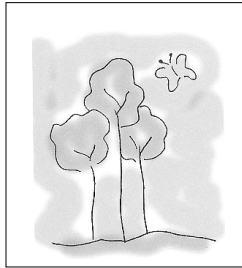


Care Team Ministry Replication Education Module



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This Normandale Care Team Ministry Replication Education Module has been produced by the Normandale Center for Healing & Wholeness based on our positive experience in implementing the Care Team Ministry model program for eight years.

The Care Team Ministry program at Normandale was begun to assist elderly members of Normandale Lutheran Church who were beginning to have difficulties getting around and remaining independent in the community. The program began with a volunteer lay team leader in 1998 and was later expanded in 2001 with a part-time staff Coordinator through a grant from the U.S. Administration on Aging. This 3-year grant allowed the non-profit service organization, Normandale Center for Healing & Wholeness, to expand the program to a greater number of people, both members of Normandale Lutheran Church and others from the surrounding communities in the Western metropolitan area of the Twin Cities. The grant also provided support for the Center to provide training and technical support to other parishes or organizations seeking to replicate the Care Team Ministry program. Replication training support evolved to include a series of three sessions with the replicate site, a volunteer handbook, and ongoing volunteer training sessions.

In 2004-2005, the Normandale Center for Healing & Wholeness received a grant through the Twin Cities-based Metropolitan Area Agency on Aging and the Minnesota Department of Human Services, as a collaborative organization participating in the "Supporting Seniors Across Systems" project. This grant provided support to the Normandale Center for Healing & Wholeness to assist additional sites to replicate the Care Team Ministry program and to develop this education module.

We hope the module provides you with helpful information in your journey to develop programs for older adults and their family caregivers. We applaud your interest in the needs of these individuals. May your work, on their behalf, be fruitful.

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Background on Care Team Concept Development

The Care Team concept involves organizing groups of volunteers from congregations or from the community, who work together as a team to provide support to a person or persons with ongoing needs. The Care Team concept was developed by Dr. Ron Sunderland and Earl E. Shelp in 1985 in Texas. Dr. Sunderland and Mr. Shelp worked with faith communities to provide compassionate care to people with AIDS--where needs for daily support were too great for a single caregiver to meet. Mr. Shelp is now President of Interfaith CarePartners, Houston, Texas.

Many parishes have long ministered to ailing parishioners via "sick and shut-in" programs through volunteers from the congregation. In addition, many churches have established health ministries programs or parish nurse programs to reach out to members in many ways. The Care Team concept expands on these efforts and extends a congregation's ability to reach out to vulnerable or frail individuals and those with functional limitations. The concept has been adapted in many congregational health ministries and parishes as well as other social service organizations throughout the U.S., especially in terms of outreach to frail elders.

The Care Team model came to the Twin Cities through Lyngblomsten in St. Paul. By 2000, Lyngblomsten had worked with over 40 congregations around the metro area to help these parishes establish Care Team Programs. Lyngblomsten offered technical assistance to the Normandale Center for Healing & Wholeness in 1998 to develop its own Care Team program.

History of Care Team Ministry at the Normandale Center for Healing & Wholeness

The Care Team Ministry program at Normandale was first organized in 1998 for older members of Normandale Lutheran Church, through the Normandale Center for Healing & Wholeness. The Senior Pastor realized that Normandale needed to minister to not only seniors' spiritual dimensions of life, but also to the mental and physical dimensions, i.e., body...mind...and spirit. This was the genesis for the development of the Center. The Care Team Ministry became one of the first programs of the Center. The Center for Healing & Wholeness was then officially organized as a non-profit in the year 2000, with a mission to focus on the needs of frail elders in the community and their family caregivers.

In 2001, the Center received a 3-year grant from the U.S. Administration on Aging through the National Family Caregiver Support Program to enhance the Care Team Ministry model at Normandale and assess the impact of this volunteer team support on caregiver burden. The grant also provided funds for the Normandale Center to provide training and technical support to other organizations seeking to replicate the Care Team Ministry program. With this financial support, the Center assisted 10 other congregations as they developed the Care Team Ministry program in their own setting. Each parish was provided with in-person training and technical support, as well as printed materials and resources at no cost to the parish.

An independent evaluation of the Normandale Care Team Ministry and Resource Coordination program showed a positive impact on family caregivers (spouses of the ailing senior and/or adult children). Caregivers felt supported and relieved. Many expressed gratitude at finding a program that helped them understand services and programs in the community, and provided ongoing assistance in terms of volunteers, reassurance, and a listening ear.

DEFINITIONS

The Normandale Center for Healing & Wholeness Care Team Ministry uses the following terms:

Care Team – comprised of 1-6 trained volunteers formed especially around the needs of a particular Care Receiver.

Care Receiver – a senior (elderly adult) who needs assistance from a family member(s) or friend to stay in his/her own home or in the community (avoiding permanent nursing home placement, if possible).

Caregiver – usually a family member, an adult child or a spouse, who participates in caring for a senior. Sometimes the caregiver is also responsible for making decisions on behalf of the senior. The family caregiver may or may not live under the same roof or in the same town or state as the Care Receiver. Caregivers may assist or support the senior emotionally, physically, financially, or help with decision-making.

Care Team Coordinator/Lay Team Leader – The individual who receives the referrals for seniors in need. The Coordinator will:

- § meet with the Caregiver and/or Care Receiver to determine needs,
- § arrive at an agreed-upon primary need that can be fulfilled by a volunteer,
- § call volunteers to see about their interest in providing a service to a senior,
- § train the volunteer,
- § support volunteers as they provide service out in the community;
- § respond to ongoing issues and questions of the caregiver, care receiver, or volunteer.

Description and Parameters of Normandale's Care Team Ministry Program

The Care Team Ministry model at Normandale brings together a faith-centered service organization, trained volunteers, care receivers, and caregivers. Normandale serves all who come to seek a Care Team Ministry team of volunteers for support—within the parameters of the program and geography. All are welcome, whether they are a member of Normandale Lutheran Church or not. Geographic boundaries are set up (Edina and surrounding communities) because it is difficult to ask volunteers to drive long distances, at their own expense, to provide Care Team Ministry support.

The Normandale Care Team Ministry is “doing what a friend would do for a friend.” Many of us have good intentions to visit a friend...call a friend...or meet with a friend. The reality is that most of us are pulled in many directions with the demands on our schedules preventing us from those intended visits...calls...and meetings with friends who need us.

The Normandale Care Team Ministry concentrates on serving the needs of seniors who are undergoing transitions or limitations in their physical condition—and, by extension—some of the respite care needs of family caregivers. With a longer life expectancy, comes the very real possibility of multiple losses, i.e., loss of spouse, loss of long-time family home, loss of close friends, loss of independence, loss of good health and loss of the ability to drive. The Care Team Ministry cannot answer all the needs of a senior, but rather the Ministry concentrates on answering one primary need of the senior and/or caregiver.

Volunteers cannot provide any medical care or personal care assistance (i.e., no help with bathing, transferring, dressing, toileting), but they can provide such things as:

- § Friendly visiting in the elder's residence
- § Transportation (e.g., rides to doctor visits, hair appointments)
- § Shopping assistance
- § Occasional help with chores or yard work
- § Someone who will read to the elder
- § Telephone check-in or reassurance

Volunteers do not serve as bath aides, do not administer medications and do not lift or transfer. These needs are to be filled by health care professionals.

