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The Sandwich-Care Time Squeeze: Paid Work, Childcare and Eldercare in the United States

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Research Article

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Research article

The Sandwich-Care Time Squeeze: Paid Work, Childcare and Eldercare in the United States

Abstract

Adults who raise children while caring for an older relative are often described as a generation caught in the middle, yet public statistics rarely show how much time that position takes or who bears it. This study assembles the newest official time-use evidence for the United States, the Bureau of Labor Statistics' unpaid eldercare release for 2023-24 (released September 2025) and the American Time Use Survey results for 2025, and adds an accounting model with explicit formulas for prevalence ratios, decompositions of daily care time, and a time-squeeze ratio. In 2023-24, 38.2 million people (14.0 percent) provided unpaid eldercare, including 7.6 million parents of children under 18; 4.2 million of them cared for their own parent. Parents were less likely than non-parents to provide care (11.5 versus 14.8 percent; prevalence ratio 0.78), mothers markedly so (0.67). Among parent-providers, 84 percent of fathers but 60 percent of mothers worked full time. Parent-providers averaged 0.44 hours of eldercare a day against 1.23 for other providers; half the gap came from fewer people caring on a given day and half from shorter care days, and about half from the fact that 91 percent cared for someone outside the household. On a day with care, committed time rises by about ten percentage points of waking hours, and 20 to 28 percent of employed parents' leisure hours coincide with care. Published definitions also change the size of the sandwich population by a factor of two to four. The estimates are approximate, since subgroup standard errors are not published, and they are associations, not causal effects.

Purpose - This study measures who is caught between childcare and eldercare in the United States, how much time eldercare takes from them, and how the squeeze differs by sex, employment and age of children.

Design/methodology/approach - The paper uses published Bureau of Labor Statistics tables (2023-24 eldercare release; 2025 time-use results) and a comparison with the AARP-National Alliance for Caregiving 2025 survey. It estimates prevalence ratios with design-effect-adjusted intervals, log and Kitagawa decompositions of daily care time, and a time-budget accounting model whose uncertainty is propagated by Monte Carlo draws.

Findings - Mothers of young children provide eldercare less often than other women (prevalence ratio 0.67) and, when they do, they work part time or not at all far more often than fathers (40 percent versus 16 percent). Parent-providers' average eldercare day is short, but an eldercare day adds about ten points to the share of waking hours committed to work, household production and care.

Research limitations/implications - Subgroup sample sizes and standard errors are not published, so intervals rest on an assumed design effect. Time budgets of different groups are combined at the aggregate level, and eldercare for spouses may be under-reported.

Practical implications - Employers and policymakers should design flexibility, leave and respite around eldercare that is mostly provided outside the household, episodic and concentrated on weekends and days off, and treat the parent-provider group as a distinct population.

Social implications - Because eldercare provision is almost as common among workers as among non-workers, the squeeze falls on the time budgets of working parents, and its gendered employment adjustment may reproduce existing inequalities.

Originality/value - The paper combines the 2023-24 eldercare tables, 2025 time budgets and a transparent squeeze model, and shows how decompositions and definitions shape what is meant by the sandwich generation.

Keywords Sandwich generation, Eldercare, Childcare, Time use, Time poverty, Employment, Gender

Paper type Research article

1. Introduction

A woman in her forties who works full time, has a six-year-old at home and drives to her mother's flat twice a week to manage medication fits the picture that the term "sandwich generation" conjures. How many Americans actually live like this, and what happens to the rest of their day?

Two recent data releases allow a better answer than was possible a few years ago. The Bureau of Labor Statistics (2025a) published new estimates of unpaid eldercare from the American Time Use Survey (ATUS) for 2023-24, with a table devoted to providers who are parents of children living at home. The ATUS 2025 results, released in June 2026 (Bureau of Labor Statistics, 2026), give time budgets of employed adults by the age of their youngest child. Alongside them, the AARP and National Alliance for Caregiving (2025) reported that 63 million Americans, nearly one adult in four, provided care to a family member or friend in the past year, and that 29 percent of caregivers fall into the sandwich generation. The numbers are large, but they come from surveys with different definitions, and they say little about time.

Time is the natural currency for the problem. Becker (1965) treated the household as a producer that allocates a fixed stock of hours across activities, and care is one of the most time-intensive of those activities. When two kinds of care, each hard to postpone, compete with paid work in the same day, the allocation problem becomes acute. The literature on time poverty has argued that shortage of time, and not only of money, is a dimension of deprivation that falls unevenly on working parents (Vickery, 1977; Harvey and Mukhopadhyay, 2007; Giurge et al., 2020).

This paper asks three questions. First, who is in the sandwich, and does parenthood make eldercare more or less likely? Second, how much eldercare do parents give, and why is it so much less than other providers give? Third, what would a day of eldercare do to the time budget of an employed parent? The answers use only published statistics, treated with explicit formulas and explicit uncertainty. They are descriptive: the tables do not follow people over time, so the paper cannot say what eldercare causes.

The contributions are fourfold. The paper synthesises the 2023-24 eldercare tables for parents with the 2025 time budgets. It shows that parents, and mothers in particular, are less likely than non-parents to provide eldercare, which complicates the idea that parenthood and eldercare simply pile up. It decomposes the difference in daily care time into participation and duration and into care location, and it offers a squeeze ratio that adjusts for overlap between eldercare and other recorded activities, a feature of the ATUS that simple additions of hours would miss. Finally, it shows how far the size of the sandwich population depends on definition.

Section 2 reviews the literature, Section 3 develops hypotheses, Sections 4 and 5 present data and methods, Sections 6 to 8 report results, Section 9 addresses robustness and limits, and Section 10 discusses implications and concludes.

1.1. Research Objectives and Questions

1) Estimate how many parents of children under 18 provide eldercare and compare them with non-parents.

2) Describe the employment and household circumstances of parent-providers by sex.
3) Decompose differences in daily eldercare time between parent-providers and others.
4) Estimate how a day of eldercare changes the committed share of waking time for employed adults with and without children.
5) Assess how definitions and statistical assumptions change the findings.

Research Questions

RQ1: Is parenthood associated with a higher or a lower probability of providing eldercare?

RQ2: How do fathers and mothers who provide eldercare differ in employment and household structure?

RQ3: Why do parent-providers spend less time on eldercare than other providers?

RQ4: How much of the day does eldercare commit, and how much leisure is affected?

RQ5: How large is the sandwich generation under different definitions?

2. Literature and Background

2.1. The sandwich generation concept and its measurement

The phrase describes adults who care for children and older relatives at the same time. It has attracted attention because the demographic trends behind it are clear: people have children later, parents live longer, and women in particular are asked to supply care to both ends of the age range. Pierret (2006) examined how many women in midlife care for parents and children at once, and the Pew Research Center reported that about half of adults in their 40s and 50s had a parent aged 65 or older and were also raising a child or supporting an adult child financially (Parker and Patten, 2013). Grundy and Henretta (2006) cautioned that simultaneous care of both generations is much less common than the metaphor suggests, and that many people in middle age provide care to only one generation at a time. The disagreement is largely one of definition: counting people who have both a living parent and a child yields large numbers, counting those who provide care to both yields small ones.

