

The Care Squeeze

Transforming hidden workforce realities into care-ready organizations.



Synthesizing the 2026 University of Kansas Care Board release, AARP 2025 data, and randomized workplace trials.

Organizations are managing a workforce they do not fully see.

The Organizational Blind Spot

Caregivers are mostly new parents.

Caregiving is a women's issue.

It is a small benefits niche.

It doesn't impact core performance.

The Evidence

Caregiving spans the life course, increasingly focused on **eldercare** and **complex adult health**.

Men take physical health caregiving leave at **equal rates** (The Standard, 2026), but conceal it due to stigma.

Unpaid care work approaches **48 million workers**—a structural feature of modern work (Univ. of Kansas, 2026).

Only **25% of employers** think care affects performance; **over 80% of employee caregivers** say it does (HBS, 2019).

The hidden majority of the modern workforce.

63 Million

Americans providing ongoing care to a family member or friend (1 in 4 adults) — a 20 million increase since 2015.

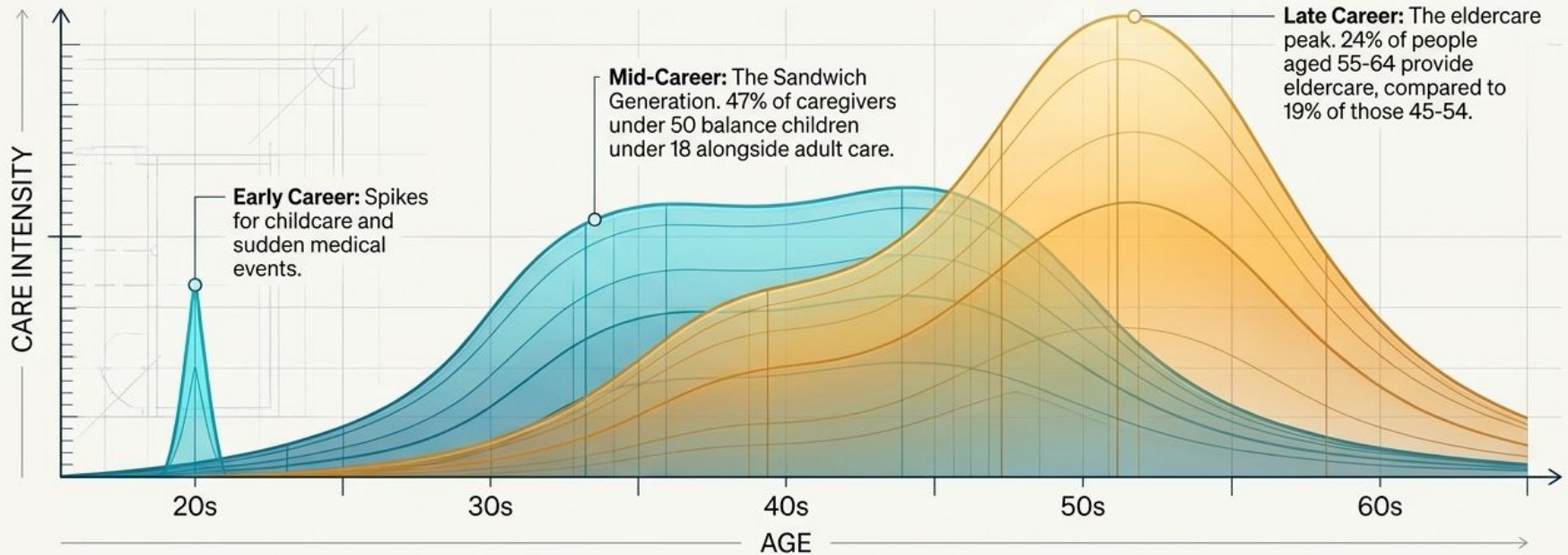
70% Employed

The vast majority of working-age caregivers are actively balancing paid jobs alongside unpaid care.