The focus of the Volunteer Care Team is on a one primary need for non-medical support. This focus is determined through an evaluation between the Care Team Ministry Coordinator, the Care Receiver (senior) and the Caregiver. The evaluation can be informal, but will usually include a discussion about current functional issues, how the senior and family are coping, and what they are most interested in having a volunteer do for them. A channel of communication is established, and the family and senior understand that any changes to volunteer duties will be made through the Care Team Ministry Coordinator. Through this standard practice of open communication, the Normandale Care Team Ministry has experienced success.

Once the focus for the service is established for that senior/family, the Care Team Ministry Coordinator will recruit volunteers. It is important to realize that the Normandale Care Team Ministry Coordinator puts together the volunteer team around a senior's specific needs. A senior may have been a teacher of young people and an avid reader, but now experiences loss of vision

and is lonely. The Coordinator may seek out younger volunteers (over 18) who are willing to read to the senior periodically. Perhaps another senior no longer drives, and lives alone—the senior’s family lives out-of-state. This senior expresses an interest in going grocery shopping, but needs help getting there and taking the grocery bags out of the car. The Coordinator may seek out a driver who can also carry the groceries safely into the senior’s home.

While assisting the senior, trained Care Team volunteers are often providing on-going and much needed respite for the family caregiver—especially those caregivers who are attending to the senior on a daily basis. These family caregivers are often faced with seemingly never-ending responsibilities of meeting the needs of not only their loved one(s), but also their own needs and perhaps the needs of younger family members. Faced with this continuum of pressure, family caregivers are at risk of suffering decline in physical and emotional health.

Where Can Care Team Ministry Be Established?

The Normandale Care Team Ministry approach is a simple ministry. It can be established in both faith-based and secular settings.

In a church setting, Care Team Ministry strengthens the fabric of the parish as the seniors’ needs are recognized and volunteers from the church community help meet these needs. This helps maintain an often important connection in the senior’s life—that connection with his/her church. For example, many of the seniors served by Normandale’s Care Team Ministry have been members of Normandale Lutheran Church for decades. It is important to them to keep ties with their “church home.” From the perspective of the pastors, visitation pastors, and lay ministers, these “shut-in” seniors are on the “radar screen” when Care Team Ministry is in place. The Care Team volunteers keep the Care Team Ministry Coordinator informed of visible changes in the senior. The Coordinator then contacts the family caregiver if changes are of concern. The Coordinator can also determine when it is appropriate to inform a pastor of changes that might increase the church’s outreach to the senior.

Care Team Ministry is equally effective in a small church setting as well as a large church setting. Normandale has replicated Care Team Ministry in churches with memberships of less than 600 to churches with memberships of more than 6000.

In a senior residential community, the Care Team Ministry can help new residents adjust to their new home. The new resident usually goes through a period of transition—not only in place of residence, but often also in daily living patterns, lifestyle, social network, and community. The Care Team volunteers can be recruited from the senior’s residence/facility, the surrounding neighborhood, or a local church/synagogue/mosque and the volunteers are matched with new residents.

Normandale has had good success in working with an assisted living facility for several years to organize a Care Team Ministry program there. The facility now has over 11 Care Team volunteers and has also developed a New Residents Orientation program, which was an outgrowth of the Care Team work.

How Do Team(s) Work?

Most Care Teams are made up of at least 2 and sometimes as many as 6 individual volunteers. Sometimes a husband and wife, or a mother and daughter will team up to provide support.

Each Care Team volunteer is expected to spend 1-2 hours during a designated week helping the Care Receiver. The Care Team Coordinator will assign the "Week of..." to each Care Team volunteer. The exact time and day are left to the decision of the Care Team volunteer and the Care Receiver. The Care Team volunteer will call the Care Receiver the first of "his/her" week and determine a time that is best for both.

The following week, the second volunteer on the Care Team will call the Care Receiver at the beginning of this second volunteer's assigned week. The best 1-2 hour time period for the two to get together that week will be determined through a call between Volunteer #2 and the Care Receiver. This allows for flexibility and schedule changes for both the Care Receiver and the Volunteer—each might find a rigid schedule hard to follow, as changes invariably arise.

The third volunteer will call and help the Care Receiver the third week and the fourth volunteer, the 4th week. The schedule of the Care Team volunteers continues to function on a rotational basis in this manner.

When Care Team volunteers are asked to serve on a Team, the Care Team Coordinator will tell them the size of the Team and the frequency with which the Care Team volunteer may expect to serve. Most everyone, although busy, is usually able to find 1-2 hours once every 3 or 4 weeks to help the Care Receiver. In this way, the volunteers' good-hearted capacity for service is not over-taxed. By requiring a time commitment only about once or twice a month, the volunteer can maintain his/her commitment to being a volunteer.

Sometimes, a Care Team is made up of only one volunteer. In that case, the Care Team volunteer may be with the Care Receiver every week or every other week. The schedule is dependent upon the volunteer's availability and upon the needs of the Care Receiver and is established at the outset by the Care Team Coordinator. The Care Team can always be expanded to include additional Care Team volunteers if it is deemed necessary.

The names of the other Care Team volunteers serving the specific senior are provided to all the volunteer team members. That way, if a Care Team volunteer is unable to be with the Care Receiver on his/her scheduled week, the volunteer may call the other volunteers on that Care Team and trade weeks with one of them.

Another reason to provide the "roster of names" to all the volunteers on the team for a given senior is so that they may contact each other with information or ideas for support. In some cases, the volunteer team members will "bond" with each other, as well as with the senior—and they become a small community themselves.

Why Only 1 or 2 Hours?

A great deal may be accomplished when you consider that this time commitment of 1-2 hours a week is a constant. The Caregiver and the Care Receiver can plan on this and look forward to it each week. Their anticipation builds and it may well be the “high point” of the Care Receiver’s week. (The Care Team volunteers admit that they look forward to this time as well.) This time is set aside intentionally for the Care Receiver and, during this time, the Care Receiver has someone’s complete attention.

Referrals

Referrals are made to the Care Team Coordinator by neighbors, family members, social workers, pastors and friends who know the senior who needs assistance.

The Care Team Coordinator will then talk with the Care Receiver and the family Caregiver. If the Coordinator is unfamiliar with the Care Receiver or Caregiver, a friendly visit in the Care Receiver’s home is recommended.

The Care Team Ministry program is explained to both Care Receiver (senior) and Caregiver (usually a family member), and the Care Receiver’s particular needs are discussed. The Care Team Coordinator, together with the Caregiver and/or Care Receiver, will arrive at the primary need of the Care Receiver for volunteer support. The Coordinator will then often inquire about any individuals the Care Receiver or Caregiver know, who might be willing to be trained as volunteers on the Care Team. In this way, the Coordinator encourages an approach for finding and facilitating volunteers from the Care Receiver’s/Caregiver’s own circle of friends. Oftentimes a friend just needs to be asked and is quite willing to help—especially if the parameters of the time commitment are only 1-2 hours once a month. The Coordinator will obtain information on the potential volunteers’ telephone numbers and names, and receive the Caregiver’s and Care Receiver’s permission to call these individuals. This process of having the Care Receiver suggest names provides that senior with a sense of control or involvement and helps he/she “take ownership” of the Care Team.

Calling Volunteers

As described earlier, at this point the calls are made by the Care Team Coordinator to potential volunteers in order to form a Care Team for a particular Care Receiver. Without revealing the Care Receiver by name, the Care Team Coordinator will explain the need. For example, the Coordinator might call and say: “An older individual in your neighborhood needs a ride to do her weekly grocery shopping. I am calling you to see if you might be willing to be a driver. I hope to get four drivers for the senior’s Care Team, with one person doing this every week. If you were interested/able, it would require about 1-2 hours a month. Is this something you feel you could do?”

