



Aging and Retirement

Article from

Family Structure, Roles and Dynamics Linked to Retirement Security

2019 Call for Essays

Retirement Success and Elder Orphans

Anna M. Rappaport

The Sightlines Project¹ research tells us that success in retirement is influenced by financial resources and management, health and social engagement. One of the implications of the importance of social engagement is that loneliness can be a major problem for some older people. Society of Actuaries research with individuals age 85 and over tells us that family support is often very important when people need help. Families are also an important source of social engagement. But some people have no available family members. Elder orphans can be defined as aged, community-dwelling individuals who are socially and/or physically isolated, without an identified available family member of designated surrogate or caregiver.² This essay looks at issues facing elder orphans and provides some ideas for dealing with them.

Elder orphans face financial and health challenges, just as all older Americans do. They may face cognitive decline. They also may be lonely and they may need help and support with a variety of tasks, just as many older Americans do. The difference for the elder orphans is that they do not have family members to provide the help and support, and they must find their social engagement in different ways. Some of the questions we will think about include:

- What do we know about elder orphans?
- How prevalent is loneliness?
- What types of help do older Americans need?
- What kinds of help do family members typically provide?
- Are siblings and nieces and nephews an option?
- When there are no family members to help, what are the available strategies?
- Does cognitive decline change the help needed and the strategies that will work?

In this essay, I will explore the challenges of elder orphans, and link them to retirement well-being and economic security. The essay reflects some input from literature, some observations from my own experience and my ideas.

The Situation Today

People who are single and have no children are at great risk of being alone. Some people with kids will not have support. It is estimated that 22% of Americans 65 and older are at risk for becoming “elder orphans.”³

We can think of retirement and the need for support in phases: first, no support is needed, then moderate support is required, and, sometimes, finally very intensive support is necessary. Support includes help with various tasks, activities of daily living, managing finances and decision-making. Some help is very short term and not very intensive. Other people require very intensive help and help for a long period of time.⁴ Friends and neighbors may offer some support, but they are unlikely to offer intensive help over a long period of time. I am aware of three situations where

1 Sims, Tamara. The Sightlines Project: 10 Years in the Making. *The Sightlines Project*. <http://longevity.stanford.edu/2017/09/20/the-sightlines-project-10-years-in-the-making/> (accessed March 18, 2019).

2 Carney, Maria T., Janice Fujiwara, Brian E. Emmert Jr., Tara Liberman, and Barbara Paris. 2016. Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population. *Current Gerontology and Geriatrics Research*, article ID 4723250, <http://dx.doi.org/10.1155/2016/4723250>. The authors are affiliated with Long Island Jewish Medical Center and Maimonides Medical Center. This paper takes a somewhat medical perspective and includes a literature search.

3 DePaulo, Bella. Elder Orphans: A Real Problem or a New Way to Scare Singles. *Psychology Today*, Oct. 4, 2016, <https://www.psychologytoday.com/us/blog/living-single/201610/elder-orphans-real-problem-or-new-way-scare-singles>. The article cites research conducted by Dr. Maria Torroella Carney.

4 Merrill Lynch. 2018. The Journey of Caregiving: Honor, Responsibility and Financial Complexity, Life Stage series, in partnership with Age Wave. <http://agewave.com/what-we-do/landmark-research-and-consulting/research-studies/the-journey-of-caregiving/>. This report provides some examples of the journey.

people other than family took care of someone over a long period, unpaid, but they inherited the house of the person they cared for once that person died.

It is estimated that the number of people living alone with limited support will increase in the future.⁵ People aging in the coming years are in cohorts that had fewer children, were less likely to marry and married later than today's elderly. Divorce has also been on the rise.

One of the issues seen is that physicians who care for elder orphans in their offices, a hospital or the emergency room may not recognize the situation or identify the special risks related to working with elder orphans. Also, the elder orphan may not have identified a support system.

Some elder orphans have designated people to make decisions for them when they can no longer make them, but others have not chosen anyone, or they may have chosen someone but not set up the appropriate paperwork. It is particularly troublesome when elder orphans without designated decision-makers develop dementia. At that point, the courts may be asked to appoint guardians.

People are in very different situations economically. Those with substantial assets can choose and appoint professional care and financial managers to look after their situations. Those without assets are in a more difficult situation. Specialized housing that includes support services makes sense for people without support who can't manage on their own. Such housing also frequently offers the possibility of social interaction and may include a variety of activities to encourage and support interaction.