Full-Time Core

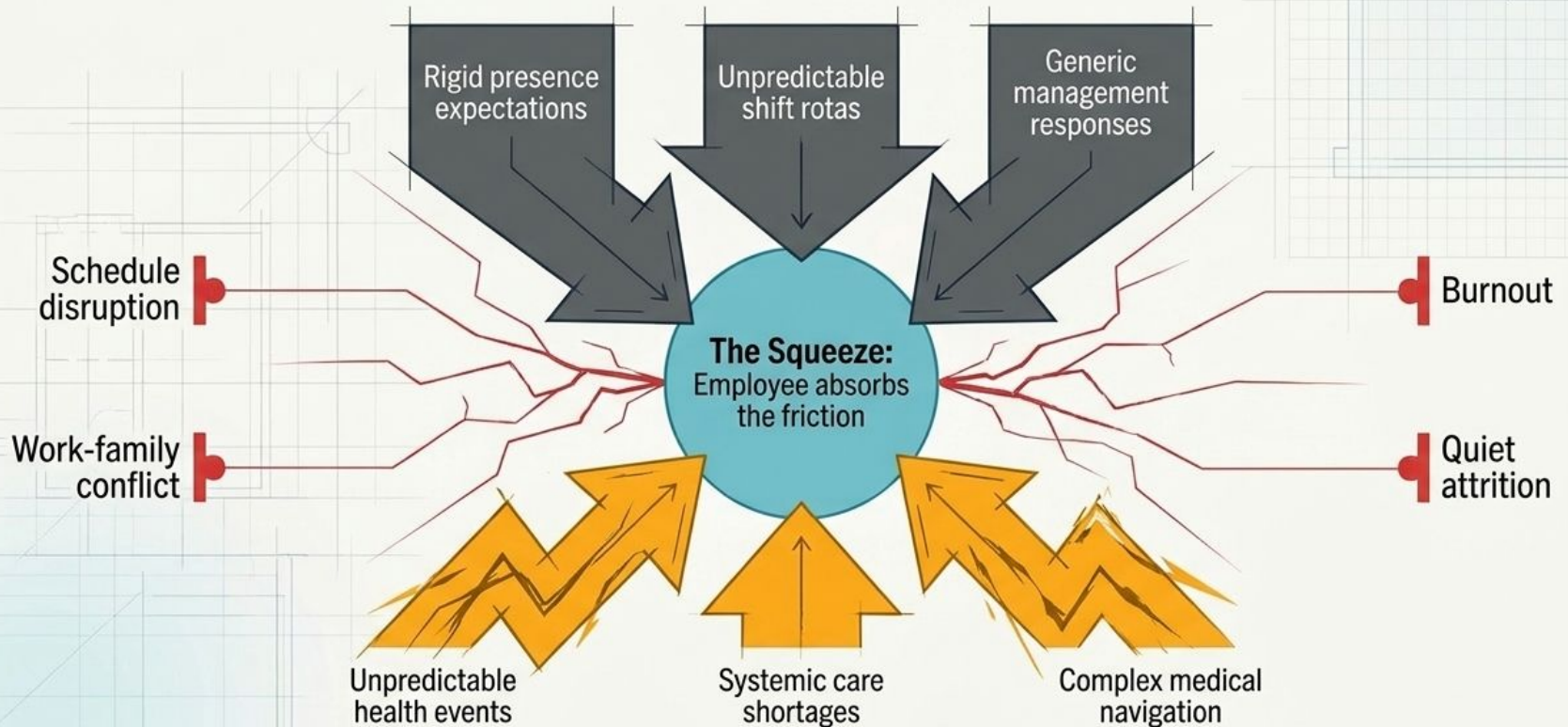
61% of working caregivers log 40+ hours a week. These are not edge cases; they are the full-time core of the labor force.

Care demands peak precisely during the leadership prime.



CORE INSIGHT: The rolling wave of progressive eldercare, complex illnesses, and sandwich caregiving crests just as employees reach peak experience and leadership potential.

The mechanical failure of the care squeeze.



The quiet talent drain organizations fail to measure

The Schedule Disruption

56%

56% of working caregivers report going in late, leaving early, or taking time off to provide care.

The Lost Pipeline

8%

18%

8% have turned down a promotion; 18% reduced their hours. The pipeline thins selectively.

The Hidden Turnover

32%

50%

32% voluntarily left a job due to caregiving. Among 26- to 35-year-olds, it reaches 50%.