If the answer is “Yes”, then the Coordinator will tell the potential volunteer the name of the Care Receiver. The volunteer is not to do any service until the Coordinator screens the volunteer and sets up training.

Risk Management/Background Checks

In today's society, most organizations providing service to individuals are expected to screen volunteers. This is especially important for programs serving seniors who can be considered "vulnerable adults." Churches and non-profit organizations, like other organizations, have been instituting risk management practices, which include background and driving record checks for volunteers. While some may balk at faith-based programs having to do background checks, it is a protection device for all concerned—the Care Receiver, the Volunteer, and the Program.

Normandale Care Team Ministry has potential Care Team volunteers complete a Volunteer Application and Background Information Form, which Normandale designed for this purpose. A copy of Normandale's form is included in this module, as well as a description of the process to conduct a background and/or driving record check. Normandale's program does two checks: one to the Minnesota Bureau of Criminal Apprehension and one to the Minnesota Department of Public Safety, Driver and Vehicle Services Division. Copies of the Background forms are kept by the Care Team Coordinator under lock, and kept confidential. Examples of the forms used by Normandale Care Team Ministry are found in the Forms Section of this module.

Training

Part of organizing and maintaining an effective volunteer program is providing training and ongoing support to the volunteers. At Normandale, the Care Team volunteers are trained by the Coordinator using the Care Team Ministry Volunteer Guidebook. Each Care Team volunteer receives a copy of the Guidebook to keep at home for ready reference. (Refer to the Volunteer Guidebook in this module (page).

Care Team Established

Now the Care Team has been formed...volunteer applications have been completed...background checks have been made...training is finished. At this point the Care Team Coordinator sends a letter to the volunteer ("the green light letter") to begin the service. The letter is sent to the Care Team volunteer and to the Care Receiver. This letter refers the volunteer to his/her Care Team Ministry Volunteer Guidebook (which specifies requirements for volunteers, outlines the duties for the volunteer, and describes the process for oversight by the Coordinator). The letter also contains the names of the other Care Team volunteers and the Care Receiver, phone numbers and a Care Team volunteer schedule. This information may be sent to the Caregiver who is involved in the Care Receiver's ongoing needs.

The Care Team Coordinator may then notify the individual who made the referral (for example a friend or pastor) that a Care Team is in place for that individual. The Coordinator thanks the individual for the referral, since his/her action has helped reach out to a potentially vulnerable senior in the community.

Support of Volunteers

Volunteers are encouraged to contact the Care Team Coordinator at any time with their questions or concerns regarding any issue involving their Care Team service, such as:

- Well being of Care Receiver and changing needs of the Care Receiver
- Need for an additional Care Team volunteer
- Needing help finding a substitute
- Care Receiver/caregiver family dynamics

At Normandale, regular meetings are held for Care Team volunteers. The meetings may be “sharing” meetings in which volunteers recount (without naming names) what they are doing with their Care Receivers and their experiences. There are also educational meetings which bring in experts on topics of interest to the Care Team volunteers, such as Alzheimer’s disease or dementia, falls prevention, senior housing choices, the art of listening, and hospice.

On-Going Reporting/Communication

Care Team volunteers are encouraged to keep track of how many hours of service they are providing and when they are visiting the senior. Care Team Ministry volunteers use contact logs to keep track of their hours. When filled, volunteers return them to the Care Team Coordinator (refer to Contact Log form in this module). As a practical matter, however, some volunteers are reluctant to record their service or hours. These volunteers often say they think of the Care Receiver as a friend, and it feels awkward to record hours in visiting or helping out. For these volunteers, the Coordinator may estimate hours of service based on her knowledge of the volunteer’s assignment—in order to track service for funding agencies or for general reports.

When members of a church are being served, the Care Team Coordinator can keep the pastors informed of the ongoing service, if the Care Receiver is open to this communication.

The Care Team Coordinator will periodically call the Care Team Ministry volunteers to see how things are going. The Coordinator is also available to the Care Receiver’s family members who may call or visit in matters of their Care Receiver.

Cycle of Care Teams

An individual Care Team is ongoing, but like many things, the process has a natural cycle (beginning/middle/end), depending upon the needs of the Care Receiver and Caregiver. Given that this program serves older adults with medical conditions and limitations in functional ability, deaths and illness occur. There does come a time when needs may be too great for volunteers to be able to serve a Care Receiver. Sometimes the Care Receiver experiences great medical complexities or increasing dementia, such that it is not safe for the senior to remain at home or for the volunteer to visit this person. The Care Team Ministry volunteer will likely encounter these situations, and should be prepared for them. For example, at a Care Receiver’s death, the Care Team volunteer members may have become like family and will, no doubt, grieve over the loss of a Care Receiver along with family members. It is important to recognize and respect these feelings.

Lessons Learned by Normandale Center for Healing & Wholeness

Normandale has learned valuable lessons through experience about providing a successful Care Team Ministry program. Here are a few:

- § If a church is sponsoring/starting the Care Team Ministry program, then it must have the support of a church pastor in order to be viable. If a senior residential community is sponsoring the program, then a senior administrative staff person must be supportive of the initiative. Otherwise, it might be hard to get the program off the ground.
- § The organization sponsoring the Care Team Ministry must realize that the Ministry:
 - Cannot be all things to all people. The Care Team Ministry must set boundaries on the program, and agree to do for the Care Receiver only what a volunteer is able to provide.
 - Requires strong ongoing leadership in terms of the Care Team Ministry Coordinator—someone who is a good listener, a good “reader” of people, and an effective communicator, and who can responsibly train and monitor the work of volunteers.
 - Is dependent upon volunteer support. There is a limit on the number of volunteer hours available and the number of volunteers available in a given community. Those maintaining the program should be mindful of volunteer capacity and number of requests coming into the program.
 - Keeps Care Receivers’ information and care needs confidential.
- § When a senior moves away, moves into a nursing home, or dies, the volunteer activities end. The volunteer may not be ready to serve for some time afterward—given their strong feelings of loss. Allow the volunteer to initiate a conversation about serving in a Care Team again, when that volunteer feels ready for a new “assignment.”
- § The Care Team Ministry volunteer work should not duplicate services that may be available in the community, like bringing meals to the Care Receiver on a long-term basis when there is a meals-on-wheels program already in place, or providing rides within town boundaries when a “dial-a-ride” program is available for seniors. Frequently other ongoing needs, like homemaking or lawn mowing also can be met by services available in the community. The Care Team program should fill gaps left by social service programs or reach people not typically served.
- § Agree to do only one volunteer service for the Care Receiver. As the Care Receiver’s needs change, the Care Team activities may be reassessed. This helps stem a tide of requests that may overwhelm the program and the volunteer.
- § Continue to reinforce to Care Team volunteers that they need to set boundaries. Constantly remind the Care Team volunteers they are not to do such things as: serve as bath aides, administer medications, lift or transfer.
- § Constantly remind the Care Team volunteers to keep the Care Receiver’s name and needs confidential.

