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Young Adult Caregivers for Older Family Members: Setting a New Research Agenda

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Abstract

Young adults (approximately aged 18 to 29) are frequently involved in caring for older relatives, potentially filling gaps and playing key roles in the network of caregivers. The time is ripe to synthesize the emerging literature on this topic and propose an agenda for future research. This article identifies key questions for research that will propel the field forward, including: (a) why young adult caregiving warrants distinct consideration from caregiving in midlife or later life, (b) young adult caregivers' position in the caregiving network and tasks they perform, and (c) factors that help determine who becomes a caregiver at this stage of life and who does not, with attention to race/ethnicity, and beliefs about family interdependency. We then address appraisals of caregiving stress, rewards, and potential factors that may buffer the negative impact of caregiving at this stage of life. We extend this discussion to the detriments and benefits of caregiving for well-being. We consider longer-term enduring positive and negative consequences of caregiving at this potentially transformative stage of adulthood. Throughout this article, we review many of the founding studies and scholars who have laid the groundwork in this emerging field and point out the components of existing models of caregiving that particularly apply to young adult caregivers. We conclude with suggestions for potential policies and programs to allow for young adults to engage in caregiving while also pursuing the roles and activities that align with their values and set them up for a successful adulthood.

Keywords: Caregiving, Emerging adulthood, Family support, Transition to adulthood, Youth carer

Translational Significance: Young adults may serve key roles in caregiving for older relatives. This article synthesizes a burgeoning literature to propose a research agenda for the next steps in understanding this important group of caregivers. Caregiving in young adulthood may disrupt the pursuit of goals necessary to gain a foothold in adulthood (e.g., higher education and romantic partnerships). The authors pose a series of questions that will set the basis for scientific discovery leading to programs addressing young adults' caregiving experiences (e.g., tasks, position in caregiving network), stressors, and implications (e.g., detriments and benefits) of caregiving.

Family is a mainstay of care for older adults experiencing physical or cognitive impairments (Wolff et al., 2016). Yet, due to the growth of the older adult population and changes in fertility and family structures, the United States may have fewer family caregivers available than needed in the near future (Gaugler, 2022). Scholars suggest that caregiving networks need to extend to include a wide array of relatives to alleviate gaps in care (Freedman et al., 2024). Young adult caregivers fill some of these gaps by meeting the care needs of older relatives. Estimates of the number of young adult caregivers for older relatives in the United States have ranged from 2 million (aged 18 to 21; Miller et al., 2024) to 4 million (aged 18 to 25; Levine et al., 2005), and even up to 10 million (aged 18 to 34; AARP, 2020). Identifying ways to optimize young adults' caregiving experiences, including reducing the stresses of caregiving and maximizing potential rewards, may support this pool of valuable caregivers now and in the future.

Research interest in young adult caregivers has risen over the past two decades. Studies at the start of this century drew on small samples of young adult caregivers to lay the groundwork for this topic (Dellmann-Jenkins et al., 2000). A large study in the UK examined youth and young adult caregivers (aged 16 to 24) brought increased attention to this population (Becker & Becker, 2008). As we describe, research on young adult caregivers increased during the 2010s and early 2020s, addressing this topic as the cohorts in their 20s, colloquially referred to as the Millennials and Gen Z, engaged in caregiving. The time is ripe to synthesize literature on this topic and pose questions to address in future research.

In this article, we focus on young adults (aged 18 to approximately age 29) caregiving for older family members (aged 65 and older), most often a grandparent or other older relatives (Levine et al., 2005). For parsimony, throughout this review, we use the term "caregiving" to refer to family caregiving for older relatives.

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Our goal is to provide a broad overview of the "lay of the land" and to propel the field forward with an agenda for future research. We consider: (a) how young adulthood is distinct from later stages of adulthood, (b) definitions of caregiving in young adulthood, (c) young adults' position in the caregiving network and tasks young adults engage in, (d) structural and cultural reasons why some young adults are caregivers, while others are not, (e) young adults' appraisals of burden and rewards from caregiving, and (f) potential current and long-term detriments and benefits of caregiving for well-being in young adulthood. For each issue, we synthesize what is known and seek to identify what remains to be learned. Figure 1 illustrates these questions.

Why Study Young Adult Caregivers Separately?

We start with a key question: Why consider young adult caregivers separately from midlife and older caregivers? We suggest that young adult caregivers have distinct experiences from midlife or older caregivers due to their position in the life course. Decades ago, Erik Erikson (1950) discussed stages involved in the establishment of identity and the need to form romantic ties during adolescence and into adulthood. Over the past few decades, the transition into adulthood has become increasingly prolonged for many groups, and research has shifted to consider developmental tasks that may vary by individual or cultural group, rather than defined stages.