The Leadership Flight

61%

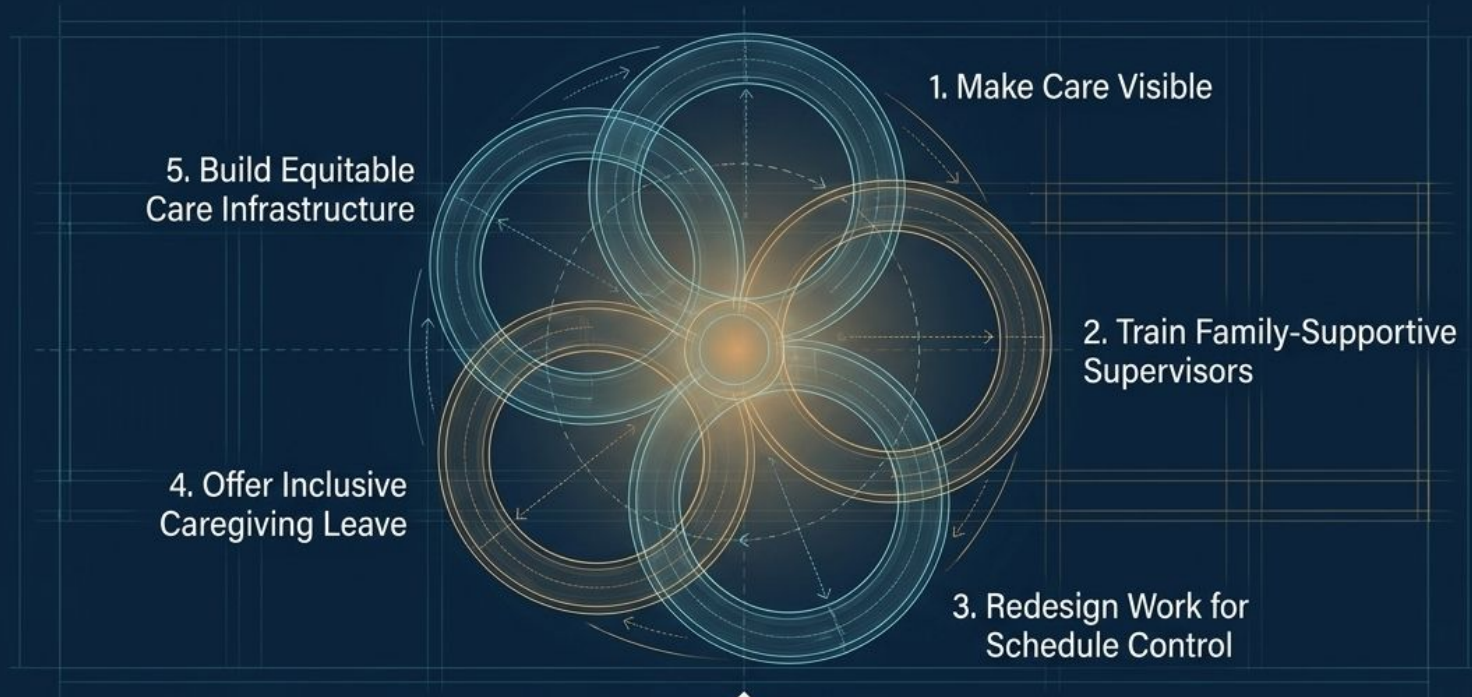
23%

61% of senior leaders (aged 26-35) report leaving a position because of caregiving, compared with 23% of individual contributors.

Senior Leaders
(26-35)

Individual
Contributors

From patchwork benefits to the Care-Ready Ecosystem.



Organizations cannot buy their way to care-readiness with unused benefits. **Real transformation** requires **shifting how work is organized** and how supervisors respond to family demands on a daily basis.

Response 1: Bring care out of the shadows.

The Problem:

Only 49% of employed caregivers say their supervisor knows about their responsibilities. Employees conceal care to protect their careers.



Run an Anonymous Care Census:

Track current and anticipated care across the lifespan to map actual workforce need.



Disaggregate Benefit Data:

Analyze leave use by gender, age, and pay type to test assumptions.



Build Carer Networks:

Establish ERGs for peer support and safe feedback channels.

Case in Point: Centrica and Aviva partnered with Carers UK to publicly normalize caregiving, running internal pilot programs to safely map employee needs before rolling out systemic policy changes.

Response 2: Train Family-Supportive Supervisors (FSSB).

Emotional Support

Listening and showing genuine concern for the employee's work-family demands.

Instrumental Support

Providing direct, practical day-to-day assistance to resolve scheduling conflicts.

Role Modeling

Supervisors demonstrating how to balance work and family on the job.

Creative Work-Family Management

Proactively redesigning how work is sequenced and handed off, rather than just granting one-off exceptions.