Loneliness

Loneliness is one of the potential challenges facing elder orphans. Loneliness is not limited to elder orphans, but it

is probably more common among this group. Loneliness and isolation has several potential effects:

- It can lead to depression.
- It can negatively affect physical and mental health.
- It makes seniors more vulnerable to elder abuse.
- It makes it more likely that long-term care will be needed.

Caregivers are also at risk for loneliness and depression.⁶

Support Needed by Older Americans

People may need support because of physical frailty, loss of mobility, problems with sight and/or hearing, loss of memory and cognitive decline. These challenges can come about because of gradual change or sudden events. Cognitive decline makes a very large difference. If a person can't hear, that also makes everything more difficult. The same person may have one or several of these problems. Society of Actuaries research indicates that individuals age 85 and over are likely to need some type of help. The need for help often increases over time.

The types of support needed can include help with managing health care and use of medications, managing finances, financial support, life decisions, food and eating, household management, transportation, dressing, toileting and bathing. Some types of help require a lot of knowledge about the individual and trust of the helper, and others require an immediate response but not much personal interaction and knowledge. The elder orphan has particularly serious challenges with regard to those functions that require a lot of personal knowledge and trust. Table 1 provides some examples of support needed for health care.

5 Carney, et al. Elder Orphans Hiding in Plain Sight.

6 Stevenson, Sarah. 20 Facts About Senior Isolation That Will Stun You. *A Place for Mom* Senior Living Blog, May 5, 2017, <https://www.aplaceformom.com/blog/10-17-14-facts-about-senior-isolation/>.

Table 1 Examples of Potential Assistance With Health Care

Task	What May be Involved
Help with decisions about care	<p>In most cases, individuals make their own decisions. In others, they need help and the caregiver may be in the middle. The individual should designate the person they want to help them and execute a health care power of attorney making that preference known. The person providing support should seek to understand the philosophy of the person they are helping.</p> <p>Sometimes there are many options and developing the options may be a challenge. Getting a second opinion may be part of this journey.</p>
Participate in visits to doctors and other health providers and/or arrange for visiting nurse and physical therapy if needed	<p>This can include making appointments, attending appointments with the patient, keeping track of medical history and providing information to doctors and others, asking questions, listening to what is needed and helping with carrying out orders. Emergency care may need to be secured as well.</p> <p>This becomes a huge task during a period of major illness and can be a huge responsibility during hospitalization.</p> <p>This requires the helper to have a lot of knowledge about the person and to be trusted.</p>
Help with medications	<p>This includes both help with daily use of medications in various forms, and with filling and refilling prescriptions, and with informing others about prescriptions when needed.</p>
Observe symptoms and act if there is a problem	<p>Sometimes the individual will not notice or point out a problem. The caregiver may need to call attention to the problem and secure help.</p> <p>This can require negotiation.</p>

Spouses or adult children heavily involved with parents may well help with all of these functions. They may help personally or share responsibility with others. Some of these functions require a lot of knowledge and trust. For elder orphans, finding someone who will perform some of these functions can be a major challenge. Individuals who can manage their own care, hear, keep track of their history, make decisions, identify what medications need to be ordered, and so on, can get help with specific tasks if needed from friends or paid caregivers. Individuals who can't do these things may wish to engage a social worker or case manager. In extreme cases, courts will appoint a guardian.

Understanding Elder Orphans

A Facebook group of older orphans⁷ was recently surveyed to learn about their situation.⁸ Over 500 members of the group responded to the survey.

By age, 14% of the respondents were in their 50s, 61% were in their 60s, 21% were in their 70s and 1% was over age 80.⁹ Nearly all of the respondents were female. Of the respondents, 39% were divorced and living alone, 34% were never married, 18% were widowed and living alone, and the rest had other arrangements. If the group were older, it is likely there would be more widows.

7 The Elder Orphans Facebook group was founded by Carol Marak, an aging alone spokesperson and writer for Next Avenue and SeniorCare.com.

8 Preliminary results of SeniorCare.com's Study: Understanding Older Adults That are Aging Alone are available at <https://www.seniorcare.com/featured/aging-alone-study/> (accessed March 18, 2019).