Time-use data offer a way around the definitional problem, because they record what people do and for how long. Dukhovnov and Zagheni (2015) used the ATUS to map time transfers between age groups and sexes in the United States. The eldercare module added in 2011 lets the ATUS identify providers and attribute diary activities to care (Bureau of Labor Statistics, 2025a). It is not without limits: it covers only care to someone aged 65 or older who needs help because of a condition related to aging, and it may under-report care for spouses, as the Bureau notes.

2.2. Time allocation, time poverty and gender

Becker's (1965) framework treats time as the binding constraint for household production. Time poverty research makes the constraint measurable. Vickery (1977) argued that a household can be poor in time even when its income is adequate, because the hours left after necessary activities may be too few to reach a minimum standard of living. Harvey and Mukhopadhyay (2007) showed that working parents are more likely than other adults to be time poor, and Kalenkoski et al. (2011) set time poverty thresholds for the United States using ATUS data. Giurge et al. (2020) review its consequences, linking scarce time to stress and lower well-being. The sociological literature adds that the burden is gendered: Hochschild and Machung (1989) described a second shift of household work for employed women, and Sayer (2005) documented how the gender gap in free time persists as paid and unpaid work have converged.

Care is not only one more task. Folbre (2012) argues that the supply of care in the United States rests on a combination of family obligation, market provision and public support, and that gaps are filled disproportionately by women. Wolff et al. (2016) show that many family caregivers of older adults perform health-related tasks such as managing medications, which often cannot be moved to a convenient hour.

2.3. Eldercare, employment and health

Studies of the labour-market effects of informal care find reductions in work for caregivers, with estimates that vary with the intensity of care, the sex of the caregiver and the method. Ettner (1996) estimated the opportunity costs of eldercare in the United States. Van Houtven et al. (2013) found that informal care for a parent reduced work and wages for some groups, and Skira (2015) developed a dynamic model of caregiving and employment in which care episodes reduce labour supply and earnings. The health literature finds that caregivers report more stress and depressive symptoms than non-caregivers (Pinquart and Sörensen, 2003). AARP and NAC (2025) report that 44 percent of caregivers provide high-intensity care, that one in five reports fair or poor health attributable to caregiving, and that 23 percent are in debt as a result.

These studies describe the average caregiver and rarely isolate parents of young children. They also treat care as a status, whereas time-use data show it as a flow, with participation on a given day and a duration when it happens; a caregiver who attends to a parent at weekends has a different time budget from one who helps every morning.

2.4. Gap

To the author's knowledge, no study places the ATUS eldercare tables for parents next to the time budgets of employed adults and examines the arithmetic of the resulting squeeze, including the overlap between eldercare and other recorded activities. Nor does the literature say how much of the difference in care time between parents and others is a matter of whether people care on a given day and how much of how long they care. This paper addresses both.

3. Framework and Hypotheses

Figure 1 summarises the framework. The demand for care comes from children under 18 and from parents aged 65 and older. The supply of care time depends on age, sex, partner presence and whether the recipient lives in the household. Committed time, consisting of paid work, housework and childcare, determines how much remains. Two margins determine the flow of eldercare: whether the person provides care on a given day, and how long they provide it when they do. The squeeze is the share of waking hours that is committed, and the effect on leisure.

If parenthood and eldercare pile up, prevalence among parents should be higher than among non-parents; if committed time crowds out eldercare, the opposite should hold.

> H1: Parents of children under 18, and especially mothers and parents of children under six, are less likely to provide eldercare than non-parents.
>
> H2: Among parent-providers, men and women are equally likely to provide care, but women are much less likely to be employed full time.
>
> H3: Parent-providers spend less time on eldercare per day than other providers; the gap is split about evenly between participation and duration, and about half is explained by the location of the recipient.
>
> H4: Eldercare provision is nearly as common among employed as among non-employed people, so its time costs fall on working time budgets.

H5: On a day with eldercare, committed time rises by about one-tenth of waking hours and a substantial share of leisure coincides with care.

H6: The size of the sandwich generation differs by a factor of two or more between definitions in common use.

H1 to H4 are tested with ratios and differences, H3 with decompositions, H5 with the accounting model, and H6 by comparing sources.

4. Data

4.1. Sources

The main source is the Bureau of Labor Statistics release "Unpaid Eldercare in the United States, 2023-2024" (USDL-25-1462, 25 September 2025), which reports averages of the two survey years (Bureau of Labor Statistics, 2025a). The ATUS is conducted by the Census Bureau and interviews one randomly chosen person aged 15 or over in each sampled household about the previous day, from 4 a.m. to 4 a.m. In 2023-24 about 16,000 people were interviewed, and about 2,500 of them were identified as eldercare providers. The release gives tables of the number and percent of providers by sex and characteristics (BLS Table 1), characteristics of care (BLS Tables 2 and 3), participation and time (BLS Table 4), activities (BLS Tables 5 to 8) and providers who are parents of children under 18 (the BLS parent-provider tabulation (number 9)). An earlier release for 2021-22 reported 37.1 million providers, or 13.9 percent of the population (Bureau of Labor Statistics, 2023).

The second source is the ATUS 2025 news release (Bureau of Labor Statistics, 2026), specifically the employed-adult time-budget tabulation (8B) in that BLS release, which gives average hours per day of employed adults aged 18 and over by sex and by the presence and age of the youngest household child. It supplies the time budgets used in Section 8. The third source is the report Caregiving in the U.S. 2025 by AARP and the National Alliance for Caregiving (2025), based on a probability-based online panel, which provides a comparison of caregiver counts, employment and sandwich-generation shares. The time-use tables use primary activities only.

4.2. Definitions

An eldercare provider is a person who, in the previous 3 to 4 months, provided unpaid care more than once to someone aged 65 or older who needed help because of a condition related to aging. Care may be given to household or nonhousehold members and includes help with grooming, meals, transport and companionship. Estimates of care time sum the durations of diary activities in which the respondent said they were providing care, excluding sleeping, grooming and personal care services (Bureau of Labor Statistics, 2025a). This is important because eldercare time is therefore classified by the underlying activity: of the time that providers on care days spent in care, 22.9 percent fell in household activities, 9.0 percent in caring for household members, 8.8 percent in caring for nonhousehold members, 4.5 percent in working, 33.7 percent in leisure and sports, 8.1 percent in eating and drinking, 5.2 percent in travel and the remaining 7.7 percent in purchasing, civic, telephone and other activities.

A parent is a person with at least one child under 18 living in the household, whether or not the child is the person's own. The strict definition of a sandwich provider used here is a parent of a household child who cares for his or her own parent; the Bureau itself uses this description for the 55 percent of parent-providers who care for their own parent. Employment follows Current Population Survey rules, with full time meaning usually 35 hours or more a week.

4.3. Data quality

Three features of the data limit what can be concluded. First, the Bureau does not publish standard errors for these tables, and it applies publication standards that suppress cells with small samples, such as hours of eldercare for parents of children under six. Second, eldercare for a spouse may be under-reported, particularly when it has only recently become necessary (Bureau of Labor Statistics, 2025a), which matters little for parents of young children, among whom care for a spouse is 0.3 percent, but affects comparisons with older providers. Third, only 66 percent of providers who said they care daily had done so on the diary day, and the diary covers a single day per person.