Forming a Care Team Ministry – 6 Steps for How to Get Started

If you think that your organization might be interested in creating a Care Team Ministry program, you should consider the following:

- 1 First, confirm support from the organization's senior management. At a church/synagogue this will be the pastoral leadership/rabbi. At a senior residence this would likely be the director or nurse supervisor. It is also useful to have an idea of the number of individuals who will likely be served by this program/ministry.
- 2 Second, determine who will be the staff person to whom the Care Team Ministry program will be reporting/responsible. If there is another program that uses volunteers extensively, check with this person about how the Care Team Ministry will interact with the other volunteer-based ministry/program.
- 3 Third, select the Care Team Ministry Coordinator. This position may be filled by a volunteer or a staff person. Consider the time commitment required to get the program up and running, and for recruiting, training, and monitoring volunteers on an ongoing basis. Be realistic about program growth and expectations. Concentrate on forming one team at a time.
- 4 Fourth, determine the flow of referrals and follow-up communication. How will referrals come into the program? What is the turn-around between the initial phone call and the Care Team being arranged? Determine how each step in the process will be handled and where communication with others in the organization will be needed.
- 5 Fifth, determine how the program will be announced in the organization and to the public. Create a program brochure, announcement, web listing, and other marketing and communication vehicles. Distribute communication materials & announce the program at appropriate venues.
- 6 Sixth, select the first senior/family for whom a Care Team will be formed, and form a team around the targeted need of this person/family. The experience of setting up the Team for this first Care Recipient will help "iron out the kinks" in the program/process. After this experience, the Care Team Ministry coordinator should meet with the pastor or other staff to discuss how the process worked and what modifications could be made, if any are needed.

Orientation for Replicating Care Team Ministry Steps 1, 2, 3

Once your own program is up and running, it is likely another organization will come to you and ask you for help in starting up a program at their church/synagogue/temple/mosque, or senior residence. Normandale Center for Healing & Wholeness has followed a three-step process when helping other organizations replicate the Care Team Ministry program.

Step 1 – Meet with the interested pastor, director, rabbi, parish nurse, or lay ministry leader, or other individuals exploring the program. Describe the program and what is entailed in implementation and ongoing Care Team Ministry management. Present the Care Team model video-tape (see references) about the Care Team Ministry model. Encourage questions. Following this first step, the organization should select the person who will serve as Care Team Coordinator or Lay Team Leader.

Step 2 – Meet with the proposed Care Team Coordinator and others from the organization who are considered core leadership support. Go through the whole process from the point of a referral or inquiry coming into the Care Team Ministry Coordinator to the ongoing Care Team activities and volunteer orientation, training, and monitoring. Review all the forms used by the Coordinator. Encourage questions.

Step 3 – Meet with the Care Team Coordinator (and leadership support, if possible). Go over the information for how the Coordinator will identify and work with volunteers. Review the entire Care Team Ministry Volunteer Guidebook (see Normandale's Guidebook in this module). Discuss how volunteers will be monitored and supported, and how ongoing training will be conducted. Encourage questions.

MEDIA INFORMATION*

Write an Article or Announcement to be placed in your church bulletin, organizational newsletter, or other regular communication that is sent to seniors/caregivers.

Create a Sample Press Release - to inform your local paper or other organizations

Include a write-up or link on the church/organizational web site – the article, press release, or brochure can be placed on the web site, with links to other sites

Create a Brochure - to inform potential Caregivers, Care Receivers, or volunteers about the Care Team Ministry program

Lead-ins that can be used in marketing materials:

"Are you a caregiver for a family member? Would you like some relief...some respite? The (name of church) Care Team Ministry can help you. Call..."

"Do you know someone who is a family caregiver and needs respite? The (name of church) Care Team Ministry would like to help. See..."

" 'I'm getting more out of this relationship than I'm giving!' exclaims a Care Team volunteer. Want to know more about being a volunteer for (name of church) Care Team Ministry? See..."

"A Care Team volunteer does what a friend would do for a friend." Be a friend. Be a Care Team volunteer. Find out more about the (name of church) Care Team Ministry. Call..."

"You have what it takes. Just one or two hours once a month as a (name of church) Care Team volunteer will help a friend or fellow member. See..."

"Volunteering keeps you sharp in body, mind and spirit," says an AARP official. Be healthy. Be a volunteer for (name of church) Care Team Ministry. Call..."

Research & Resources

Research on Effect of Care Team Model on Caregivers

Caregiver Initiative-AoA Grant

In 2001 the Normandale Center for Healing and Wholeness was selected by U.S. Administration on Aging (AoA) to develop its Care Team Model to serve more elders and strengthen the program, to reach out to caregivers, and to replicate the model in other community-based organizations. The grant would also provide support to complement the volunteer care teams with a part-time Resource Coordinator, who would be focused on helping older persons and their caregivers understand and “navigate” the local health and social services system and link to services. This Resource Coordinator would work as a “surrogate informed family friend” for those seniors who had family far away and who had ongoing needs for connections and services in the community.

Through these services, Normandale hoped to support seniors and their caregivers (and reduce their burden and stress, relative to that of like-situated caregivers without such support) and improve caregiver confidence and quality of life. Normandale was also interested in teaching/guiding other organizations so that they could provide similar services to elders in their communities. The project committed to serving 100 caregivers over the three-year grant period through the combined offerings of the Care Team Model, caregiver resources, and Red Cross Training.

Results

Most seniors (care recipients) lived in their own single family home at the start of their involvement with Normandale through this AoA grant. Over the course of the project, many care recipients did experience functional decline and sometimes moved into other residential settings, as expected of this population. The program ended up serving 152 individuals during this time--more than meeting the goal of 100 people.

The typical caregiver served by this program was 60 years old at baseline (with an age range of 30 to 85). Most were female (78%); and all were white (100%), reflecting the demographics of the surrounding area. The caregivers were well-educated (78% are college graduates). Most (76%) were married; most were daughters (49%) or spouses (31%); most (64%) were employed full-time or part-time; most lived in close geographic proximity to the care recipient. At baseline, the mean length of time in the caregiving role was 41 months. Over the course of the 3-year evaluation, the average number of hours spent in the caregiving role was 50 hours per week, indicating an intense level of caregiving support.

Caregivers were offered the opportunity to participate in the research portion of the project, and 51 caregivers agreed to do so. These caregivers were assessed at several points in time by trained volunteer interviewers, using a common assessment tool with standardized and non-standardized items relating to caregiver intensity, perceived burden, quality of life, and objective and subjective measures of stress, as well as demographic information.

Normandale staff were able to track the movements of the 56 care recipients associated with the 51 caregivers who agreed to be followed in more depth. The information gained from this ongoing observation and assessment was telling. By the end of the study, about one-third of these care

recipients had died, one-third remained at home without services, and another one quarter were living in one of the following: an assisted living setting, senior housing setting, or in their own home with services coming into the home. There were four individuals (about 7%) who were permanently placed in a nursing home—a low figure when considering the level of care needs and functional limitations of this group.

The project included an independent evaluation by Dr. Leslie Grant of the University of Minnesota. His evaluation research highlights the importance of a multidimensional support and ongoing care team involvement for family caregivers facing difficult caregiving challenges. The evaluator looked longitudinally at outcomes among the 51 family caregivers. Using a common multi-item assessment instrument, trained volunteer interviewers collected data at baseline and four follow-up occasions at 6-month intervals. A total of 137 structured interviews were completed and analyzed for this project.

The Evaluator also conducted qualitative interviews in May and September 2003 with 12 caregivers; from these interviews, some common themes emerged. All respondents indicated that the Normandale Care Team project services had helped them through providing direct and indirect support. Instrumental aid described by the respondents included such things as grocery shopping, rides to doctor appointments, and arranging for community services. Respondents also described the emotional support that they received (e.g., they valued the companionship, building of their own caregiver confidence, and reduction in social isolation). They had a high level of trust with the Normandale staff and Care Team volunteers. This emerged as an important factor to them in meeting the elder's needs.