As such, the parameters of young adulthood have become unclear, and this is particularly true in the caregiving literature. A burgeoning literature has focused on youth caregiving prior to age 18 (Joseph et al., 2020; Kavanaugh et al., 2016), under the age of 21 (Hamill, 2012; Shifren, 2008), or under the age of 25 (Armstrong-Carter et al., 2022; D'Amen et al., 2021; Di Gessa et al., 2022). Other studies have examined caregivers across wider age ranges, such as 18 to 39 years or even older (Darabos & Faust, 2023; Dellmann-Jenkins et al., 2000; Pope et al., 2022; Shifren & Kachorek, 2003). Here, we focus primarily on young adult caregivers aged 18–29, recognizing that these boundaries are permeable, but are consistent with much of the developmental literature on emerging adulthood and transitions to adulthood.

At the turn of this century, theorists recognized "emerging adulthood" and "transitions to adulthood" as a period commencing around age 18 and enduring roughly through the 20s (Arnett, 2000; Furstenberg, 2010). This period involves the completion of education, commencement of paid jobs and/or start of a career, and formation of romantic partnerships. In general, young adulthood involves getting a foothold in new roles.

Some cultures view psychological autonomy and responsibility as key markers of adulthood. Yet, interdependence and sharing of family resources may be more normative markers of adulthood in many cultures, including minoritized ethnic and racial groups in the United States (Arnett & Galambos, 2003). In keeping with this view of interdependence, a meta-analysis of qualitative studies found that many young adult caregivers consider caregiving as an aspect of their identity, part of a transition to adulthood, rather than an impediment (Rose & Cohen, 2010).

Due to the formative nature of this stage of life, caregivers may experience distinct stressors regarding the types of care they provide and their appraisals of burdens and rewards in providing that care. In order to understand these phenomena, we begin with a fundamental question regarding caregiving in young adulthood.

How Do We Define Caregiving in Young Adulthood?

Definitional and measurement inconsistencies pervade research on caregivers. The term "caregiving" (as applied in this article) refers to helping an older adult when they experience physical, cognitive, or psychological disabilities. But families also support one another in numerous ways when members are healthy and function independently. As such,

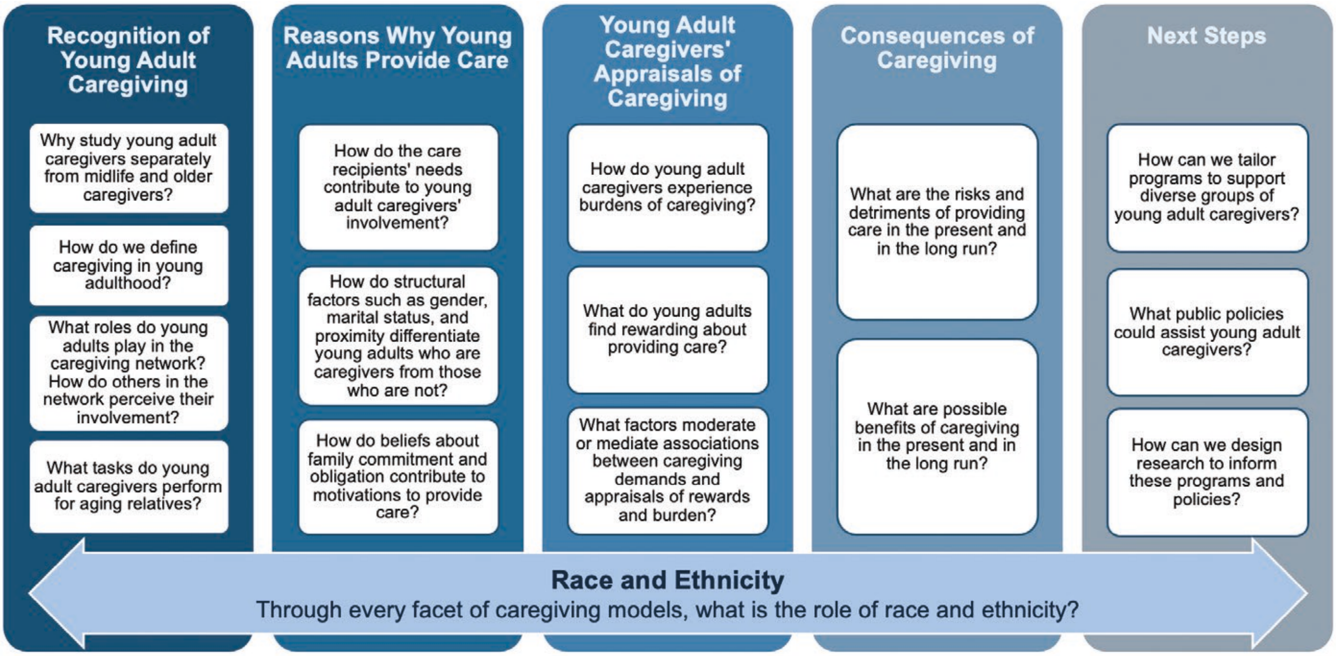

Figure 1. Questions for a new research agenda on young adult caregivers.