5. Methodology

5.1. Prevalence, ratios and approximate intervals

For a group g with population N_g and providers P_g (both weighted counts in thousands from Table 1), the prevalence is p_g = P_g/N_g. Because standard errors are not published, they are approximated. The number of respondents in the group is assumed proportional to its population share, n_g = 16,000 N_g/N, and the effective sample size is n_eff = n_g/deff with a design effect deff of 1.5, a plausible value for a clustered, weighted survey (Kish, 1965), varied between 1.0 and 2.5. The standard error of a prevalence is then SE(p_g) = sqrt(p_g(1 - p_g)/n_eff), and the interval follows the Bureau's convention of a 90 percent level, p_g ± 1.645 SE(p_g). With effective sample sizes in the hundreds or more and prevalences of 8 to 20 percent, the normal approximation is adequate (Brown et al., 2001). The prevalence ratio is RR = p_1/p_2 with the log-scale variance (Katz et al., 1978)

Var[ln RR] = (1 - p_1)/(p_1 n_eff,1) + (1 - p_2)/(p_2 n_eff,2),

and an interval exp(ln RR ± 1.645 sqrt(Var[ln RR])). For differences of proportions among parent-providers, such as the share working full time, the sample sizes are approximated by allocating the 2,500 provider interviews in proportion to the weighted number of providers in each group (about 499 parent-providers, 242 fathers and 256 mothers), with the same design effect. These intervals are approximations and are reported as such.

5.2. Decomposing daily eldercare time

The average daily eldercare time of a group is the product of participation and duration, m = p × h, where p is the proportion who provide care on the diary day and h the hours among those who do. For two groups A and B the log difference splits exactly:

ln(m_A/m_B) = ln(p_A/p_B) + ln(h_A/h_B),

and the extensive share is ln(p_A/p_B)/ln(m_A/m_B), the intensive share being the remainder. Because published p and h are rounded, the identity holds within rounding error.

The second decomposition concerns care location. Let k index the location of the recipient (household member only, nonhousehold member only, both), w_k the share of a group's providers in category k and m_k the average daily care time in that category. For the difference between all providers (bar) and parent-providers, Kitagawa's (1955) method gives

m_bar - m_parent = Σ (w_bar,k - w_parent,k) m_bar,k + Σ w_parent,k (m_bar,k - m_parent,k),

the first term being the composition effect (differences in where care is provided) and the second the rate effect (differences in time within each location). The location-specific means for parents are not published, so the rate effect is computed as the remainder after the composition effect, using the published means for all providers (3.24 hours a day for household-only care and 0.53 for nonhousehold-

only care). The mean for providers who care in both locations is not published and is bounded between those values.

5.3. Time-budget accounting

Let W, H and K be hours of working and work-related activities, household activities, and caring for household members in the ATUS 2025 tables, C = W + H + K the committed time, S hours of sleep and A = 24 - S waking hours. The baseline squeeze ratio is q_0 = C/A. A day with E hours of eldercare changes it to

q = (C + kE)/A,

where k is the share of eldercare time not already recorded in categories contained in C. The Bureau reports that 22.9, 9.0 and 4.5 percent of care time fall in household activities, caring for household members and work, so k = 1 - 0.364 = 0.636. Setting k = 1 gives an upper bound. Eldercare time that falls in leisure categories (33.7 percent) is not added to C, but the hours of leisure that coincide with care are reported as 0.337 E/L, with L the hours of leisure. Three scenarios for E are used: 0.44 hours, the average for parent-providers on an average day, 2.44 hours, the average for parent-providers on days they provide care, and 4.98 hours, the average on care days for providers who describe their care as daily.

The groups in the employed-adult time-budget tabulation (8B) in the BLS ATUS 2025 release differ from the providers in the eldercare tables, and the accounting applies the eldercare hours to every group as a counterfactual. It describes what a care day would do to a typical time budget, not what happens to individuals observed doing both.

5.4. Uncertainty propagation

The expected daily eldercare time of a parent-provider, E = p h, is simulated by drawing p from a Beta distribution with parameters p n_eff and (1 - p) n_eff and h from a lognormal distribution whose mean is the published value and whose coefficient of variation is 0.25, an assumption because no standard error is published. Two hundred thousand draws give percentile intervals, varied for deff of 1.0, 1.5 and 2.5 (Rubinstein and Kroese, 2017). Calculations use Python with NumPy and SciPy.

5.5. Comparison of definitions

To address H6 the numbers of sandwich carers implied by three definitions are compared: the strict ATUS definition, the broad ATUS definition (any provider who is a parent of a household child), and the AARP and NAC definition. The comparison is a reading of published figures and no adjustment is attempted.

6. Results I: Who Is in the Sandwich

6.1. Prevalence

Table 2 and Figures 2 and 3 give the numbers. In 2023-24, 38.2 million people aged 15 and over, 14.0 percent of the population, provided unpaid eldercare. Women were more likely than men to do so (15.1 versus 12.9 percent; prevalence ratio 1.17, 90 percent interval 1.08 to 1.26). Prevalence rises with age to a peak of 24.1 percent at ages 55 to 64 (27.9 percent for women, 20.2 for men) and falls to 16.8 percent at 65 and over. Between 25 and 44, the main childrearing ages, it is 7.6 and 11.4 percent.

Parents of children under 18 were less likely to provide eldercare than non-parents: 11.5 percent (90 percent interval 10.5 to 12.5) against 14.8 percent (14.2 to 15.5), a prevalence ratio of 0.78 (0.70 to 0.86). The reduction is concentrated among mothers, 11.1 percent against 16.4 percent among women without children at home, a ratio of 0.67 (0.59 to 0.77), while for fathers the ratio is 0.91 (0.78 to 1.05),

which includes parity. Parents of children under six were the least likely to provide care (9.1 percent), 0.61 times the non-parent rate (0.52 to 0.72) and 0.68 times the rate of parents whose youngest child is 6 to 17 (0.56 to 0.83). Design effects from 1.0 to 2.5 move the all-parent interval between 0.71 to 0.84 and 0.68 to 0.88, so the finding does not depend on the assumption. H1 is supported, strongly for mothers and for parents of young children.

The result runs against the intuition that parenthood adds eldercare to childcare. Part of the explanation may be age: parents of young children are probably younger than non-parents, and prevalence rises with age to 64 (11.4 percent at 35 to 44, 18.8 percent at 45 to 54). The tables do not allow age standardisation, so it cannot be said whether parents provide less than non-parents of the same age.

6.2. How many are sandwiched

The 7.6 million parent-providers are 19.9 percent of all providers and about 11.5 percent of the 66.2 million parents of household children. Fifty-five percent of them (4.2 million) care for their own parent, and 15 percent (1.1 million) for a grandparent who lives elsewhere; these are not exclusive. Fathers and mothers are about equally represented among those caring for a parent (2.09 and 2.12 million). A third (32.8 percent) have a child under six. Employed parent-providers number 6.5 million, which is 27.8 percent of all employed eldercare providers (23.6 million).

The care they give is mostly outside their own household. Nine in ten (90.7 percent) care only for someone who lives elsewhere, and 7.2 percent care only for a household member. Sixty-two percent care for one person, 30.2 percent for two and 7.7 percent for three or more. Among all providers who care for one person, 72 percent care for someone aged 75 or older, and 47 percent of parent-providers care for someone 80 or older. The care is often recent: 25.6 percent have provided it for less than a year and 12.8 percent for ten years or more. Only 15.5 percent of parent-providers care daily, against 24.7 percent of all providers, and 27.4 percent care several times a week.