The Evidence: Brief, behavioral training (just 2 hours) in field studies significantly reduced work-family conflict and turnover intentions, predicting higher supervisor-rated **performance** (Kossek et al., 2011; Odle-Dusseau et al., 2016).

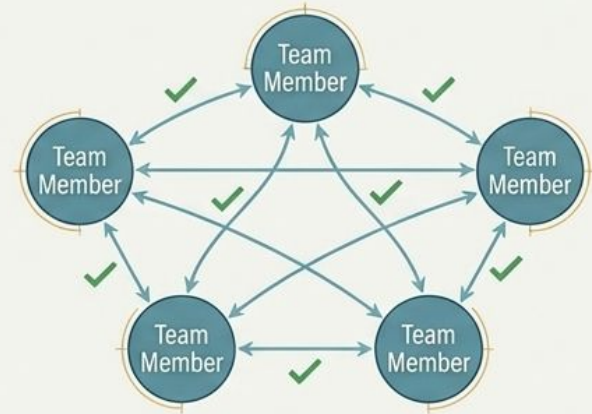
Response 3: Redesign work for team-level schedule control.

Before: Individual Accommodation



Individual exceptions create bottlenecks, fairness concerns, and require the employee to constantly negotiate unpredictable care events.

After: Team Schedule Control



Teams agree collectively on core collaboration hours and cross-training. Individuals flex without negotiating each case.

The STAR Trial Evidence: Shifting from face-time to team-based results control reduced burnout, stress, and voluntary turnover over three years –without increasing work hours (Kelly et al., 2014; Moen et al., 2017).

Response 4: Offer inclusive, stigma-free leave

Maternity & Paternity Only

Define Care Broadly:

Expand paid leave to cover spouses, aging parents, and chosen family for complex illnesses, not just new children.

Allow Intermittent Use:

Caregiving requires half-days for appointments, not always continuous weeks.

Eradicate the Stigma:

Policies fail when culturally coded as maternal. Men who request leave are penalized as "less agentic" (Rudman & Mescher, 2013). Leaders must actively model use.

Industry Benchmarks:

Deloitte (16 weeks inclusive leave)

Google (8 weeks for seriously ill loved ones)

Johnson & Johnson (10 days critical illness care)

Response 5: Build a day-to-day care infrastructure.

Core Insight: A long menu of unused benefits is useless. The infrastructure must provide immediate, frictionless triage when employees face acute care crises.

Pillar 1:

Subsidized Backup Care

Covering unpredictable breakdowns (childcare centers closing, home aides cancelling).

Example: Bank of America offers up to 50 backup days per year.

Pillar 2:

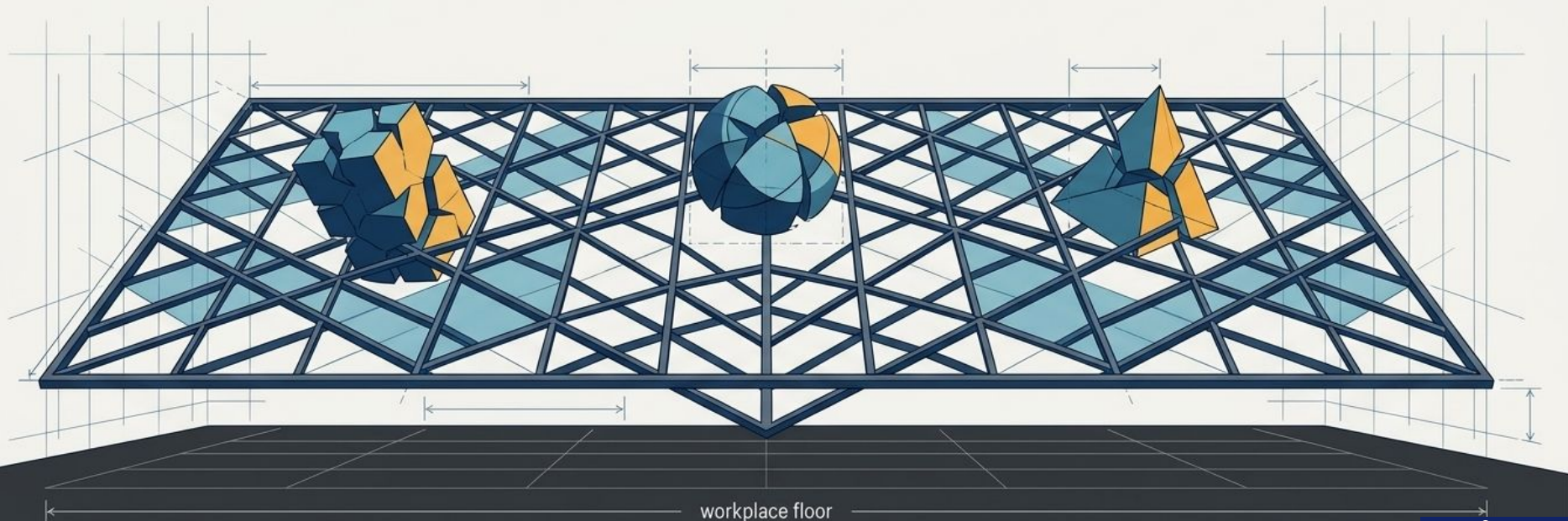
Care Navigation

Expert guidance on eldercare options, Medicare, and legal planning to save caregivers hundreds of hours of desperate searching.

Pillar 3:

Caregiver-Specific EAPs

Upgrading generic stress hotlines to include deep caregiving expertise.



The structural flaw in corporate benefits: The Equity Gap

The Equity Gap Table (AARP, 2025)

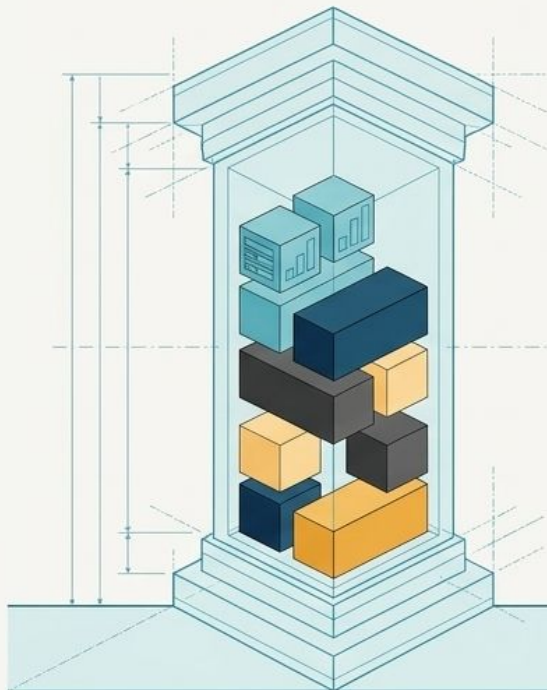


The Takeaway: Over half (53%) of employed caregivers are hourly workers. Designing infrastructure exclusively for salaried professionals misses the vast majority of the need. **Example: Starbucks extending subsidized backup care (\$1/hr in-home) to its hourly retail workforce.**

The three pillars of long-term care readiness

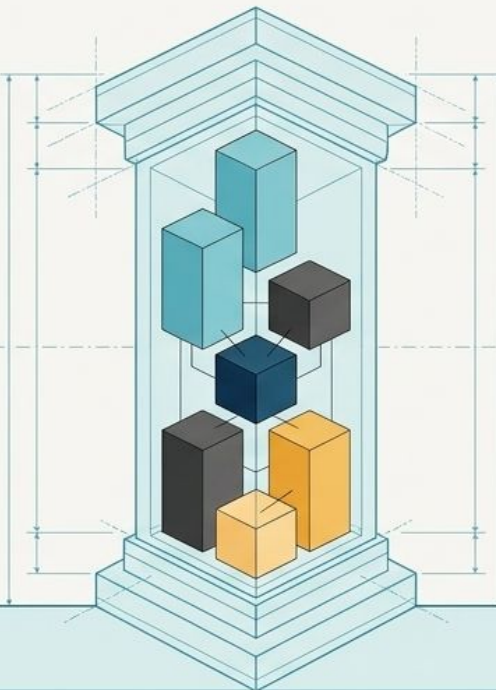
Pillar 1: Measurement & Accountability

Moving beyond guesswork. Conducting care censuses, disaggregating leave data, tracking exit interviews for care-related turnover, and assigning C-suite ownership.