it can be difficult to establish a boundary between everyday support and caregiving. Schulz and Quittner (1998) argued that caregiving can be an extension of everyday support, such as when a spouse does laundry for a partner who has Alzheimer's disease. But caregiving per se is distinguished from everyday support by greater intensity, time, effort, and investment of resources beyond the norm of everyday support exchanges. Furthermore, this care is aimed at individuals who *require* care because they cannot perform tasks due to physical, emotional, or cognitive impairment.

The subjectivity and ambiguity in the delineation between everyday support and caregiving are evident for young adult caregivers. For young adults, caregiving may involve tasks they would not ordinarily fulfill for older relatives (e.g., driving or accompanying to appointments). These tasks for older relatives exceed expected norms for young adults, but might be considered everyday help if performed by a spouse or a midlife grown child.

Other studies characterize young adult caregivers differently. In a systematic review of the literature on young adult caregivers aged 18 to 25, Chevrier, Lamore, et al. (2022) found that most studies relied on questions about providing unpaid care to a relative due to health problems. But sometimes caregiving was defined by the endorsement of activities from a list (Canell & Caskie, 2022) or asking about caregiving broadly in the prior 30 days (Grenard et al., 2020).

Furthermore, care recipients and caregivers may hold different perspectives on the young adults' involvement. For example, a U.S. national study asked over 1,300 adults of all ages whether they provided unpaid help to an adult relative in the prior year (with no restriction on type or intensity of help). Twenty-six percent of self-identified caregivers of relatives older than the age of 50 were aged 18 to 34 (AARP, 2020). The American Time Use Survey asked 19- to 22-year-olds whether they provided assistance with daily activities (outside of normal chores) for at least 15 min a day to an adult who has conditions associated with aging. In this study, nearly 13% of individuals aged 19 to 22 (nearly 2 million people) reported that they were involved in caring for an older relative (Miller et al., 2024).

Reports from care recipients indicate a lower prevalence of young adult caregivers. In the large U.S. National Study of Caregiving (NSoC), older adults who were receiving assistance with daily activities named up to five people who helped them (Spillman et al., 2020). Only 11% of the listed caregivers fell into the combined grouping of son-in-law, daughter-in-law, or grandchild. Notably, the definition of caregiving was linked to specific tasks as opposed to simply providing help in the past month, but findings still suggest that other caregivers may be more salient and primary to the care recipient, which raises the next question.

Where Do Young Adults Fit in the Caregiving Network?

Researchers have recognized that caregiving often involves a network of paid and unpaid caregivers who assist older adults (Andersson & Monin, 2018; Freedman et al., 2024; Marcum et al., 2020; Spillman et al., 2020). In caregiving networks, often there is a "primary" caregiver who handles the bulk of personal care, practical support, and coordination of paid and unpaid caregivers (Spillman et al., 2020). Small studies have examined young adults who serve as primary caregivers (Dellmann-Jenkins et al., 2000). But more commonly, the primary caregiver is a spouse or midlife grown child (Marcum et al., 2020). Young adults often serve auxiliary roles that supplement the efforts of other caregivers (D'Amen et al., 2021).

Young adults' involvement in caregiving partially stems from other available caregivers, and whether family or paid caregivers are involved. Furthermore, the constellation of caregivers reflects family structure, including marital histories, number of children or siblings, geographic proximity, and other factors (Freedman et al., 2023).

The use of paid caregivers depends on a family's resources, access to paid services, and the family's beliefs about bringing in outsiders to provide care. Families in rural areas and those with less education are disadvantaged in access to paid and formal services compared to affluent families in geographic locations with more available care services (Rahman et al., 2020; Reckrey et al., 2020). Research suggests that when paid care is available and used, young adults are less involved in caregiving (Chevrier, Lamore, et al., 2022). Indeed, research suggests that young adults may be less likely to engage in caregiving if paid caregivers are available (D'Amen et al., 2021; Levine et al., 2005; Liang et al., 2022).