6.3. Employment and household structure by sex

Table 3 and Figure 5 show that the circumstances of fathers and mothers who provide eldercare differ sharply, although they provide care at similar rates (12.0 and 11.1 percent; ratio of mothers to fathers 0.93, 0.77 to 1.11). Among fathers, 90.8 percent are employed and 84.2 percent work full time. Among mothers, 81.3 percent are employed and 60.4 percent work full time. The full-time gap is 23.8 percentage points (90 percent interval 16.0 to 31.6), the part-time gap in the other direction is 14.3 points (8.3 to 20.3), and the proportion not employed is 18.7 percent for mothers and 9.2 percent for fathers. Mothers who provide eldercare are also three times as likely to have no spouse or partner in the household (20.4 percent against 6.4 percent; difference 14.0 points, 8.0 to 20.0). H2 is supported.

The data do not say whether mothers reduced their work because of eldercare or whether women who work part time are more available to provide it. Evidence on informal care points to reductions in employment, especially for women (Ettner, 1996; Van Houtven et al., 2013; Skira, 2015), but the gaps in Table 3 could also predate care. What the tables establish is that the sandwich position is more often held by a woman with a smaller paid-work commitment and, in one case in five, no partner to share the load.

6.4. Provision by employment status

Provision hardly varies with employment. Among the employed 13.5 percent provide eldercare, against 14.9 percent of those not employed, a ratio of 0.91 (0.84 to 0.98; the interval reaches 1.005 when the design effect is 2.5). Rates are 13.3 percent for full-time and 14.3 percent for part-time workers. Among employed women the rate is 15.1 percent for full-time and 15.0 percent for part-time workers, and

among employed men 12.0 and 13.3 percent. H4 is supported: work is not a strong barrier to being an eldercare provider, so the time cost falls largely on people who also have paid jobs.

7. Results II: How Much Eldercare, and Why Parents Give Less

7.1. Participation and duration

Table 4 and Figure 4 report daily time. On an average day 17.8 percent of parent-providers provided eldercare, against 30.1 percent of providers who are not parents of children at home. On days they provided care parents spent 2.44 hours, against 4.09 hours for non-parents. The average over all parent-providers is therefore 0.44 hours a day (about 26 minutes), against 1.23 hours (74 minutes) for others, a ratio of 2.8. For parents whose youngest child is 6 to 17 the figures are 19.0 percent, 1.88 hours and 0.36 hours; for those with a child under six, the hours are suppressed and only participation (15.4 percent) is published.

The log decomposition in Table 5 attributes 50 percent of the gap to participation and 50 percent to duration. Parent-providers are about 0.59 times as likely to care on a given day and, when they do, give 0.60 times as many hours. The same split, 52 and 48 percent, describes the gap between providers who are not employed (1.82 hours a day) and employed providers (0.61 hours), a ratio of 3.0. By contrast, the gap between women (1.16 hours) and men (0.97 hours) is 75 percent a matter of participation, and the 6.1-fold gap between those who care for a household member only (3.24 hours) and those who care only for someone outside the household (0.53 hours) is 69 percent participation and 31 percent duration. H3 is partly supported: the first half of the hypothesis, an even split for the parent contrast, holds.

7.2. Care location

Care location explains about half of the difference. Among all providers 19.3 percent care for household members only and 78.7 percent for nonhousehold members only, against 7.2 and 90.7 percent among parent-providers. Applying the all-provider location-specific means to the two compositions gives a composition effect of 0.33 hours of the 0.63-hour gap between all providers (1.07) and parent-providers (0.44), or 52 percent, with the share ranging only from 51.6 to 52.0 percent across the bounds for providers who care in both locations. The remaining 0.30 hours are a rate effect: within a location, parents provide less care than other providers.

Care inside the household is demanding: 63.7 percent of providers who care only for a household member do so on an average day, for 5.08 hours. Care outside the household is episodic: 18.4 percent on an average day, for 2.90 hours. Only 7.2 percent of parent-providers care for a household member only, and 26.5 percent of providers' care days include travel related to care. H3 is supported as a whole.

7.3. Timing and activities

Care is concentrated on weekends and holidays. For employed providers, 19.2 percent provide care on a weekday and 26.2 percent on a weekend day, a ratio of 1.36; for parent-providers the figures are 15.9 and 22.1 percent, a ratio of 1.39. The time of care is thus pushed to days when parents are also with their children. Care is also woven into other activity: 42 percent of providers on care days gave care associated with household activities (53 minutes) and 39 percent with leisure and sports (1.3 hours) (Bureau of Labor Statistics, 2025a). A third of care time is recorded during leisure activities such as watching television or socialising, so leisure measured by primary activity includes hours in which the person is also on call.

8. Results III: The Time Squeeze

8.1. Committed time before eldercare

Table 6 and Figure 6 report time budgets for employed adults in 2025. Among those without children at home, committed time (paid work, housework and caring for household members) is 7.16 hours for men and 7.12 for women, which is 46.7 and 47.5 percent of waking hours. It rises to 8.02 and 8.62 hours (52.4 and 55.3 percent) with a youngest child of 6 to 17, and to 8.56 and 8.92 hours (54.9 and 58.4 percent) with a child under six. Employed mothers of young children commit more hours than any other group, and leave 6.35 hours of waking time beyond sleep and committed activities, against 8.18 for men without children. Leisure, the largest part of what remains, is 2.97 hours for mothers of children under six and 3.37 hours for fathers and for mothers of children 6 to 17.

8.2. What eldercare adds

The average parent-provider adds little on an average day. The simulated expected eldercare time is 0.42 hours (5th to 95th percentile 0.27 to 0.65; 0.26 to 0.67 under a design effect of 2.5), which after the overlap adjustment raises the squeeze ratio by 1.7 to 1.9 points, for instance from 0.584 to 0.602 for employed mothers of children under six. The average does not describe the affected day. On a day with eldercare, 2.44 hours of care adds 1.55 hours of newly committed time after adjustment, raising the ratio by about ten points in every group: from 0.467 to 0.568 for men without children, from 0.553 to 0.652 for mothers of children 6 to 17 and from 0.584 to 0.686 for mothers of children under six. Without the overlap adjustment the ratio would be 0.744 for this last group. At the intensity reported by daily providers (4.98 hours) the adjusted ratio is 0.791 for mothers of young children and 0.752 for fathers, and the unadjusted ratio 0.910 and 0.869.

The same additional hours weigh more where leisure is scarcer. On a care day, the care hours that coincide with leisure activities equal 17 percent of leisure for men without children and 28 percent for mothers of children under six; under daily-care intensity the figures are 35 and 57 percent. Taken as gross additions, 2.44 hours is 50 percent of the leisure of men without children and 82 percent of that of mothers of children under six. H5 is supported: the day with eldercare adds about one-tenth of waking hours to commitments in every group, and takes a share of free time that rises with parenthood and is highest for mothers.

8.3. Comparing definitions

Table 7 compares the counts. The strict ATUS definition yields 4.2 million parents who care for their own parent, and the broad ATUS definition 7.6 million parent-providers. AARP and NAC (2025) put the sandwich generation at 29 percent of 63 million caregivers, about 16 million, which is 2.1 times the broad and 3.8 times the strict ATUS figure. The ATUS count of all providers (38.2 million) is 65 percent of the 59 million adult caregivers of the AARP and NAC survey. Employment shares are 86 percent for parent-providers in the ATUS, 62 percent for all ATUS providers and 70 percent for working-age caregivers in the AARP and NAC survey. AARP and NAC count care for adults of any age with complex conditions over a year, by online panel; the ATUS counts help to people aged 65 and over in the previous three to four months by telephone. H6 is supported. There is no single size of the sandwich generation, and statements about it need to specify the definition.

