



Who Cares for the Person Who Lives Alone?

By Sheila Warnock, Author and Founder of ShareTheCaregiving™, Inc.

If you live alone, you have probably had thoughts flash through your mind like "If I fell in the shower and hit my head, how long would it take for someone to miss me?" or "What if I were seriously injured or ill... who would take care of me?"

Caregiving is an issue that will touch everyone at some point in life, yet not many of us think about it until thrust into the position of being a caregiver or needing one.

Today, nearly 66 million unpaid family care-givers (29% of the adult population) (1) are struggling with the responsibility of caring for a child, spouse, parent, or partner at a time when the medical establishment is overburdened and doctors have limited time. The cost of medication, healthcare and long-term care insurance are soaring, and home healthcare costs are, for many, prohibitive.

We also face a huge surge in the aging population. By 2030, the number of people over the age of 65 will double to 71 million and many will need support. Compounding this is the fact that the number of younger people available to serve as caregivers is on the decline.

Add to these statistics the fact that many family units have been shattered by divorce, grown children who live far away, and close

friends who relocate after retirement. So, in view of the preceding, living on one's own doesn't seem very surprising at all.

In his book, *Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone*, Eric Klinenberg looks at the most significant demographic shift since the baby boom—the sharp increase in the number of people who live alone, or are single, divorced or widowed. In 1950 only 22 % of American adults were single. Today more than 50% of American adults are single, and 31 million (one in every seven) adults live alone. And most contemporary single dwellers are women (17 million) as compared to men (14 million.)

There are a vast variety of reasons why people prefer the single lifestyle, yet, when it comes to the possibility of someday needing care, many haven't explored their options.

A great deal of information is available to family caregivers who live with and/or care for a loved one or an aging parent. Many corporate programs are designed to help working caregivers manage both their jobs and their caregiving duties, yet there is very little that addresses the caregiving needs of a person living alone, aside from hiring help.

The good news is that single people often have large networks of friends, neighbors, co-workers, and acquaintances who could meet many caregiving needs—and that there is a guidebook that turns offers of help into action.

Over the years the *Share The Care* (see box) model has proven its worth in all kinds of situations—whether a person needs short-term rehabilitation following an accident or surgery, has a disability, is suffering from long-term or terminal illness, or facing the increased difficulties of aging. It has worked for grandparents raising small children, women experiencing a difficult pregnancy, widows or widowers with small children, and even for joyous occasions to provide extra hands (and love) for newborn quadruplets.

The *Share The Care* model has made a profound difference for people who are single or live alone. As a care recipient thanked her group at one of the many fundraisers held to pay for medical treatments that prolonged her life by years:

"I can now dispute the cliché that blood is thicker than water. I have an extended family that is my family. You are absolutely incredible. I want you all to know that you are my source of strength, my courage. You comfort me, you cry with me, you laugh with me. You have been my medicine. I love you from the bottom of my heart." ■

10 Suggestions For Anyone Who Lives Alone

1. Build your networks. Nurture your friends, neighbors, co-workers, acquaintances, teams, clubs, and faith communities...they may become a priceless resource.
2. Volunteer to assist a neighbor/co-worker who lives alone, is ill, or undergoing a difficult time.
3. Offer to start a Share The Care™ group for someone you know (single or with family) struggling with a crisis.
4. Organize YOUR important personal information into a folder that a trusted friend could access should it ever be needed. See our *Share The Care* forms at www.sharethecare.org (medications, doctors, medical history, emergency contacts.)
5. Get legal documents in order, including medical directives, final wishes, will, and power of attorney.
6. Give a trusted friend (who lives nearby) keys to your home.
7. Ask for help or learn to accept help occasionally. "Lighten up" on being so independent. People who are open to assistance seem to get it when needed.
8. Gather friends to discuss and agree to "be there" for each other should help be needed.
9. Practice caring and compassion. Call friends, or relatives you rarely see to find out how they are doing. Say "I love you" more often.
10. Keep an "In Case of Emergency" list in your wallet. Include: current medications, conditions, doctors, allergies, and other vital information.

(1)[*The National Alliance for Caregiving and AARP (2009), Caregiving in the U.S. National Alliance for Caregiving. Washington, DC.*]

SHARE THE CARE, How To Organize A Group To Care For Someone Who Is Seriously Ill teaches ordinary people how to pool their time, talents, love, and resources to assist someone they know facing a health or medical crisis...or any kind of issue or challenge where TEAMWORK is needed.

Share The Care is successful because it builds a "caregiving family" that allows individuals to choose jobs they feel comfortable doing and give the amount of time they can. The team shares jobs, brainstorms to solve issues, and supports each other through the good and the tough times. And, for the novice caregiver, it is an opportunity to learn in the company of veteran caregivers.

Care recipients and group participants alike have expressed how they experienced support, solace, and even joy in the midst of overwhelming and sometimes, tragic life circumstances.

The first group that pioneered the model was for a divorced working mom with two young teenage daughters, a high-level job for a Fortune 500 Company, and a rare type of cancer. Susan had no family nearby and her ex-husband lived out of state. Following surgery and radiation, she chose to "tough it out" with little support. After three years, the cancer that began as a lump behind her ear had transformed into an excruciatingly painful bone cancer. Susan went into crisis.

At the urging of her therapist, she called 15 friends to come to a meeting the next evening to figure out what they could do. I was one of those friends.

It was an emotional, yet incredibly productive night. Twelve of us arrived in various states of anxiety, nervousness, fear, or skepticism. We didn't know each other. We came from different parts of Susan's life—work friends, neighbors, clients, summerhouse friends, and other moms. When Susan revealed the true extent of her illness she cried, then we cried and went to work. That night we instituted what was to be our key caregiving system—the Rotating Captains System.

We decided to work in six teams of two. Each week one of the two "Team Captains" would contact Susan to find out what was needed, relay the information to the others, fill the jobs, and provide her with a schedule of **WHO** was coming **WHEN**, to do **WHAT**, for **HOW LONG**. The following week the next team rotated in.

By working this way we eliminated Susan's greatest burden—asking for help. And by sharing the responsibilities and workload, no one person had too much to do.

For the next three and a half years, we did everything imaginable from cooking, shopping, cleaning, and going to doctor's appointments to many more unusual jobs. Most memorable was the beautiful wedding we organized for her youngest daughter just months before Susan succumbed to her illness.

At our group's closing meeting we realized how much we had transformed. We had started as a bunch of strangers and blossomed into a family of sisters—widely known as "**SUSAN'S FUNNY FAMILY!**"

It was déjà vu when we were asked to help another group get started. As 20 people (this time both men and women) arrived, they were visibly nervous, anxious, and downright terrified, just as we had been.

As we explained our systems and shared what we had each gained personally from the experience, they began to relax. I remember reading their expressions and body language: "*Oh that makes sense.*" "*We can do this!*" "*A piece of cake.*" But it was the love in the room that was most moving.

Inspired by that night, Cappy Capossela and I decided to document our systems, forms, principles, and provide a scripted meeting so that others could follow in our footsteps. *Share The Care* was published by Simon & Schuster Fireside Books in 1995 and updated for a second edition in 2004.

Today we can document Share The Care™ groups in 48 States and 11 countries.

Please visit www.sharethecare.org to explore, read stories, and learn more about the model and the ways we can make a difference for each other in times of need.