Research is scant regarding young adults' patterns of involvement. Some young adults may provide regularly scheduled care, but other young adults may provide intermittent caregiving due to their own uncertain work hours or educational obligations. Young adults may step in when another caregiver cannot (e.g., a parent has a conflict or emergency and cannot engage in their regular caregiving activities). As such, young adults may not have substitute caregivers to fill in for themselves. Examining these issues will shed light on the dynamics of auxiliary caregivers, particularly young adults.

Some individuals fill caregiving roles for multiple relatives (AARP, 2020). A systematic review of the literature, however, indicated that the majority of young adult caregivers care for only one aging relative (Chevrier, Lamore, et al., 2022). Nevertheless, complicated family structures might place some young adults in caregiving roles for several older relatives (e.g., step-grandparent, multiple great-grandparents, ex-grandparent-in-law), compounding the number of caregiving relationships they must navigate. Future research should examine the array of linkages among caregiving network members, with consideration of complex family forms.

Network members' perceptions of the young adult's involvement likely shape the young adult's caregiving experiences. Other members of the network may not always recognize the young adult's involvement. Young adults may step in to assist parents who provide the bulk of care. Take a hypothetical example: Maria, a midlife daughter, serves as a primary caregiver. When her young adult child steps in to help the grandparent, other members of the caregiving network might attribute that help to "Maria's family" rather than directly to that grandchild. Rurka and colleagues (2021) used a mixed-methods design of quantitative and qualitative data to examine midlife family caregiving networks in midlife (specifically siblings caring for their mother). They applied identity theory to examine the dynamics of caregiving in these networks and found that perceived criticism from siblings in the network was associated with greater depression. In young adulthood, identity formation is paramount, and perceived judgments from the caregiving network may have a profound impact on the caregiving experience. Perceptions of whether other caregivers acknowledge or criticize the young adult caregiver might influence their feelings about caregiving.

What Tasks Do Young Adults Perform When Caregiving?

Young adults engage in some of the same caregiving tasks as midlife and older adult caregivers. Levine and colleagues (2005) reported that nearly all young adult caregivers (98% to 100%) engaged in activities such as shopping, housework, transportation, and meal preparation, but rarely engaged in personal care. A study of nearly 3,000 college student caregivers in France found that their most frequent caregiving activities involved household chores (Chevrier, Untas, et al., 2022). Household chores can range from everyday tasks to more intense tasks. But, Grenard and colleagues (2020) used a large national U.S. sample of over 3,000 caregivers aged 18 to 25 and found that over half assisted an older care recipient with more intimate medical and personal care needs. When young adults provide personal care, they are more likely to define their role as true caregiving than when they only provide everyday support (Bou, 2023).

Several tasks that young adults are likely to perform are absent from common assessments of family caregiving. For example, many children in immigrant families engage in "language brokering," assisting an older relative who is not fluent in English to fill out medical forms or translate at a physician's appointment (Kim et al., 2018). Older adults depend on younger relatives to help with technologies, including purchases, installment of new devices, or problem-solving technology problems (Fingerman et al., 2020; Freeman et al., 2020).

This range of tasks underscores the difficulty of defining caregiving. When young adults help with personal tasks (e.g., feeding, dressing), it is clearly caregiving. But other tasks are less clearly delineated (Schulz & Quittner, 1998). In a hypothetical example, a young adult helps a grandparent install an app as a normal form of support, but ongoing tracking and distributing medication regimes, filling out online medical forms, and managing an electronic calendar for appointments might be perceived as caregiving. Assessments of caregiving in young adulthood need to identify tasks that young adults consider to be beyond everyday family help.

Why Do Some Young Adults Become Caregivers?

Using a range of definitions, studies have identified common factors that explain why some young adults become caregivers, whereas others do not. The care recipient's needs and degree of disability help determine caregiving at all ages (Han, 2023). Older adults experiencing dementia require more care than older adults experiencing other disabling conditions (Kasper et al., 2015; Spillman et al., 2020; Wolff et al., 2016). As such, young adults may be more involved in caregiving when older family members experience cognitive impairments compared to other impairments. Studies also have shown that young adults become involved when older relatives have been hospitalized or are frail (Levine et al., 2005). Other demographic factors help determine which young adults engage in caregiving as well.

Gender and Marital Status

It is unclear whether caregiving in young adulthood varies by gender. In midlife and late life, more women than men provide care to aging relatives (Alzheimer's Association Report, 2023; Freedman et al., 2023). But a U.S. national study found young adult men were equally likely to provide care to an aging relative as were young adult women (Miller et al., 2024). Another U.S. study found men were slightly more likely to be caregivers for older relatives than were young women (Levine et al., 2005). By contrast, in a large sample from the UK Household Longitudinal Study, young women were more likely to provide care to older relatives than were young men (Di Gessa et al., 2022). These contradictory patterns may partially reflect the definitions of caregiving and gender-based values in different countries, but also may stem from other structural factors.