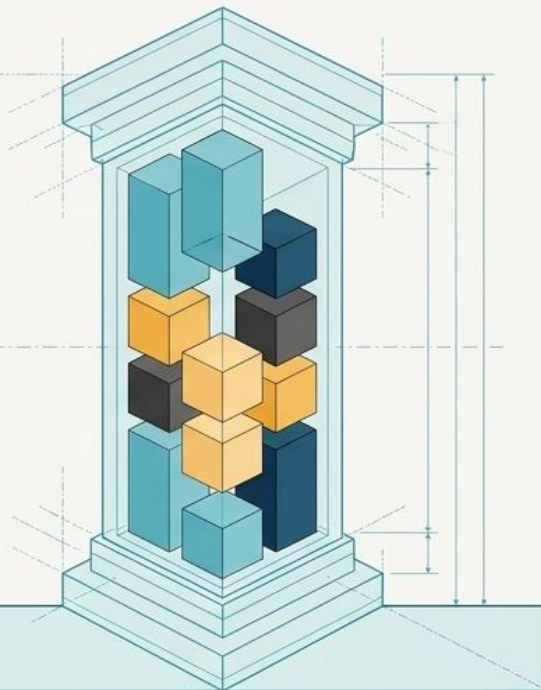
Pillar 2: Equity by Design

Building policies for the frontline first. Ensuring leave is partially paid, infrastructure is accessible without a laptop, and policies are not culturally coded as maternal.



Pillar 3: A Culture of Shared Care

Changing the narrative. Treating caregiving as a normal, expected phase of peak professional life rather than a private, hidden failing.



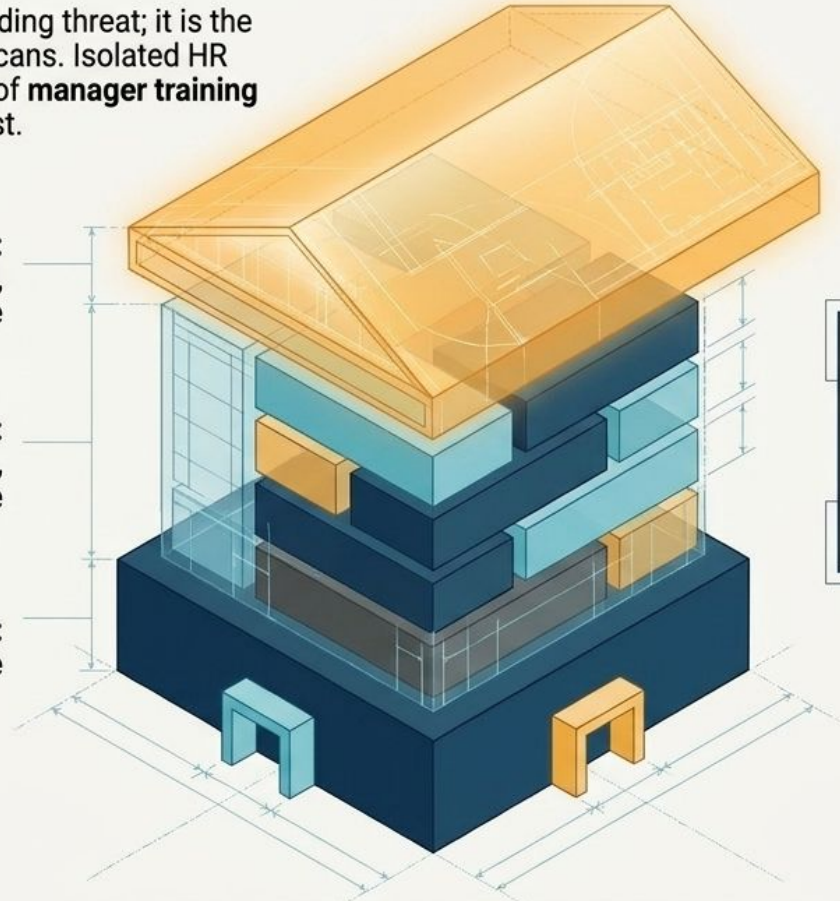
The Architecture of Shared Care

The care squeeze is not an impending threat; it is the current reality of **63** million Americans. Isolated HR benefits will fail if the foundation of **manager training** and **cultural visibility** isn't built first.

The Care-Ready Organization:
High Retention, Low Burnout,
Preserved Expertise

5 Responses:
Visibility, Managers, Schedules,
Leave, Infrastructure

3 Pillars:
Measurement, Equity, Culture



Care-readiness is not about accommodating edge cases. It is about **designing an operating system for the hidden majority of the workforce.**