9 Percentages may not add due to rounding.

Table 2 SeniorCare.com Study Results

State of Mind and Support System	
Have no help in a crisis	35%
Are sad	45%
Are lonely	52%
Have a medium level of stress	40%
Have no help with bills, financial decisions	78%
Health Situation	
Lack a living will or health care power of attorney	43%
Have 3 or more chronic conditions	26%
Take 5 or more medications	31%
Have no help with medical decisions	55%
Have not identified a would-be caregiver	70%
Fears and Risks	
Had a risk of being homeless	19%
Fear they'll lose their home	26%
Access to Transportation	
Have access to reliable public transportation	50%

Data from *SeniorCare.com*, Understanding Older Adults That are Aging Alone, <https://www.seniorcare.com/featured/aging-alone-study/>.

The survey described their situation and state of mind. Some key statistics from the results can be found in Table 2.

The Society of Actuaries has conducted research with retirees retired 15 years or more and with individuals age 85 and over and adult children of people age 85 and over. The SOA research indicates that many people over age 85 need a substantial amount of help and get significant help from their families. That study does not provide insights into what people without family support do to get similar help. The SeniorCare.com study provides insights into the types of arrangements respondents have made and the gaps in those arrangements but not into the help people actually get once they need it. Further work is needed to understand how people manage.

Financial Management Issues

Once people start experiencing cognitive decline, there are various problems with financial management. The Society of Actuaries recently conducted a conversation

on cognitive decline.¹⁰ Signs of cognitive decline were unpaid bills, failure to open and deal with mail, not balancing checkbooks, and so on. The elder orphan without a trusted person to help if this happens is in a potentially difficult situation.

Guardianship

In situations where there is no structure to support someone in cognitive decline or who needs help for other reasons, there is a system in place of courts appointing guardians to take over the affairs of the person who is unable to manage. While the guardian is legally required to act in the interest of the person they are overseeing, there have been numerous examples cited in the press providing evidence that a guardian exploited the person they were supposed to help.¹¹ I have no data to indicate how often this goes wrong.

Conclusions

As they plan for and manage retirement, elder orphans should be aware of a number of areas where they may reach different solutions from people with available family members. Some key points are:

- Elder orphans need more financial resources than those who have family to provide a great deal of help.
- There are different situations depending on personal level of independence.
 - Elder orphans need contacts and sources of social engagement at all stages of retirement.
 - Elder orphans who need modest amounts of help and support need someone other than family to take the place of family.
 - Elder orphans with substantial cognitive decline or who need major support need the help and also need someone to supervise their situation. This is particularly difficult.
- Long-term care insurance can be particularly valuable to elder orphans.

¹⁰ See Rappaport, Anna. 2018. A Conversation on Dementia and Cognitive Decline. Society of Actuaries. <https://www.soa.org/research-reports/2018/cognitive-conversation/>. This publication is a compilation of selected quotes from an online conversation among Society of Actuaries members of their personal and professional experience in dealing with these matters. The information is anecdotal but provides many insights.

¹¹ See Sugar, Sam. 2018. Guardians and the Elderly: *The Perfect Crime*. Garden City Park, NY: Square One Publishers, for a discussion of what can go wrong.

- Elder orphans who have experienced cognitive decline have a particularly difficult situation.
 - Widows, particularly those widowed at high ages, may be in a worse position than people who were single for a long time. Some widows were caregivers for a long period before widowhood. Individuals who were single for a long time may have a better social and support network.
 - When an elder orphan needs help, there are often good reasons for moving into senior housing that embeds an appropriate amount of help.
 - Moving to senior housing does not remove the need to have a health care power of attorney and support for decisions, help with going to the doctor, and so on.
 - It is important to carefully select the people who are chosen to help. Failure to select them leaves the elder orphan vulnerable to having a court-
- appointed guardian if they are unable to make decisions and to function.
 - Building a support network before help is needed is very important. Age-friendly communities offer a good environment for creating opportunities to meet people and for supporting networks.
 - Health care providers who are dealing with elder orphans when there is a serious illness need to understand their situation and support system in order to work out a treatment plan that has a reasonable chance of working.
 - Investigate whether nieces and nephews or siblings can be a source of help.
- More work is needed to understand what works well, develop solutions further and provide resources to elder orphans.

Anna M. Rappaport, FSA, MAAA, is president of Anna Rappaport Consulting. She can be reached at anna.rappaport@gmail.com.