9. Robustness, Limitations and Validity

Several checks bear on the results. The prevalence ratios between parents and non-parents are stable across design effects from 1.0 to 2.5, with upper limits of 0.84 to 0.88. The Monte Carlo interval for expected daily care time changes little with the design effect (the 95th percentile moves from 0.65 to 0.67 hours), and the Kitagawa composition share is almost unaffected by assumptions about providers

who care in both locations. The squeeze results depend more on the overlap adjustment, which lowers the care-day ratio by about 0.06 in every group; both versions are reported.

The limits are considerable. First, the intervals are approximations built on an assumed design effect and on proportional allocation of respondents to groups. The ATUS oversamples some groups, including households with children, so true subgroup sample sizes may differ. Second, the accounting model combines aggregate time budgets of different people, and the eldercare hours applied to them come from parent-providers and daily providers, not from the same individuals; they are counterfactual scenarios. Third, the data are cross-sectional and cannot show whether childcare crowds out eldercare or eldercare reduces mothers' work. Fourth, the squeeze ratio uses primary activities, so secondary childcare, which is large for parents of young children, is excluded and the squeeze is understated; mental load is not captured. Fifth, eldercare for a spouse may be under-reported, and the definition excludes care to people under 65, which AARP and NAC include.

10. Discussion and Conclusion

10.1. Discussion

The findings alter some of the common ways of talking about the sandwich generation. The group is smaller than popular figures suggest if the definition is care for a parent while raising a child, 4.2 million in the ATUS against 16 million in the AARP and NAC survey, and parenthood is associated with a lower, not a higher, probability of providing eldercare. Mothers of young children are the least likely of all to provide it, which suggests that childcare crowds out eldercare, or that eldercare is displaced to others, for example siblings without young children. Where parents do not provide eldercare, who does?

Those parents who do provide eldercare give relatively little of it on an average day, and the gap is shared between fewer care days and shorter care days. Most of what they give is to people outside the household, on weekends, with less frequency. The care is therefore episodic and concentrated on days off, which are also the days on which parents spend more time with their children. The squeeze is not small, though: a single care day raises the committed share of waking hours by about ten points, and takes from the leisure of mothers of children under six a share of nearly a third when only overlap is counted and more than four-fifths when all care hours are treated as lost.

The gendered pattern in employment is the most consequential finding. Mothers and fathers provide eldercare at similar rates, but the mothers are far less likely to work full time. Whether this is a consequence of care or an earlier difference cannot be learned from the tables, yet the combination is consistent with the argument that care responsibilities are met by reducing paid work among women (Folbre, 2012) and with estimates of lower employment among female caregivers (Skira, 2015). The substantial share of mothers without a partner (20 percent) adds a dimension of vulnerability that headline figures miss.

10.2. Implications

For employers, the evidence suggests that eldercare support should be designed around the actual pattern: short-notice absences, days off at weekends and travel to another household, not a continuous daily commitment. Leave that can be taken in hours, scheduling that allows for travel and appointments, and weekend respite services fit this better than extended leave, and support should extend to parents of school-age children, whose prevalence is highest among parents (13.3 percent). For public policy, the finding that eldercare is as common among workers as non-workers suggests that employment-contingent support alone would miss many providers, and that childcare and eldercare policy should be considered together because the same people supply both. Publication of standard errors and an age-standardised comparison would allow much firmer conclusions.

For research, two extensions follow. ATUS microdata would allow the accounting model to be replaced by observed diaries of the same people, with replicate-weight standard errors, and would allow tests of whether the time of employed parent-providers differs from that of comparable non-providers.

10.3. Conclusion

The paper set out to establish who is caught between childcare and eldercare, how much time eldercare takes from them, and what a day of it does to their budget. In 2023-24, 7.6 million parents of children under 18 provided eldercare and 4.2 million of them cared for their own parent. Parents were less likely than non-parents to provide care, mothers markedly so. Among parent-providers, 60 percent of mothers and 84 percent of fathers worked full time. Parent-providers gave 0.44 hours of care on an average day, about a third as much as other providers, because fewer of them cared on a given day, because their care days were shorter, and because nine in ten cared for someone outside the household. On a day with care, committed time rises by about ten points of waking hours, and between 20 and 28 percent of the leisure of employed parents coincides with care. The size of the sandwich generation is two to four times larger under the broadest published definition than under the narrowest.

The limits are those of published aggregates: approximated intervals, counterfactual time budgets and a single diary day. Future work should use microdata with replicate weights, link eldercare to the rest of the diary, and follow families through transitions in care. Until then, the sandwich generation is better described as a smaller group with episodic but demanding care than as a large population with a constant double burden.

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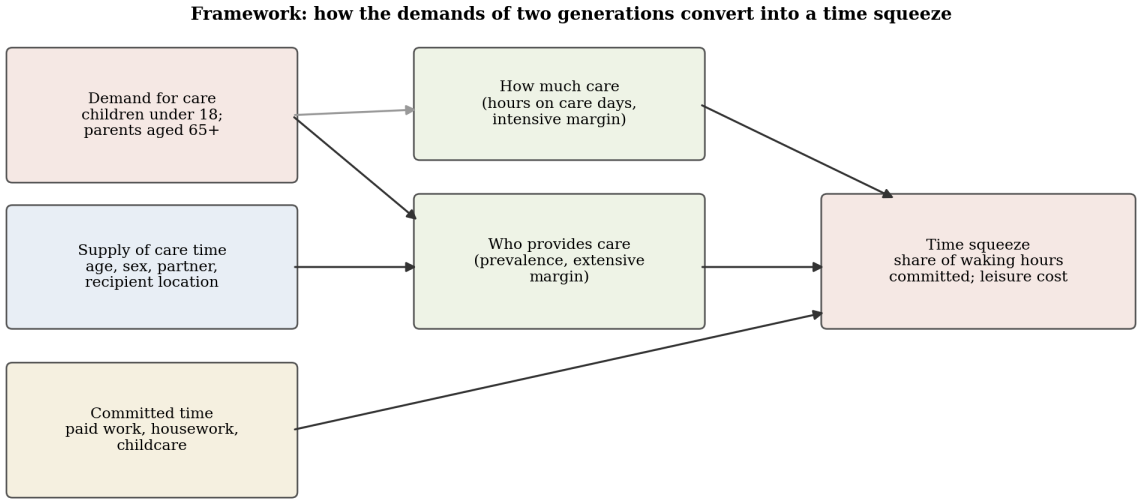
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Figures for "The Sandwich-Care Time Squeeze: Paid Work, Childcare and Eldercare in the United States"