Research on Effects of Social Isolation

Care teams increase social involvement for the elderly care recipients and provide them with new relationships. Research is showing that improving relationships and social support improves health.

"Healthy relationships make healthy bodies, and research has shown that improving relationships improves health. . . The science and the art of the relationship as a component of health or as a risk factor for poor health should be introduced into medical school." Do Relationships Affect Health?
<http://www.thepfizerjournal.com>

"Social isolation was linked to mortality even after adjustment for demographic, health, and functional status in rural elderly people."

Cerhan JR, Wallace RB. "Change in social ties and subsequent mortality in rural elders." *Epidemiology*. 1997; 8:475-481.

"It has been suggested that people who are in good relationships might improve each other's health by monitoring health behaviors and providing social and financial support." Wu Z, Hart R. "The effects of marital and non-marital union transition on health." *J Marriage Fam*. 2002; 64:420-432.

Positive effect found for support groups on older people who have lost a spouse. Abstract: When an older person loses a spouse, research shows that seniors are vulnerable to "conjugal bereavement" more so than younger people. Although social support buffers the effects of bereavement, widows and widowers have lower levels of social support than married individuals. Research has shown that

self-help/support groups can supplement support from their depleted natural networks. In this study, four face-to-face support groups for widowed seniors were conducted weekly for a maximum of 20 weeks. Participants completed pretest, posttest, and delayed posttest measures of support need and support satisfaction, positive and negative affect, and loneliness/isolation. The statistically significant impacts of the intervention were enhanced support satisfaction, diminished support needs, and increased positive affect. There was a trend toward decreased social isolation and emotional loneliness. In post-intervention semi-structured interviews, bereaved seniors reported increased hope, improved skills in developing social relationships, enhanced coping, new role identities, and less loneliness.

Stewart M, Craig D, MacPherson K, Alexander S. "Promoting positive affect and diminishing loneliness of widowed seniors through a support intervention." Public Health Nursing. 2001 Jan-Feb; 18(1):54-63.

Web Sites of Interest

Care Teams

Organization	Web Site Address
Normandale Center for Healing & Wholeness, MN	www.normluth.org
Lynblomsten, MN	www.lyngblomsten.org
Josephine Sunset Home, WA	www.josephinenet.com

Health Ministries

Organization	Web Site Address
Normandale Center for Healing & Wholeness, MN	www.normluth.org
Health Ministries Network, North Central Region	www.healthministries.info
Minnesota Faith Health Consortium	www.faithealth.org
Congregational Resource Guide	www.congregationalresources.org

Conclusion & Sending Forth

If you are planning to start a Care Team Ministry program at your church, temple, senior residence, or other setting, you are embarking on a journey of faith and service to seniors and their family caregivers.

We have found this to be a program that facilitates the “natural helper” that resides in many people, but needs structure for action. This service orientation of others is what makes the Care Team Ministry program possible.

In giving of their time consistently and respectfully, volunteers make an immeasurable difference in the lives of their Care Receivers.

May you, and they, be blessed in these endeavors.

The staff of the Normandale Center
for Healing & Wholeness

FORMS

For the Normandale Center for Healing & Wholeness Care Team Ministry Program Forms

- P Volunteer Application
- P Volunteer Background & Driving Form
- P Steps for Submitting Background & Driver Checks
- P Normandale Care Team Model - Referral Form
- P Participant Information Form
- P Contact Record – Care Team and/or Resource Coordinators

Normandale Center for Healing & Wholeness
Volunteer Application

Volunteer Name: _____

Emergency Contact Name: _____

Contact Person's Telephone #: _____

Your Employment Status: (check one box below)

Full-Time

Part-Time

Retired/not employed

Personal Reference Name: _____

Reference Person's Telephone #: _____

The following information will help us make the best match between your volunteer time and a senior's needs. Please fill out as completely as you can.

1. How did you learn of this volunteer opportunity? _____
2. What motivates you to volunteer? _____
3. Are there any special interests or skills you'd like to share? _____
4. Do you have any limitations regarding your volunteer commitment? _____
5. How many hours a week/a month can you volunteer? _____

Please indicate the usual times you would be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

6. Have you ever volunteered for this kind of service before? Yes No
7. Have you been provided a position description? Yes No
8. Do you understand the requirements and your role? Yes No

Thank you for your interest in being a volunteer for the Normandale Care Team Ministry!

Steps in Submitting Driving and/or Background Checks for Volunteers

Part 1: To check a person's driving record

1. Create a Volunteer background form for your purposes. We suggest creating one that includes a permission statement for both driving record checks and background checks (example from Normandale is included).
2. Make sure the individual background forms have been thoroughly completed by the potential volunteers, especially date of birth, full name, and driver license number. Include notary signature and seal.
3. Make 1 copy of the background forms. You will send out the copy, keeping the original for your own files. You may send the forms in batches.
4. Complete the two forms (found on the MN Dept of Public Safety web site @ www.dps.state.mn.us) for the Minnesota Department of Public Safety, Driver and Vehicle Services Division indicating this is a request concerning the public records on driver license history for potential volunteers
5. Write a cover letter that indicates the names of the people being checked, listed alphabetically.
6. Enclose a check in the amount of \$9.00 per person x the number of people being screened. Make the check payable to the Minnesota Department of Public Safety
7. Enclose a self-addressed, postage-paid envelope (use a large envelope as they return the forms)
8. Send to: MN Dept. of Public Safety
Driver and Vehicle Services Division, Data Services
445 Minnesota St., Ste. 161
St. Paul, MN 55101-5191

Part 2: To check a person's criminal background

1. Follow the steps 1-3 above.
2. There is no special form to fill out for the Bureau of Criminal Apprehension.
3. Write a cover letter that indicates the names of the people being checked, listed alphabetically.
4. Enclose a check in the amount of \$8.00 per person (if your organization is a non-profit, with tax exempt status) made out to the MN Bureau of Criminal Apprehension, together with a copy of your IRS letter and the completed background check forms—the BCA must have the date of birth and full name of each person. The person must have indicated their consent to the check.
5. Enclose a self-addressed, postage-paid envelope (use a large envelope as they return the forms)
6. Send to: Minnesota Bureau of Criminal Apprehension
Criminal History Access Unit
1430 Maryland Ave. E.
St. Paul, MN 55106

When the background check reports are returned:

In most cases, when you receive the reports back from the Minnesota Dept. of Public Safety, it will simply say: "No Records". This is the best outcome, from your perspective, as it means your potential volunteer has cleared the review. At this point you are able to contact the potential volunteer and he/she may be trained to begin service.

If the review results in a finding, you will need to refer to the criteria* you have set up to determine whether this person can still be a volunteer for your Care Team Ministry program.

*Deciding on Criteria

You will want to establish criteria or a policy regarding background checks and your organization's guidelines for handling reports with finding—preferably BEFORE something comes back that causes concern.

Some areas are clear—for example, if the individual has been convicted of abuse of a senior or has recent DWI convictions. Other things are less clear. You will want to establish your organizational guidelines so that any report can be dealt with consistently and quickly. As always, this information is considered personal and confidential, and should only be available to the Care Team Ministry Coordinator and the Director of the Program.