Marital status also plays a role in whether a young person helps meet an older relative's needs. In their systematic review of the literature, Chevrier, Lamore, et al. (2022) found that single young adults were more likely to be caregivers than married young adults. In the past decade, the median age of first marriage rose to over 30 years for men and 28 years for women in the United States, such that unmarried young adults constitute a significant proportion of young adults (Julian, 2022). Moreover, the intersection of marriage and gender may be important; a slightly greater number of single young adult men may help account for apparent gender equity in early adult caregiving.

Race and Ethnicity

Race and ethnicity may be the strongest predictors of young adult caregiving involvement. Young adults in ethnic/racial minoritized groups are more likely to engage in family caregiving for older relatives compared to non-Hispanic White young adults (Levine et al., 2005; Miller et al., 2024). Approximately one-third of self-identified caregivers in Hispanic American, African American, and Asian American/Pacific Islander families are aged 18 to 34 (AARP, 2020; Evercare & National Caregiving Alliance, 2008). Young adult grandchildren, great nieces, nephews, or young fictive kin provide care for older adults in African American families (Dilworth-Anderson, 2001).

Family members' needs partially explain ethnic and racial differences in caregiving in early adulthood. The onset of neurodegenerative disease and physical disability occurs at younger ages in minoritized and lower SES populations in the United States than among affluent and/or non-Hispanic White older adults (Díaz-Venegas et al., 2016). Feng and colleagues (2024) found that Black individuals are less likely to have spouses available to serve as caregivers, but have more children, grandchildren, and nieces/nephews than White older adults. Given the higher prevalence of dementia and disability in Black Americans, however, there still may be insufficient caregivers of middle or older age, necessitating greater involvement from young adults.

Geographic proximity to, or coresidence with the care recipient provides opportunity for frequent caregiving involvement. Young adults residing in the same household with older relatives are more likely to be involved in caregiving than young adults who reside in different households (Chevrier, Lamore, et al., 2022; Dang et al., 2024). Young adults from minoritized or lower socioeconomic populations are more likely to reside in multigenerational households than are young adults from relatively well-off non-Hispanic White populations (Fry, 2022), possibly contributing to racial and ethnic differences in caregiving involvement.

Given the striking distributions of young adult caregivers in racially and ethnically minoritized populations, race and ethnicity are key components in every question we might ask about young adult caregivers. There is literature on racial and ethnic disparities among midlife and late-life caregivers (Fabius et al., 2020; Haley et al., 1996) and research on young adult caregivers must provide attention to these factors as well.

How Do Beliefs About Family Contribute to Young Adults' Caregiving Involvement?

Several models and theories address demographic variables that contribute to caregiving, resources, and the individual psychological factors underlying caregiving experiences in midlife and late life. We highlight specific components of these models most relevant to why some young adults are more engaged in caregiving than others.

Sociocultural models consider structural factors, but also emphasize beliefs and norms about engagement in family caregiving (Dilworth-Anderson et al., 2005; Dilworth-Anderson et al., 2020; Sayegh & Knight, 2011). Cultural expectations might help explain why young adults in minoritized racial and ethnic groups engage in caregiving for older relatives more than young adults in non-Hispanic White families (Dilworth-Anderson et al., 2005, 2020; Knight & Sayegh, 2010).

Norms for providing care reflect beliefs about interdependence and family connection across generations. Familism includes feelings of attachment, loyalty, and obligation to help family members (Cahill et al., 2021; Campos & Kim, 2017). Studies have found that Latinx and Asian American adolescents who hold stronger cultural beliefs about familism provide more support to older generations (Campos & Kim, 2017; Fuligni, 2007).

Young adult caregivers from many minoritized racial and ethnic groups report that caregiving was an expectation from their upbringing, and commitment to family remains a core value (Evercare & National Caregiving Alliance, 2008; Fabius et al., 2020). A synthesis of qualitative studies from the 1990s and early 2000s found that young adults who experienced a steady transition into the caregiving role from childhood were more likely to view the caregiving role as a normative and accepted part of their identity (Rose & Cohen, 2010).

It would be oversimplifying to lump together minoritized populations regarding these beliefs, however. For example, filial piety and respect have been identified as key to caregiving involvement in Asian and Asian American populations. But family commitment may be more characteristic of Hispanic subgroups (Kim et al., 2015; Knight & Sayegh, 2010). Further, within groups, values differ by country of origin, immigration status, and other factors (e.g., Korean vs Japanese, Hispanic subpopulations of different national origin; Kim et al., 2015; Knight & Sayegh, 2010). And of course, within-group heterogeneity in values also warrants research attention.