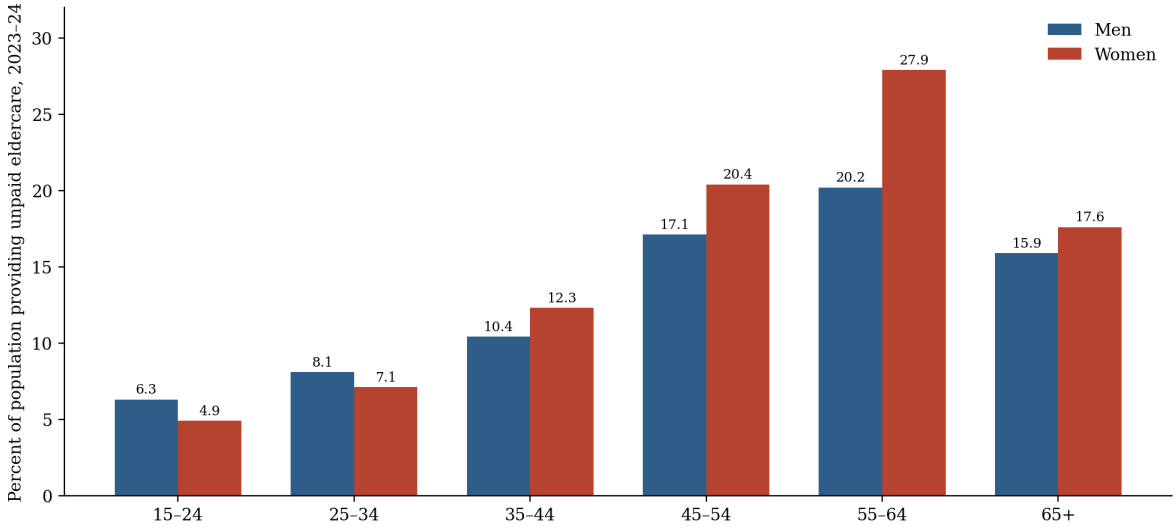
Six figures from the manuscript. Figures 2 to 6 are drawn from published Bureau of Labor Statistics data.

Figure 1. Framework linking demands for care, available time and the time squeeze.



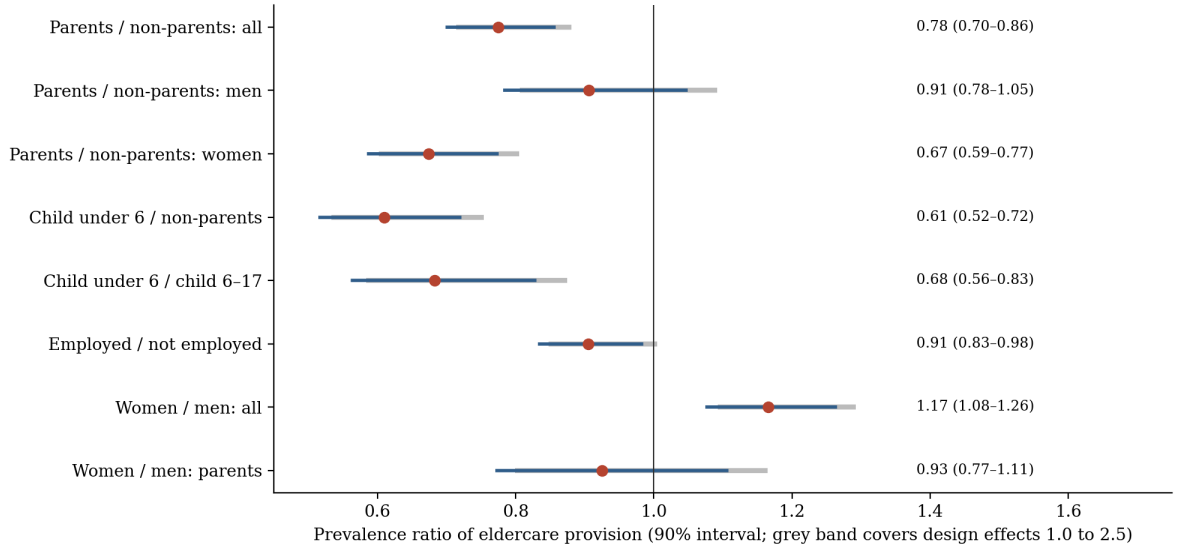
Conceptual framework; not an estimated model.

Figure 2. Share of the population providing unpaid eldercare by age and sex, 2023–24.



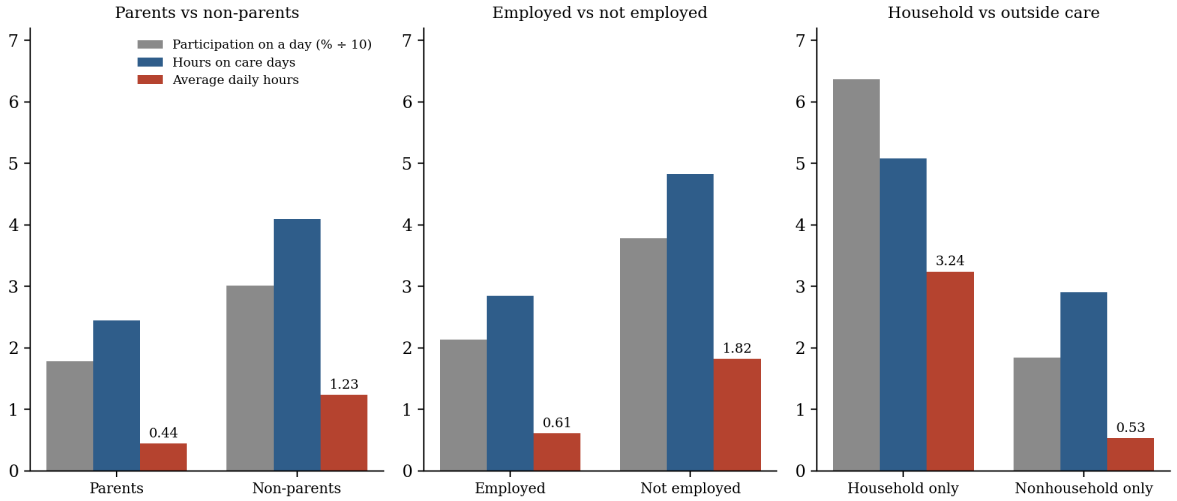
Source: BLS Unpaid Eldercare in the United States, 2023–24 (USDL-25-1462), Table 1.

Figure 3. Prevalence ratios of eldercare provision, 2023–24.



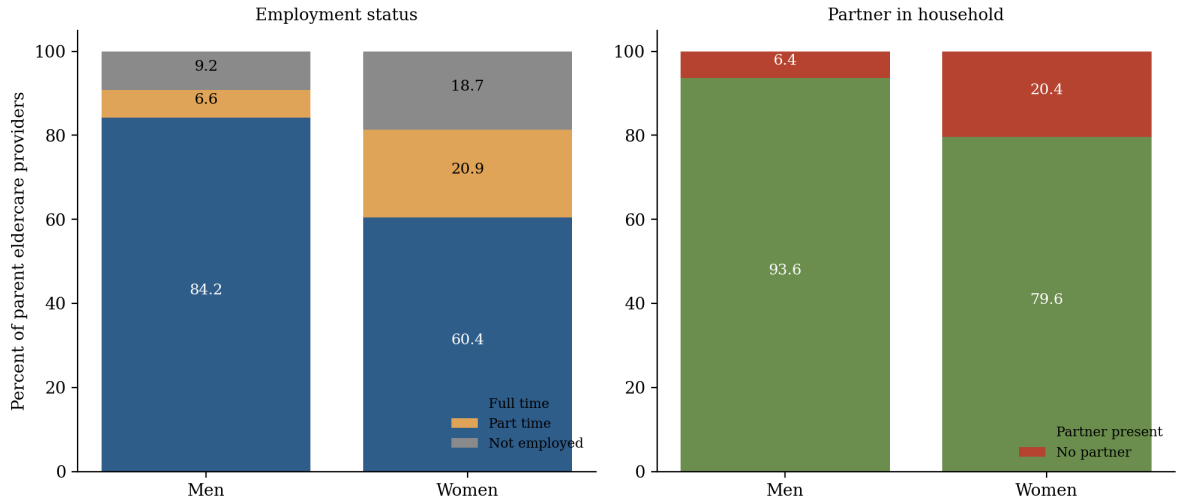
Source: author's calculations from BLS (2025a), Table 1. Blue lines: 90% intervals with an assumed design effect of 1.5; grey bands: design effects 1.0 to 2.5. Subgroup sample sizes are approximated by proportional allocation of 16,000 respondents.