Normandale Care Team – Referral Form

Name of Referring Person: _____ Date: _____

Phone number(s) of referring person: _____

Referral Source:

Pastor Family Member Social Worker/Agency Staff Neighbor Friend

Parish Nurse Other: _____

Name of Caregiver: _____

Relationship of Caregiver to Care Receiver: _____

Name of Care Receiver: _____

Notes: _____

Plan:

Follow-up:

Signed: _____

Participant Information Form

Interview Date: _____

CAREGIVER

Name: _____

Address: _____

Telephone: (W) _____ (H) _____ (cell) _____

Referred by: _____

Relationship to Care Receiver: _____

Care being provided to Care Receiver: _____

In the event of an emergency, who should be contacted?

Name: _____ Phone: _____

CARE RECEIVER

Name: _____

Address: _____

Telephone: (H) _____ Date of Birth: _____

Care Needed: _____

Services currently provided by agencies: (List/describe) _____

Sources for potential Care Team volunteers (e.g., church, family, friends, neighbors)

NOTES: _____

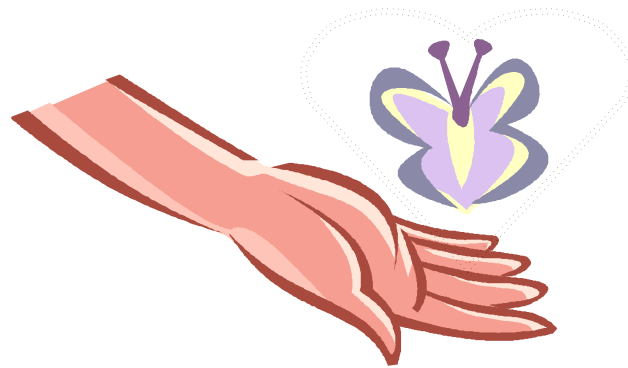
Care Team services accepted? Yes No When? _____ Start of Care Team: _____

(M/D/Yr)

(M/D/Yr)

Normandale Care Team Ministry

Volunteer Guidebook



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Normandale Center for Healing & Wholeness
6100 Normandale Rd.
Edina, MN 55436



You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. You shall love your neighbor as yourself.

Matthew 22:37,39.

Welcome!

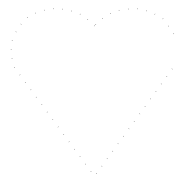
We are excited to share the Care Team Ministry program with you! As a new volunteer you may have questions about the program. This Guidebook is intended to be a source of information for you. Read it and refer to it. Remember to also contact me, your Care Team Coordinator, with any questions or issues that arise.

We thank you, in advance, for your dedication and service on behalf of seniors and caregivers.

Shirley Pope
Care Team Coordinator, 2002-present
(952) 929-1697 ext. 31

NOTE: This Care Team Ministry Volunteer Guidebook was developed based on eight+ years of experience by the Normandale Center for Healing & Wholeness. It has been used at replicate sites throughout the Twin Cities metro region.

Care Team Ministry Volunteer Guidebook - INDEX

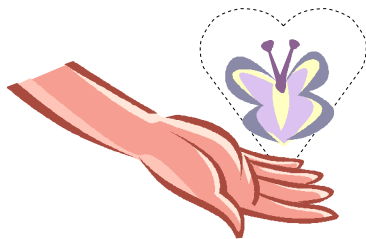


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What are Care Teams?

Care Teams: “Doing What A Friend Would Do For A Friend”

Throughout generations, compassionate, caring people have reached out to those who need help. You may have seen this in your neighborhood...in small hometowns...in church communities. Lifestyles may have changed, but our hearts have not. Now, however, that help for others has on-going support through the structure offered by the Care Team Ministry.



A CARE TEAM reaches out to the older person, the frail, the house-bound, the lonely—who need occasional help or support.

Care Team Ministry uses the following Terms:

Care Team – a team comprised of 1-6 trained volunteers, formed especially around the needs of a particular Care Receiver.

Care Receiver – a senior (elderly adult) who needs assistance from a family member(s) or friend to stay in his/her own home or in the community (avoiding permanent nursing home placement, if possible).

Caregiver – usually a family member, an adult child or a spouse, who participates in caring for a senior. Sometimes the caregiver is also responsible for making decisions on behalf of the senior. The family caregiver may or may not live under the same roof or in the same town or state as the Care Receiver. Caregivers may assist or support the senior emotionally, physically, financially, or in other ways.

What are the benefits of Care Team Ministry?

Benefits:

To Congregations:

- § Provides opportunities for demonstrating faith and service
- § Helps extend effective pastoral care for seniors
- § Pastors can stay up-to-date on senior members' needs and conditions, if seniors are receptive

To Senior Living Communities:

- § Provides a support system for members, residents and neighbors

To Seniors and To Caregivers:

- § Enhanced capacity to maintain independence
- § Increased opportunities for worship and for socialization
- § Relief from loneliness
- § Assistance with activities of daily living
- § Assurance that they are not being overlooked by their communities
- § Opportunities to explore emotions relative to aging, ill-health, loss of independence and control
- § Gift of "free time" to Caregiver



Care Team Volunteers Are Valued by....

The Care Receiver
The Caregiver
The Congregation or Community

By serving, Care Team Volunteers become role models to others—neighbors, friends, and family members

You Are Giving:

Your Time – Perhaps 2-4 hours per month
Yourself
Your Talents
Your Attention
Your Care and Concern

Remember: The time you spend as a Care Team Volunteer brings the Care Receiver a sense that someone cares. At the same time, you are giving the Caregiver respite and relief in knowing that someone recognizes the demands of his/her responsibilities.

Care Team Volunteer activities may include:

- § Driving the senior to medical, hairdresser, barber appointments
- § Driving to worship or prayer services or other church/temple functions
- § Helping the senior with grocery shopping
- § Making friendly visits to the senior
- § Reading to the senior
- § Helping the senior write letters
- § Helping the senior with e-mail correspondence
- § Running small errands – to grocer's, drug store, or post office
- § Sharing a meal with the Care Receiver at a local restaurant (with each person paying for their own meal)
- § Helping on occasion with simple yard maintenance, particularly when the senior has recently returned from the hospital or rehabilitation facility
- § Calling the senior for a "telephone visit"
- § Making short sight-seeing excursions by car
- § Helping on occasion with a simple household task such as laundry, particularly when the senior has recently returned from the hospital or rehabilitation facility

In addition, Volunteers are encouraged to:

- § Attend regular educational and sharing sessions sponsored by the Care Team Ministry program
- § Contribute to strengthening team member bonds through participating in a few meetings and group activities
- § Return completed Contact Logs to the Care Team Ministry Volunteer Coordinator at regular intervals

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

What Volunteers Say

What Volunteers Say About Being a Care Team Volunteer:

"These relationships bring new insight to me."

"My new friendships bring me joy and a sense of purpose."

"I feel I'm getting more than I'm giving."

"I'm able to stop...slow down... and relax during these times."

"I know that my time and every little kindness is so appreciated."

"I've learned more about myself as I've served."

"The training I receive helps me deal with other people in my life."

"I'm growing older myself and I may need help someday."

"The gratification is immediate."

(Don't just take our word for this...ask a Care Team Volunteer.)

Guidelines for Care Team Volunteers

Care Team Volunteers...

- § Have a desire to serve
- § Can give an average of one-two hours per week
- § Are dependable
- § Are willing to listen
- § Are patient

Care Team Volunteers Agree to:

- § Set boundaries
- § Observe confidentiality at all times
- § Fulfill-accepted assignments
- § Communicate with Lay Team Leader/Care Team Coordinator

Serving Others, Care Team Volunteers...