Non-Hispanic White young adults are less likely to be involved in caregiving than young adults from minoritized populations. In non-Hispanic White families, intergenerational support often occurs in response to the older adult's needs (stepping in when needs are more extreme; Fingerman et al., 2011). Research rarely assesses whether caregivers believe that caregiving is "normal" for their stage of life. But life course theory suggests that individuals may be more engaged in roles that they experience as appropriate for their stage of life (Elder & Johnson, 2003). The belief that caregiving is not typical of one's life stage may deter involvement among non-Hispanic White young adults.

How Do Young Adults Appraise Burdens and Rewards of Caregiving?

A rich literature has evolved supporting the Stress and Coping Model of Caregiving (Aneshensel et al., 1995; Pearlin, 2010; Pearlin et al., 1990). The model delineates primary stressors that reflect the care recipient's physical and cognitive impairments (symptoms, disabilities) and secondary stressors, which arise from the time and resources devoted to primary stressors (e.g., pursuit of education-caregiving conflicts). Members of a caregiving network may share an overall primary stressor in the older care recipient's impairments. But young adults may experience different primary stressors than older caregivers based on the tasks they perform (described above). The secondary stressors may be specific to the young adult's stage in the life course (e.g., completing education).

According to this model, appraisals of caregiving burden (perceived negative impact of time, effort, and energy caregiving entails) arise from these stressors, and affect caregiver well-being at all ages (Haugland et al., 2020; Zarit et al., 1986). Burden might be understood as the negative subjective experience of performing tasks involved in caregiving.

The nature of caregiving burden may differ for different age groups, however. Koumoutzis and colleagues (2021) applied Pearlin's Stress Process Model to a U.S. national sample of caregivers aged 18 to 80 and found that young adults (aged 18 to 39) reported less overall caregiver burden compared to older caregivers, but these younger caregivers reported more financial burden. Another study with a selected U.S. sample recruited from local agencies revealed a similar pattern with young adult (18 to 40) caregivers reporting more financial strain (despite being employed) compared to midlife (41 to 60) and older (61+) caregivers, but also more positive feelings about caregiving (McLaughlin et al., 2019).

Rewards of Caregiving

Many caregivers report satisfaction as well as burden from caregiving (Haley et al., 2009; Marino et al., 2017; Quinn & Toms, 2019). Appraisals of rewards may buffer subjective perceptions of burden. For example, in a small study relying on retrospective reports, individuals who had been caregivers prior to the age of 21 ascribed more positive mental health benefits than negative consequences to their experiences (Shifren & Kachorek, 2003).

Many young adult caregivers report increased closeness to the care recipient (often a grandparent; Bou, 2023). In a qualitative study, young adult caregivers described rewards from enhanced relationships with family network members as well as with the care recipient (Pope et al., 2018). Drawing on sociocultural models, we speculate that young adults may find caregiving rewarding when their behaviors are consistent with their values for family. Additional research is needed to disentangle appraisals of burdens and rewards of caregiving in young adulthood.

Resources Associated With Burden and Rewards

Perceived burden and rewards of caregiving may reflect the resources and coping strategies caregivers have available. Lazarus and Folkman (1984) proposed a model of stress and coping that emphasizes appraisal and resources, and has been applied to the caregiving literature. Notably, these premises have been referred to as both a theory and a model, and we use the term model here. This model specifies the types of internal psychological resources (e.g., mastery and efficacy) and external resources (e.g., paid care and social support) that allow caregivers to cope effectively with caregiver stressors, thus diminishing negative stress appraisals and burden, and potentially increasing positive feelings and rewards of caregiving (Folkman, 1997; Haley et al., 1987; Vitaliano et al., 2003).

Scholars have applied this model and found that resources external to the individual caregiver (e.g., paid services, financial resources, and social support) can be an important buffer in coping with the distress of caregiving. Access to external resources is associated with lower appraisals of stress and burden compared to lacking these resources (del-Pino-Casado et al., 2018; Haley et al., 1996). Older caregivers may be more likely to have these resources than younger caregivers. For example, as mentioned previously, young adult caregivers experience a greater financial burden than do older caregivers (Koumoutzis et al., 2021). A small study with a mean age of 58 revealed that 70% of these midlife participants felt they could turn to someone for support with caregiving (Friedman & Kennedy, 2021). But life course theory suggests that when individuals experience life events "off time" compared to the larger population, they are less likely to have social support for those experiences (Elder & Johnson, 2003).