Figure 4. Eldercare participation and time by parental status, employment and care location, 2023–24.



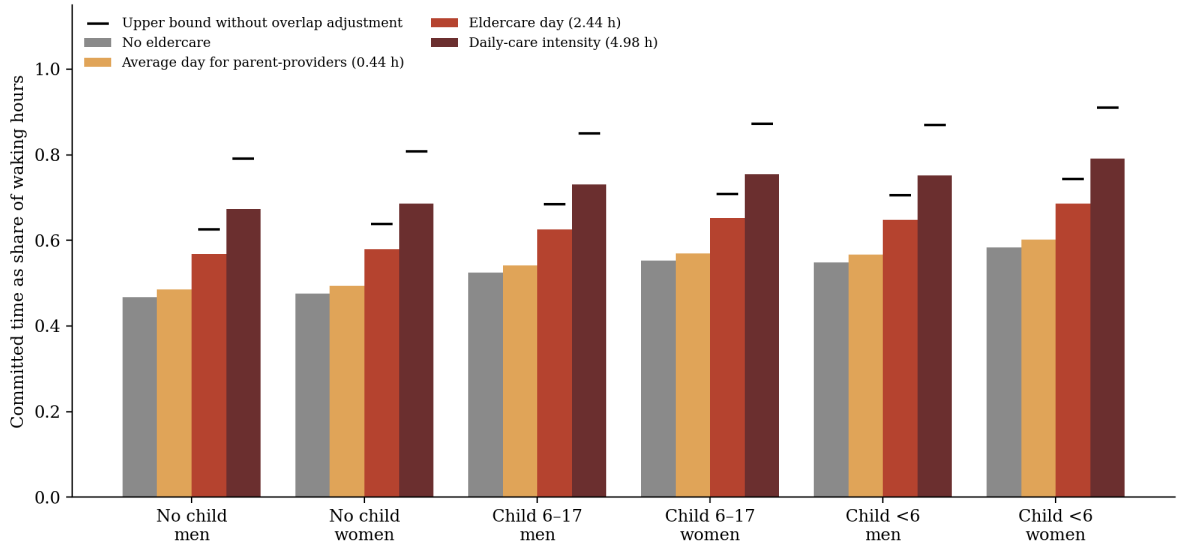
Source: BLS (2025a), Table 4. Participation is shown as percent divided by ten so that all three measures share one axis.

Figure 5. Employment and partner presence among eldercare providers who are parents of children under 18, by sex, 2023–24.



Source: BLS (2025a), Table 9.

Figure 6. Committed time as a share of waking hours under four eldercare scenarios, employed adults, 2025.



Sources: BLS (2026), ATUS 2025, Table 8B; BLS (2025a), Tables 4 and 5; author's calculations. Bars use the overlap-adjusted ratio (k = 0.636); black marks show the upper bound without adjustment. Eldercare hours are applied to all groups for comparison and do not describe the same individuals.

Tables for "The Sandwich-Care Time Squeeze: Paid Work, Childcare and Eldercare in the United States"

Seven tables from the manuscript. Numbering and notes match the article text.

Table 1. Data sources, definitions and measures

Element	Definition or content	Source
Eldercare provider	Person who provided unpaid care more than once in the previous 3 to 4 months to someone aged 65 or older who needed help because of a condition related to aging	BLS (2025a), Technical Note
Sample	About 16,000 ATUS respondents in 2023–24, of whom about 2,500 were eldercare providers; 38.2 million providers (14.0 percent of the population aged 15 and over)	BLS (2025a)
Sandwich provider (strict)	Parent of a household child under 18 who cares for a parent (55.3 percent of the 7.6 million parent-providers)	BLS (2025a), parent-provider characteristics tabulation (9); author's calculation
Participation, p	Percent of providers (or of a group) who provided eldercare on the diary day	BLS (2025a), Table 4
Hours on care days, h	Average hours of care among those who provided care on the diary day	BLS (2025a), Table 4
Average daily time, m	m = p × h; hours per day averaged over all providers in the group	BLS (2025a), Table 4
Committed time, C	Working and work-related activities + household activities + caring for household members	BLS (2026), ATUS 2025, employed-adult time-budget tabulation (8B)
Waking time, A	24 hours minus sleeping	BLS (2026), employed-adult time-budget tabulation (8B)
Squeeze ratio, q	q = (C + kE)/A, where E is hours of eldercare and k = 0.636 removes eldercare time already inside C	Author's calculation
Family caregivers (comparison)	63 million Americans, 59 million caring for adults; 29 percent in the sandwich generation (about 16 million); online probability panel	AARP and NAC (2025)

Notes: ATUS estimates for eldercare are 2-year averages. Sources are listed in full in the reference list.

Table 2. Eldercare provision by parental status, sex and employment, 2023–24

Group	Population (000)	Providers (000)	Percent providing	90% interval	Prevalence ratio (90% interval)
All persons 15+	272,126	38,192	14.0	13.5–14.6	–
Men	132,989	17,201	12.9	12.2–13.7	Women/men 1.17 (1.08–1.26)
Women	139,137	20,990	15.1	14.3–15.9	
Parents of children under 18	**66,214**	**7,616**	**11.5**	**10.5–12.5**	**vs non-parents 0.78 (0.70–0.86)**
Fathers	30,867	3,699	12.0	10.4–13.5	vs non-father men 0.91 (0.78–1.05)
Mothers	35,347	3,917	11.1	9.7–12.5	vs non-mother women 0.67 (0.59–0.77)
Youngest child 6–17	38,593	5,115	13.3	11.8–14.7	
Youngest child under 6	27,620	2,501	9.1	7.6–10.5	vs child 6–17: 0.68 (0.56–0.83); vs non-parents 0.61 (0.52–0.72)
Not a parent of a household child	205,912	30,576	14.8	14.2–15.5	

Group	Population (000)	Providers (000)	Percent providing	90% interval	Prevalence ratio (90% interval)
Men	102,121	13,502	13.2	12.3–14.1	
Women	103,791	17,073	16.4	15.5–17.4	Women/men 1.24
Employed	**174,244**	**23,569**	**13.5**	**12.8–14.2**	**vs not employed 0.91 (0.84–0.98)**
Full time	138,031	18,386	13.3	12.6–14.1	
Part time	36,213	5,183	14.3	12.8–15.8	
Not employed	97,882	14,622	14.9	14.0–15.9	

Notes: Intervals use an assumed design effect of 1.5 and approximate subgroup sample sizes from proportional allocation of 16,000 respondents; they are approximations. For the parent/non-parent ratio, design effects of 1.0 and 2.5 give 0.71–0.84 and 0.68–0.88. Ratio of ratios: women/men among parents 0.93 (0.77–1.11). Source: BLS (2025a), Table 1; author's calculations.