- § Show respect for all people
- § Allow time to build trust
- § Be on time and always follow through
- § Remember that you are a guest in the Care Receiver's home
- § Are good listeners
- § Interested, interesting
- § Look for ways to be creative

Care Team Volunteers Do Not –

- § Lift or physically transfer anyone from one place to another
- § Serve as a bath aide or assist in toileting
- § Feed someone
- § Give medical service or advice

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

Understanding and Knowing . . .

Know your Care Receiver - Most Care Receivers have experienced some kind of loss –

- § A loss of hearing, vision or mobility
- § A loss of clear thinking or memory
- § A loss of relationships and community
- § A loss of independence – including the ability to drive
- § A loss of purpose
- § A loss of control

It may be useful to find out about your Care Receiver's...

- § Friends and family
- § Interests and hobbies (discover common ground)
- § Past experiences

You Are Providing the Care Receiver -

- § Respect and Dignity
- § Socialization
- § Relief from loneliness
- § A sounding board to express feelings and to share memories
- § Support for living in own home
- § Knowledge that a friend cares
- § Assistance with matters of life
- § A new friendship
- § Something for which to look forward each week

You Are Providing the Caregiver-

- § Respite from on-going responsibilities
- § Relief from loneliness
- § Reassurance of not being ignored
- § Assurance that someone cares and understands
- § A new friendship
- § A listening ear
- § Trust

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

The Gift of Listening



Listen to the Care Receiver. . . .

Listen by focusing your entire attention on the other person.

Listening is more important than talking or solving problems.

Body language is 55% of listening.

Paraphrase to make sure you understand.

Identifying emotions is the key to appropriate responses:

“You feel...”

“That must be difficult...”

“You’re sad about...”

“Tell me more...”

“What I hear you saying is...”

In giving the gift of listening you receive the gift of trust.

Listen to your Caregiver. She/He may be under much stress.

Give them some time away, but also listen to their feelings.

Be a sounding board for them.

Remember, too, to:

Listen to the other volunteers on your Care Team. They may have information that is useful to you in your volunteer service with the Care Receiver.

[Adapted from Our Saviour’s Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

SETTING BOUNDARIES

- § Boundaries are an essential part of Care Team Ministry.
- § Boundaries establish your personal comfort level with the type of care you are willing to provide. At the same time, boundaries indicate the type of care your Care Receiver is willing to receive.
- § Observing boundaries respects your needs and the needs of others.
- § Boundaries make Care Team Ministry a positive experience for everyone.

BOUNDARIES –

Theirs:

- § Remember to respect the Care Receiver's and Caregiver's boundaries as this new friendship/relationship is nurtured. They are opening up to you in a vulnerable time period in their lives.
- § Only provide the services upon which all have agreed.
- § Honor dignity. It is an important part of one's quality of life.
- § Trust is only earned over time. You must keep information confidential. Inform the Care Team Ministry Coordinator of anything that concerns you.
- § Contact the Care Team Ministry Coordinator before contacting other Care Team members about issues you feel are sensitive.

Yours:

- § Set boundaries on what you are willing to do; think of tasks you are comfortable doing
- § Consider your experiences and interests
- § No service is too small. No boundary is too small
- § Your boundaries may change, however. It is okay to change.
- § Set boundaries on your time; be realistic about your availability.
- § Don't over commit.
- § Make sure your Caregiver/Care Receiver know your boundaries and respect your boundaries.
- § Set boundaries on your privacy, e.g., you have the right to request no phone calls at home from the Caregiver/Care Receiver.
- § Gently turn aside any conversational questions which the Caregiver/Care Receiver may ask that you prefer not to answer.

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

TEAM...IDEAS...PERFECT...SERVICE

T.I.P.S. from experienced Care Team volunteers:

- § Call Caregiver or Care Receiver the first of the week to set up a time for your visit.
- § Call to see when their appointments are for the week.
- § Pray for them when you're "off duty."
- § Remember them with cards or little gifts on holidays and their birthdays. (Flowers from your garden, balloon(s), home-made greeting cards or gifts, bake and give the surplus above your needs, copy of interesting newspaper or magazine article.)
- § Be aware of any dietary restrictions on food you may plan to provide.
- § If you're asked, "What have you done today?" or "What are you going to do when you leave?", answer honestly if you feel comfortable doing so. This is the Care Receiver's way of getting outside and experiencing life other than their own familiar routines.
- § Share your background, interests, hobbies, experiences and bits of your family life, as you feel comfortable. This nurtures the friendship.
- § On occasion, you may feel led to sing, to play a piano which may be in the home, to pray, or to read. Ask their permission, and respect their feelings. But let the moment be shared, if acceptable.
- § Smile...Be happy...Be cheerful. It's infectious!
- § Put yourself in their shoes.
- § Remember you are a guest in the Care Receiver's home.

F.Y.I. for Volunteers . . .

Guidelines for dealing with an urgent situation. i.e. Care Receiver falls or has a sudden illness. If the Caregiver or other responsible party cannot be reached, the volunteer should call 9-1-1 (see "Emergency Warning Signs," on the next page of this Guidebook).

Set personal boundaries for the type of care which you are comfortable providing.

Anytime you have concerns, please talk to the Care Team Coordinator/Lay Team Leader. The Lay Team Leader/Care Team Coordinator is here to make your efforts easier. The Lay Team Leader/Care Team Coordinator would like to know about your joys, as well.

Remember, you are part of a TEAM and we serve as ONE.

If you feel you can no longer handle the duties, or need another volunteer on the Care Team, please let the Lay Team Leader/Care Team Coordinator know as soon as possible.

Emergency Warning Signs . . . When to Call 9-1-1

The following warning signs, compiled by the American College of Emergency Physicians, suggest you should seek immediate help:

- § Sudden pain at any location in the person's body. Chest pain or pressure in the upper abdominal area, for example, can signal a heart attack
- § Sudden dizziness, headache, or change in vision
- § Weakness, fainting, or loss of consciousness
- § Difficulty breathing or shortness of breath
- § Severe or persistent vomiting or diarrhea
- § Suicidal or homicidal feelings
- § Significant bleeding, whether or not accompanied by pain

Some common-sense ground rules to follow...in addressing an emergency situation:

Keep calm. Try not to panic. Often a few deep breaths will help you.

Reassure the victim. A hand on the shoulder or a light, reassuring touch on the arm may help.

Do no harm. Do not move a person who has fallen, been injured, has lost consciousness, or who complains of neck pain.

Be prepared. Keep the numbers of emergency contacts and emergency services posted near the telephone.

If in doubt, call 9-1-1. As a volunteer, you are not expected to be able to assess medical symptoms. Call 9-1-1. If there is time, call the emergency contact person (e.g., relative) to let them know you have contacted emergency services personnel.

Calling for help. Be calm and clear. Clearly give the emergency dispatcher the key information including: the person's location, what the problem is, your name, the victim's name, the telephone number at your location, and directions, if asked. If it is after dark, make sure the house numbers are visible and a light is on outside/inside.

From: Mayo Clinic Family Health Book, Second Edition, Morrow and Company, Inc. New York, 1996.

GUIDELINES FOR CARE TEAM MINISTRY LEADERS

Lay Team leaders/Care Team Ministry Coordinators assume responsibility for the management of the Care Team Ministry on behalf of the congregation or organization. This may be a shared position.

Care Team Coordinators' or Leaders' Duties & Responsibilities:

Receive referrals for Caregivers/Care Receivers who may have needs for help and support through Care Team Ministry Volunteers. Referrals come from priests, pastors, family, friends, community members, neighbors.

