy and data collection. Because caregiving inequalities arise from the interaction of social characteristics, policies and monitoring systems should move beyond single-axis thinking. Routine data collection on caregiving transitions disaggregated by gender, education, occupation and migration background would allow for more targeted and effective interventions.
- Plan for growing care needs with diversity in mind. As European populations continue to age, and as cohorts with more diverse family structures enter later life, the demand for informal care will grow and diversify. Care projections and support programmes need to account for this heterogeneity, both in the timing of caregiving transitions and in the resources that caregivers bring to them.

As European populations continue to age, informal caregiving will remain an essential component of long-term care systems. Understanding when people become caregivers, and which groups are most affected, is not just a research question. This is a precondition for designing care policies that are both effective and just in supporting caregivers while reducing social inequalities.

Enrique Alonso-Perez is a doctoral researcher at the Charité – Universitätsmedizin Berlin and the Einstein Center Population Diversity (ECPD). He can be reached at enrique.alonsoperez@charite.de

Prof. Dr. Paul Gellert is a Professor at Charité – Universitätsmedizin Berlin and co-director of the Einstein Center Population Diversity (ECPD). He can be reached at paul.gellert@charite.de

Fakhriyya Shiraliyeva is a student assistant at the Einstein Center Population Diversity (ECPD) and a student at Heinrich-Heine-Universität Düsseldorf. She can be reached at fakhriyya.shiraliyeva@charite.de