



## Leader's Guide

Supplement for use with all Ministry Modules. Appendices and Resources referenced in Ministry Modules can be found within this Guide.

# *Leader's Guide*



This Leader's Guide is provided through a Partnership with Aging with Significance, of the Women's' Missionary Union of Virginia and the Virginia Baptist Union Board; and Caregiving Ministries, a division of FamilyCare America, Inc.





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## PREFACE

As a result of increased longevity, our society and churches face a major demographic shift. In recognition of both the responsibility and opportunity this presents for church congregations, the Virginia Baptists, in partnership with Caregiving Ministries, a group of FamilyCare America, are launching their "Aging With Significance" Ministry. This ministry promotes mature adult life fulfillment in areas spiritual, educational, and functional. Our ministry encourages churches to examine the needs within their congregations and determine how already established ministries are meeting the needs of mature adults in the areas of transportation, nutrition, wellness, personal support (friends), management of household affairs (handy helpers), spiritual care and education. Guidance is provided as to how to meet discovered needs. The ministry encourages members of all generations, especially mature adults, to volunteer their gifts. Written tools are included to assess the needs of mature adults and the gifts of volunteers.

## INTRODUCTION

Population projections predict that from 1999 until 2010, the 65 to 74 years age group will increase by 20%; by 2020 there will be a 74% increase; and by 2030 the increase will top 100%. While the population growth for the 75 to 84 years age group is not predicted to change as quickly, it will also be on the increase and should top a growth of 100% over the next 30 years.<sup>1</sup>

How do these numbers affect churches? The over 65 age group will become the fastest growing part of the congregation. Churches must be prepared to address concerns of older adults, helping them be remembered and useful. The business world will shift emphases to meet the needs of the population in order to appeal to the broadest audience. The church must shift emphases but out of a different motivation: to meet ministry needs of the congregation.





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For many churches, effectively working with mature members of the congregation and community has been a challenge. Frequently people do not know what to do, how to begin, how to continue, or how to keep from "burning out." Resources within a given church may not equip members to adequately meet the needs of its older members. Friends who just yesterday were in Sunday school or the worship service may at times find daily tasks difficult. These are friends who:

- might need assistance with household chores, shopping, or transportation to the doctor's office
- need someone to talk to
- need support or respite

Congregational members may not feel prepared to assist with presenting needs. This manual is designed to assist churches in the development of ministries to equip mature adults for spiritual, educational, and functional life fulfillment.

This guide provides information regarding the overall administration of the ministries, job descriptions, processes for determining congregational needs, evaluation tools, and detailed descriptions of the following ministry arenas: wellness, transportation, education, spirituality, companionship, nutrition, and handy helpers.



## ADMINISTRATION

The first step in administering the Caregiving Ministry is to determine who will be the Coordinator, the person to whom volunteers and recipients of the ministry can turn for guidance. The Coordinator must have both the time and gifts to organize and administer the program. The intention is for a lay person to take this responsibility. However, a staff member should be assigned liaison responsibility for the Caregiving Ministries activities. Central to finding the person who will take on the job of Coordinator is locating someone who has a passion for working with mature adults.

The next step is to establish a Caregiving Ministries Launch Team. This team should be comprised of individuals who have great interest and skills in working with mature adults. Selection of the Launch Team should be a joint effort of the Coordinator and the Pastor. The people approached may be members of an existing committee or ministry team. The functions the Launch Team will be to:

- Familiarize themselves with the Caregiving Ministries concept;
- Educate the church about the necessity of addressing the needs of mature members;
- Conduct a comprehensive survey of needs in the congregation and community;
- Determine how already established ministries are meeting the needs of mature adults;
- Examine the discovered needs within their own congregations.

When the survey is complete, the Coordinator and the Launch Team will need to select the areas of the Caregiving Ministries that need to be addressed. Some churches may decide to work in all areas while others may select only one or two.

Discovered needs, existing church ministries, and church resources should dictate the scope of the Caregiving Ministries.

Once the Caregiving Ministries plan is developed, it should be presented to the congregation to garner support and approval.

A Ministry Team and Team Leader will be needed for each area selected. The Ministry Team Leaders along with the

Coordinator and appropriate staff member will serve as the Caregiving Ministries Council to act as a steering committee.

When the Council is formed, the job of the Launch Team will be over and they can be thanked appropriately.



