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Solo agers increase as caregivers decline

More than 20 percent of elder orphans are, or will be, their own sole caregiver in old age.

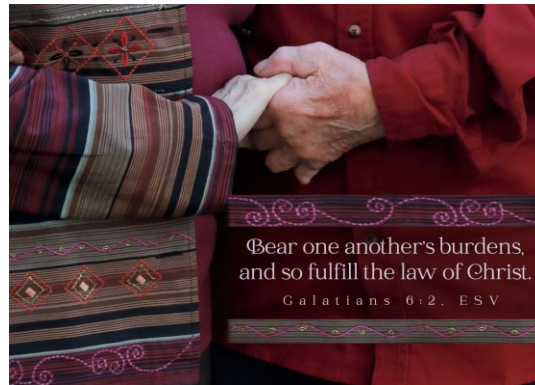
By Joanna Loucky-Ramsey

Late last year, *The New York Times* reported on the growing cohort of “kinless” seniors who are aging without spouses or partners, children or siblings. Sometimes called “elder orphans,” “solo agers,” “unpartnered” or “decoupled,” these individuals include sole survivors of their families of origin, the never married, the divorced or widowed who never remarried, the childless and those whose relatives are physically distant, estranged, unwilling and/or unable to provide a kind of safety net of practical and emotional support for them as they age.

According to the U.S. Census Bureau’s “Childless Older Americans” report released in 2020, “About 22% of adults are, or will be, their own sole caregiver in old age. Such adults have no known family member or designated surrogate or caregiver they can count on for support.” In 2015, the bureau reported that 42.8% of older people were living alone. More than 15 million American adults older than 55 — nearly 1 in 6 — have no children.

“Our system of caring for the aged has functioned, for better or worse, on the backs of spouses and, secondarily, adult children,” said Susan Brown, a sociologist at Bowling Green State University.

A recent AARP found that in 2010, there were about seven people who conceivably could be caregivers for every person older than 80, but by 2030, there will be only four potential caregivers for every octogenarian. (This does not assume that all



four would be willing to do it.) The number of people potentially available to assist the elderly is expected to continue to decline, until there will be only three caregivers for each person 80 or older by the year 2050. That’s partly because fewer younger workers will be available, and partly because the number of seniors

is expected to explode. According to the Council of Contemporary Families, “In just eight years, there will be more Americans over age sixty-five than under age fifteen. By 2030 the number of people over sixty-five will double, while the number of those over eighty will nearly triple.” The problem is only expected to get worse as younger generations advance in age.

“Younger people are less likely to marry and have children, and they have fewer siblings” as family sizes shrink, Brown said.

“We assume that everyone has at least some family, but that’s not the case anymore,” said Rachel Margolis, a sociologist at Western University in Ontario, Canada.

Retired librarian Lynne Ingersoll, 77, of Blue Island, Illinois, who has outlived parents, partners and friends, is a case in point. She said, “My social life consists of doctors and store clerks — that’s a joke, but it’s pretty much true.”

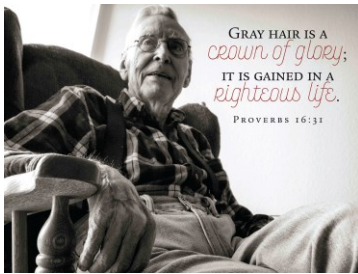
Retirement coach and author Sara Zeff Geber says people of any age may temporarily or permanently

lose the ability to care for themselves, “but the odds go up dramatically as we get older.”

Carol Marak, 65, of Waco, Texas, founder of the Elder Orphan Facebook Group, provided care for both of her parents until they died. Then it hit her like a thunderbolt: “Oh, my goodness, I am not married. I do not have children. Who is going to do that for me?”

Studies show that solo agers have a higher risk of becoming victims of physical, emotional and financial elder abuse, cognitive decline, loneliness, isolation, depression, cardiovascular diseases and other health problems, and early death than seniors who have family caregivers.

Living alone does not necessarily lead to such dire consequences. Solo agers are advised to cultivate



relationships with friends and neighbors by socializing and volunteering, forging their own safety network to take the place of kin they lack.

“The term ‘[elder] orphan’ has a victim connotation. ... I don’t think we do service to this group of child-free older people by labeling them as victims,” wrote author John Byrne Barry, in “What Happens to Older Adults Without Family or Money?”

“Everybody has to prepare to live as independently as possible,” said Maria Torroella Carney, chief of geriatric and palliative medicine at Northwell Health of Great Neck, New York.

Experts say that proactive planning ahead is essential, before a crisis forces the issue into the hands of a court, which may appoint a conservator or guardian to make health-care and financial decisions for an incapacitated elder. Some of the concerns that you may want to explore include:

- Insurance for long-term care
- Advance medical directive, living will and health-care proxy (provide copies to your doctor and local hospital)
- Make your last will and testament
- Set up a power of attorney
- Who could serve as surrogates to make decisions for you in the event you are incapacitated? Perhaps a committee of close friends, nieces or nephews (younger relatives in your extended family), geriatric care manager, eldercare professional advocate, attorney who specializes in elder law, trusted members of the community
- Home care services, caregivers and domestic helpers
- Affordable living options, such as retirement communities with independent living, or assisted living and nursing home care; shared housing; condo or mobile home communities
- Caregiver support programs and family leave policies that could include friends, neighbors or more distant relatives
- Financial institution (bank, credit union, fiduciary) that can help set up your accounts for automatic bill pay
- Final arrangements, such as the pre-purchase of a burial plot and last wishes

As you make decisions regarding your future, experts advise you to communicate your wishes to your support team. 🏠

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