May make first contact and visit with new or potential Caregiver/Care Receiver

Recruit and screen potential Care Team volunteers; Develop Care Team(s)

Coordinate Caregiver/Care Receiver referrals and Care Team volunteers

Train volunteers on an individual and ongoing basis; convene and facilitate volunteer meetings

Encourage and support individual Care Team volunteers

Make sure boundaries, comfort levels, and confidentiality are being honored. Be sensitive to the needs of Care Team volunteers, Care Receivers, and Caregivers.

Make sure that individual Care Team volunteers are maintaining their schedules and agreed-upon tasks for the Care Receivers.

Make sure adequate support is available/provided to Care Team volunteers. Pay particular attention to issues of grief.

Maintain close communication with congregational staff (if appropriate).

Motivate and encourage Care Team volunteers

- § Pray for them
- § Offer praise for service
- § Assure them of your continuing support
- § Keep open lines of communication

Communicate with the pastors/priests, directors, or staff (where appropriate)

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

GUIDELINES FOR CARE TEAM MEETINGS

Purpose:

Teamwork is essential to Care Team Ministry. By participating in Care Team meetings, you are engaging with a group of people dedicated to serving others. The meetings present an opportunity to focus on your own feelings as you serve the needs of others. Care Team meetings connect you with your fellow Care Team volunteers as you share one another's journey of service.

Confidentiality is a must

- Share only what will help volunteers serve more effectively
- Respect the privacy of others. Do not name names.

Share joys and concerns

- Share joyful stories – this reinforces the desire to serve
- Share concerns – this helps volunteers from becoming overburdened
- Share issues with service - this promotes creative problem-solving

Process feelings

- Encouraging team members to receive/give emotional support to one another is vital to the team's strength

Help manage grief

- Listen to Care Team volunteers who may be grieving
- Attend funerals, write sympathy cards, explore opportunities for closure

Stay within your comfort level

- Reinforce boundaries
- Set your own limits on commitments
- Stay within your comfort level at all times
- Recognize when other Care Team volunteers are taking on too much

Share responsibilities

- Remember, you are part of a Team

[Adapted from Our Saviour's Lutheran Church and Josephine Sunset Home Care Team Ministry, Stanwood, WA]

Risk Management – What You Need To Know About Reporting

Vulnerable Adult Act of 1995

Definitions:

Vulnerable Adult

1. 18 Years of Age or under
2. "Categorical" – Recipient of licensed home health care services or MA-funded personal care attendant services
3. "Functional" – Physical or mental infirmity or emotional dysfunction that...
 - § Impairs care for basic needs, and
 - § Impairs ability to protect self from maltreatment

Maltreatment

1. Abuse – Conduct producing pain or injury
 - § Hitting, slapping, kicking, corporal punishment
 - § Rule 40 violations
 - § Involuntary confinement, deprivation
2. Neglect – Failure to provide for basic needs
 - § Food
 - § Shelter
 - § Health Care
 - § Supervision (when needed)
 - § Absence or likelihood of absence of same
3. Neglect may be by *Caregiver or *Self

It is not neglect for an authorized person to make decisions to give or withhold healthcare, feeding, spiritual means of healing, etc. through pre-determined decision-making authority (i.e.. durable health care power of attorney, advanced directives.)

Reporting:

WHO MUST MAKE A "VULNERABLE ADULT MALTREATMENT" REPORT?

"Mandated Reporters" include professionals or professionals' delegates while engaged in certain listed occupations, including "the care of vulnerable adults," law enforcement, education and most health care related professions, including nursing home administration, nursing, medicine, social work and psychology.

WHEN MUST A MANDATED REPORTER MAKE A VULNERABLE ADULT MALTREATMENT REPORT?

A mandated reporter who has a reason to believe a vulnerable adult is being or Has been maltreated, or has knowledge that a vulnerable adult has sustained a

Physical injury that is not reasonably explained, shall immediately report. Immediately is defined as "as soon as possible" but within 24 hours. When in doubt, make a report

ARE THERE ANY EXEMPTIONS FROM THE REPORTING REQUIREMENTS?

Accidents: (Defined exemption from maltreatment: Sudden, unforeseen and unexpected events which is not likely to occur and which could not have been prevented by exercise of due care and facility is in compliance with relevant rules and laws.)

WHERE MUST REPORTERS MAKE VULNERABLE ADULT MALTREATMENT REPORTS?

Volunteers on the Care Team must submit such concerns in person or by telephone to the Parish Nurse, the Care Team Coordinator or the Director of Ministry

PENALTIES AND PROTECTIONS

1. Protections for Reporters

- *No civil or criminal liability for good-faith report
- *Identity of reporter not divulged; exemptions exist (consent of reporter; by order of a court.)
- *Penalties for retaliation against reporter
- *Civil protections for good-faith investigative activities

2. Penalties Related to Reporting

- *Intentional false report
- *Negligent or intentional failure of mandated reporter to report
- *For retaliation against reporter

Common Entry Point (CEP) Phone Numbers

ANOKA COUNTY - 763-422-7168
CARVER COUNTY - 952-361-1600
DAKOTA COUNTY - 651-554-6000
HENNEPIN COUNTY – 612-348-8526
RAMSEY COUNTY – 651-266-4012
SCOTT COUNTY – 952-445-7751
WASHINGTON COUNTY – 651-430-6484
WRIGHT COUNTY - 763-682-7481

Impact of Elder Abuse

Elder abuse has devastating results, especially if it comes at the hands of someone connected to a faith-based organization. Some the results include:

- § The victimization of the Elder
- § Hurt family members
- § Emotional trauma for other volunteers and the leaders of the faith-based organization and church involved
- § Litigation, cost
- § Media coverage
- § Shattered trust
- § Undermining of the elder's spiritual or faith connection

(Compiled by Judy Urban, Shared Ministry Systems, in cooperation with Lyngblomsten Care Team Ministry)

Why Elders are Susceptible to Abuse

Frail seniors are susceptible to abuse because they may:

- § Be physically unable to live independent lives and may be nearly “homebound;” dependent on others for rides, help, or support
- § Find it too difficult to sever ties to relatives who are abusing them, since that relative may be their only connection to family memories/ties
- § Find it emotionally painful to admit they have an abusive child or spouse
- § Lack the resources to move to a safer environment
- § Be unaware of programs that are available to help them pay for quality services or pursue legal protections
- § Fear the repercussions if they do report the abuse
- § Be afraid of change, even though it might bring relief

Why Faith-based Groups are Vulnerable

Why are church, synagogue or other faith-based programs vulnerable to potential abuse? Because these organizations have the following characteristics:

- § They are trusting; most people see their faith community as a safe place.
- § They are open, accessible; most churches, temples, synagogues, or other faith institutions do not have security checks, they leave doors open for worshipers. Programs extend at all hours of the day and night and into the weekends. This “openness” extends to programs that the church/faith institution operates as well.
- § Many faith communities offer programs of assistance for elders in the elders’ own homes where there is one-on-one service.
- § Many faith communities are unaware/ignorant of the potential for abuse or deny that this could be a problem in their own church/synagogue/temple.

(Adapted from information compiled by Judy Urban, Shared Ministry Systems, in cooperation with Lyngblomsten Care Team Ministry)

Sending Forth Volunteers

Thank You!

In giving of your time through the Care Team program, you make an immeasurable difference in the lives of seniors and caregivers.

May you, and they, be blessed.

Shirley Pope,
Care Team Coordinator

Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain.

1 Corinthians 15:58