Table 3. Profile of eldercare providers who are parents of children under 18, 2023–24 (percent)

Characteristic	All parent-providers	Fathers	Mothers
Number (000)	7,616	3,699	3,917
Youngest child under 6	32.8	35.8	30.0
Employed	86.0	90.8	81.3
Full time	72.0	84.2	60.4
Part time	14.0	6.6	20.9
Not employed	14.0	9.2	18.7
No spouse or partner in household	13.6	6.4	20.4
Caring for a parent	55.3	56.6	54.0
Caring for a grandparent (non-coresident)	15.1	11.9	18.0
Caring for one person	62.1	58.4	65.6
Caring for two people	30.2	33.9	26.7
Nonhousehold recipient(s) only	90.7	89.7	91.6
Care daily	15.5	17.2	13.9
Care several times a week	27.4	25.1	29.6
Care for less than 1 year	25.6	21.9	29.0
Care for 10 years or more	12.8	14.3	11.4
Recipient aged 85 or older	20.9	22.3	19.6

Notes: Categories for relationship and recipient age can sum to more than 100 percent because some providers care for more than one person. Differences in full-time and part-time employment and in partner presence between fathers and mothers: full time 23.8 points (90% interval 16.0–31.6), part time 14.3 (8.3–20.3), no partner 14.0 (8.0–20.0). Source: BLS (2025a), parent-provider characteristics tabulation (9); author's calculations.

Table 4. Eldercare participation and time, 2023–24

Group	Providers on an average day (%)	Hours on days providing care	Average daily hours, all providers	Ratio of daily hours to parent-providers
All providers	27.6	3.88	1.07	2.4
Parents of children under 18	17.8	2.44	0.44	1.0
Youngest child 6–17	**19.0**	**1.88**	**0.36**	**0.8**
Non-parents	30.1	4.09	1.23	2.8
Employed	21.3	2.84	0.61	1.4
Full-time workers	20.4	2.81	0.57	1.3
Not employed	37.8	4.83	1.82	4.2
Men	25.6	3.78	0.97	2.2

Group	Providers on an average day (%)	Hours on days providing care	Average daily hours, all providers	Ratio of daily hours to parent-providers
Women	29.3	3.95	1.16	2.6
Care for household member(s) only	63.7	5.08	3.24	7.4
Care for nonhousehold member(s) only	18.4	2.90	0.53	1.2
Daily providers (self-reported)	65.9	4.98	3.28	7.5

Notes: Participation and hours are published; average daily hours are published or equal p × h within rounding. Hours on care days for parents of a child under 6 are suppressed. Source: BLS (2025a), Table 4; author's calculations.

Table 5. Decomposition of differences in average daily eldercare time

Contrast	Ratio of daily hours	Participation (extensive) share	Hours on care days (intensive) share
Non-parent providers vs parent-providers	2.83	50%	50%
Not employed vs employed providers	3.02	52%	48%
Household-only vs nonhousehold-only care	6.06	69%	31%
Women vs men providers	1.20	75%	25%
Kitagawa: all providers (1.07 h) vs parent-providers (0.44 h)	gap 0.63 h	composition (care location): 0.33 h (52%)	rates within location: 0.30 h (48%)

Notes: Shares from ln(m_A/m_B) = ln(p_A/p_B) + ln(h_A/h_B). Kitagawa composition effect = Σ (w_all − w_parent) m_k using household-only (3.24 h) and nonhousehold-only (0.53 h) means, with the mixed category set between 0.53 and 3.24 h; the composition share varies between 51.6% and 52.0%. Source: author's calculations from BLS (2025a), Tables 2 and 4.

Table 6. Committed time and the squeeze ratio by eldercare scenario, employed adults, 2025

Group	Committed C (h)	Waking A (h)	Leisure L (h)	q, no eldercare	q, average day, net	q, care day, net	q, care day, gross	q, daily care, net	q, daily care, gross	Care-day hours inside leisure ÷ L
No child, men	7.16	15.34	4.84	0.467	0.485	0.568	0.626	0.673	0.791	0.17
No child, women	7.12	14.98	4.18	0.475	0.494	0.579	0.638	0.686	0.808	0.20
Child 6–17, men	8.02	15.30	4.11	0.524	0.542	0.625	0.684	0.731	0.850	0.20
Child 6–17, women	8.62	15.60	3.37	0.553	0.570	0.652	0.709	0.755	0.872	0.24
Child under 6, men	8.56	15.59	3.37	0.549	0.567	0.648	0.706	0.752	0.869	0.24
Child under 6, women	8.92	15.27	2.97	0.584	0.602	0.686	0.744	0.791	0.910	0.28

Notes: q = (C + k E)/A with k = 0.636 (net) or 1 (gross), where E is eldercare hours: 0.44 (average day for parent-providers), 2.44 (care day) or 4.98 (care day for self-reported daily providers). k = 0.636 removes the 36.4 percent of eldercare time that the ATUS records inside household activities, caring for household members or work, which C already contains. Last column = 0.337 × 2.44 ÷ L, where 33.7 percent of eldercare time falls in leisure and sports categories. Eldercare hours are applied to every group for comparison and are not observed for the same people. Sources: BLS (2026), ATUS 2025, employed-adult time-budget tabulation (8B); BLS (2025a), Tables 4 and 5; author's calculations.

Table 7. Sensitivity and comparison of definitions

Item	Specification or source	Result
Prevalence ratio, parents vs non-parents (90% interval)	Design effect 1.0 / 1.5 / 2.5	0.78 (0.71–0.84) / 0.78 (0.70–0.86) / 0.78 (0.68–0.88)
Women/men ratio among parents	Design effect 1.0 / 1.5 / 2.5	0.93 (0.80–1.07) / 0.93 (0.77–1.11) / 0.93 (0.73–1.17)
Expected daily eldercare time of a parent-provider, E (5th–50th–95th percentile)	200,000 draws; p ~ Beta, h ~ lognormal with CV = 0.25; design effect 1.0 / 1.5 / 2.5	0.27–0.42–0.65 / 0.27–0.42–0.66 / 0.26–0.42–0.67 hours
Eldercare as share of leisure on an average day (child under 6, women)	E interval ÷ 2.97 h	9% to 22% (median 14%)

Item	Specification or source	Result
Number of sandwich carers: ATUS strict	Parent of child under 18 caring for own parent	4.2 million (6.4 percent of parents)
Number of sandwich carers: ATUS broad	Any eldercare provider who is a parent of a child under 18	7.6 million
Number of sandwich carers: AARP and NAC (2025)	29 percent of 63 million family caregivers	About 16 million
Employment of carers	ATUS parent-providers / all ATUS providers / AARP and NAC working-age caregivers	86% / 62% / 70%

Notes: AARP and NAC define caregivers more broadly (ongoing care in the past year for adults or children with complex conditions, online panel) than the ATUS (aging-related help to someone 65 or older in the previous 3 to 4 months, telephone diary survey). The 16 million figure is from the AARP Bulletin summary of the report. Sources: BLS (2025a); AARP and NAC (2025); author's calculations.