Internal psychological resources are also important in explaining differences in appraisals of caregiving situations. Individuals who are higher in self-efficacy (i.e., who have stronger beliefs in their ability to provide care) report more positive feelings about caregiving in midlife and old age (Semiatin & O'Connor, 2012). Feelings of mastery play an important role in diminishing the burden and enhancing the rewards of caregiving (Mausbach et al., 2007). Older caregivers are likely to have more life experiences relevant to caregiving, enhancing positive appraisals such as self-efficacy. By contrast, young adult caregivers may be less likely to have these relevant life experiences in providing care for others to draw on as a coping resource. Age differences in psychological resources to cope with caregiving warrant investigation.

Providing support and helping family also may generate psychological resources. In one study, community college students who remembered engaging in more "regular daily chores" when they were growing up (e.g., meal preparation) also reported higher self-efficacy (Riggio et al., 2010). A literature review on young caregivers (including those under 18 as well as young adults) found that these young people reported improved self-image and awareness of their abilities stemming from caregiving (D'Amen et al., 2021). Future studies could inform understanding of how internal psychological strengths buffer burden and enhance rewards and how those psychological strengths arise.

What Are the Implications of Caregiving in Young Adulthood for Well-Being?

At all ages, caregiving has implications for well-being. The immediate impact of caregiving may generate appraisals of stress and burden, positive feelings, and rewards, and these reactions to caregiving have implications for mental and physical health in the present. Caregiving also can generate enduring effects (both positive and negative) for future long-term well-being. This is particularly true for caregiving in young adulthood. The allocation of time and resources devoted to providing care at this stage of life may have implications for future well-being for decades to come.

Possible Detriments of Caregiving

Research comparing young adults engaged in caregiving to their age peers who are not indicates that caregiving places young adults at risk of worse psychological well-being (e.g., higher depressive symptoms, greater anxiety), risky health behaviors, and poor physical health (Darabos & Faust, 2023; King et al., 2023). For example, Armstrong-Carter and colleagues (2022) studied over 7,000 U.S. college students aged 18 or older, approximately 430 of whom were caregivers. The caregivers fared worse on indicators of depression and anxiety compared to their non-caregiving peers. A U.S. national study examining over 3,000 caregivers and 12,000+ non-caregivers aged 18 to 25 found that caregivers were more likely to report frequent mental distress and to engage in smoking (Grenard et al., 2020).

The literature on the detriments of caregiving in young adulthood should not be taken as definitive, however. Alfonzo and colleagues (2024) conducted a systematic literature review of studies addressing mental health among caregivers under the age of 25. Overall, young adult caregivers had worse mental health than their non-caregiving peers, but the authors critiqued the quality of studies, leaving the door open to future research. Furthermore, findings differ depending on the sampling approach. Depression rates in nationally representative samples of midlife and older caregivers tend to be lower than in clinical or convenience samples of caregivers (Marino et al., 2017), sampling biases also may be evident young adulthood.

Negative consequences of caregiving also may vary as a function of the tasks and hours of care. A study of college students in Norway found that number of hours engaged in caregiving predicted mental health problems and insomnia in a dose-response pattern (Haugland et al., 2020). Further, Grenard and colleagues (2020) found that young adults who engaged in personal care tasks (e.g., bathing and feeding) reported increased psychological distress, more so than young adult caregivers who were only involved in household chores (e.g., cleaning and preparing meals), though reasons underlying these differences (e.g., the older person's needs, the size of the caregiving network) may also explain these disparities in well-being.

The interplay between current caregiving demands and the pursuit of future goals may generate tensions and undermine well-being, regardless of what happens in the future. Research suggests that the inability to plan for the future has negative consequences for perceived control and diminished life satisfaction in the present (Prenda & Lachman, 2001). Caregiving necessarily takes time and possible resources that could be allocated to the young adult's transitions into adult roles (e.g., establishing a social network, developing intimate relationships, completing education, starting of career, and financial stability). Young adult caregivers may incur detriments because caregiving interrupts activities associated with planning for the future. For example, a longitudinal study with a large sample from the UK National Household Study tracked youth aged 16 to 29 for 10 years and asked whether the young adult provided regular help or service to any sick disabled, or elderly person (living with them and not living with them) at baseline. Over the next 10 years, young adults who were engaged in caregiving were less likely to attain a higher educational degree or enter employment in a timely manner than those who were not caregiving (Xue et al., 2023). A study using that same data and a comparable data set in Germany showed similar patterns (King et al., 2023). Small studies have linked hours of caregiving in young adulthood to worse educational performance and lower educational attainment in the United States, UK, the Netherlands, and Norway (Armstrong-Carter et al., 2022; Haugland et al., 2020).

Research has not directly addressed whether caregiving in young adulthood disrupts the likelihood of forming an enduring committed romantic relationship. But Shulman and Connolly (2013) have proposed that building a long-term committed relationship in young adulthood requires a degree of flexibility on both partners' part. This flexibility may not be possible if one or both young adults are involved in caring for an older relative.

Possible Benefits of Caregiving in Young Adulthood

Given that young adults often appraise caregiving as rewarding, the benefits of caregiving also are evident. Caregiving at this stage of life may foster transferable skills, such as the ability to solve problems when demands arise. Furthermore, engagement in caregiving may necessitate efficiency in juggling multiple responsibilities including family and paid work. A study using a convenience sample of adults recruited via Amazon MTurk examined perceptions of busyness and task completion and found that individuals who were busier completed tasks more quickly, particularly if they had missed a deadline (Wilcox et al., 2016). Ascertaining whether these types of potential benefits apply to caregivers in young adulthood may set up avenues to enhance and build on such skills.

Indeed, caring for another individual may impart skills and attitudes that have long-term implications for connecting to others more broadly and for success in the work world. For example, empathy and the ability to experience another's perspective may continue to blossom from young adulthood into midlife; caregiving for an older relative may be associated with such empathy (Trujillo et al., 2016). Finally, young adults show less ageism when engaged in positive caregiving experiences (Canell & Caskie, 2022). In sum, caregiving in young adulthood may have detriments, but also can engender empathy and compassion for older adults, and self-understanding throughout one's own aging process.

Where Do We Go From Here?

This article drew on extant literature to identify key questions for research regarding young adult caregivers. Caregiving in young adulthood shares features of caregiving at later stages of life, but requires a focused lens to encompass the unique experiences at this stage of life. We raised numerous questions that can and should be pursued in future research.

We highlighted specific components of established models of caregiving (e.g., sociocultural, stress, and coping) that might be particularly salient in examining young adult caregivers. Additional theoretical work is needed to generate a cohesive model that builds on prior theories. Integrating components of existing caregiving models (e.g., objective and subjective stressors, beliefs about family, appraisals of burden and rewards) with an explicit focus on young adults may yield interventions to enhance young adult caregivers' well-being.

Such interventions should not take a "one size fits all" approach. Rather, young adults from racial and ethnic minoritized populations and their care recipients face distinct challenges with regard to healthcare access, family configuration, earlier onset of disability, and discrimination in daily life. Intervention studies have shown that diverse caregivers in midlife and later life benefit from culturally tailored interventions (Epps et al., 2022; Jang et al., 2024) and research on interventions for young adults might draw on what is known from these successful endeavors.

Likewise, interventions need to recognize that some young adult caregivers find the experience alien to their goals and activities. Such young adults may believe that older generations should be more invested in caregiving than younger adults are. This expectation tends to be more common in non-Hispanic White families than in other racial and ethnic groups (Fingerman et al., 2011), reinforcing the importance of examining research questions in distinct ways for different groups.

Young adult caregivers could benefit from momentum in the policy arena. Existing public policies do not recognize the needs and demands many young adult caregivers face. For example, the Family Medical Leave Act of 1993 grants up to 12 weeks of unpaid leave (with guaranteed return to employment) for individuals who are caregiving for a spouse, child, or parent. It does not provide such leave to care for a grandparent, great aunt, or other aging relative, care that is likely to involve young adults (U.S. Department of Labor, 2024). Moreover, higher education and career training programs have been slow to recognize the demands young adult caregivers may face.

Addressing these research questions requires an array of research designs. Methods that track experiences in daily life may yield insights into the way young adult caregivers navigate multiple responsibilities. Given that many young adults provide intermittent or unscheduled care, however, these studies will need to use innovative methods in determining the time periods for measurement.

Likewise, qualitative and mixed-methods studies on this topic may be fruitful, particularly if researchers interview the young adult, care recipient, and other family members to integrate different perspectives in the caregiving network. Combining multiple types of data from multiple sources may provide a comprehensive view of young adult caregivers' experiences to develop appropriate programs and interventions.

In sum, caregiving has largely been considered a role for middle-aged and older adults. Yet, there is increasing recognition of the important role young adults play in the caregiving system. Young adults can be a valuable asset in the care of an older family member, but caregiving can interfere with the young adult's education, occupation, and social relationships. As the population ages, there is an increasing need to ensure that available caregivers have the resources necessary to care effectively for an aging relative that can minimize adverse effects of caregiving stress and maximize rewards for young adult caregivers, and help them pursue life goals. The presence of young adults in the caregiving network has received increasing research attention, but more information is needed on the challenges that young adult caregivers face and the support that can be helpful to meet immediate challenges, and future challenges, and maximize their successful involvement in the caregiving network.

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Conflict of Interest

None.

Data Availability

There are no data for this review article.

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