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In some cities and towns, it may be feasible to have a cluster of churches to work together to implement the Caregiving Ministries. The group could be interdenominational. In such cases the administrative structure would need to be adapted.

Each Ministry Team has its own steps to follow, but there are some common administrative and organizational tasks that each team will have in common:

1. Become familiar enough with the ministry to educate the church.
2. Conduct an in-depth study of the needs in their assigned area.
3. Survey the congregation to locate volunteers and resources.
4. Match needs found in the church and community with volunteers' abilities.
5. Choose group leaders to direct segments of the team's work.
6. Set up appropriate records relating to the team's ministry area.
7. Address liability issues.
8. Create a clear vision and goal statements for the ministry area.
9. Develop a list of area resources.
10. Provide orientation/ training for volunteers.
11. Educate and assess ministry recipients.
12. Have monthly or regular meetings for ministry volunteers.
13. Evaluate the ministry on an ongoing basis.
14. Keep the Caregiving Ministries Council and Coordinator advised of progress.

Guidelines or examples are provided for some of these tasks within each ministry team's description, but variations on the process may occur depending on individual circumstances.



## JOB DESCRIPTIONS

### COORDINATOR

1. Initially, assist the church in starting Caregiving Ministries by working with the Pastor to locate a group of members willing to form a task force. Follow the administrative steps.
2. Keep church staff informed.
3. Coordinate the activities of the Caregiving Ministries Council.
4. Have monthly contact with Caregiving Ministries Team Leaders to identify and address questions, concerns, and problems so the team provides their effective ministry.
5. Assist Team Leaders in finding speakers, information, and expertise in the fields related to each team's focus (i.e., nutrition, education, health issues, disease process, etc.) for the monthly meetings.
6. Network with Coordinators from other churches for support, exchange of ideas, and sharing of resources.

### MINISTRY TEAM LEADER

1. Follow the suggested process for the ministry, adjusting for improvements as you go.
2. Coordinate the work of the ministry team.
3. Participate as a member of the Caregiving Ministries Council.
4. Communicate with the Coordinator each month, informing of questions or problems.
5. Make initial contact with potential ministry recipients to explain the ministry.
6. Delegate assignments to ministry volunteers, beginning with the assessment if not already completed.
7. Assist the Coordinator in planning the educational portion of the monthly team meetings.
8. Preside at team meetings. The purpose of team meetings is to provide support to members of the team, learn something new that will help the team's effectiveness, problem solve, and coordinate the next month's team work.



## **MINISTRIES COUNCIL**

1. Assist Coordinator in continuing the development of the Caregiving Ministries.
2. Attend monthly meetings with the Coordinator.
3. Educate the congregation about the need for Caregiving Ministries on an ongoing basis.
4. Develop an ongoing routine for surveying church members who may be interested in volunteering.
5. Develop a routine for assessing the needs of mature adults within the congregation. If your church has more than one ministry team arena, determine which team is most appropriate to meet the specific need.
6. Schedule orientation sessions for new volunteers.
7. Interpret evaluation tools and assist teams in making needed changes.

## **SELECTION, TRAINING, AND MAINTAINING OF VOLUNTEERS**

### **SELECTION**

Within a given congregation, there are many ways to locate the people needed to fill roles within the Caregiving Ministries. In many cases, the Coordinator will know which people have the gifts necessary to take on certain jobs. However, the church survey will be a useful tool in locating volunteers who would fit certain jobs perfectly but may have been keeping their "light under a bushel," (Matt. 5:14-16). (See Caregiving Ministries Church Survey.) There may be people already doing the very jobs now being organized who will continue under the Caregiving Ministries umbrella. They may benefit, however, from the ministry training and regular meetings.

Laying the groundwork for a positive response to the recruitment process depends largely on communicating the purpose and goals to the congregation. Volunteers tend to give their valuable time when they can believe in what they are doing and feel the effort worth it. Dr. C. Anne Davis, a Virginia native, an author, a dynamic speaker, and a leader in social ministries among Baptists, was commissioned by Virginia Baptists to write the initial manual for "Aging In Place." Dr. Davis gives these suggestions for successful recruitment:

- Help people believe this program meets a real need.
- Make personal contacts and personally invite potential volunteers.





-Make invitations specific detailing "who, what, when, where, and for how long."

-Engage volunteers who enjoy being with each other.

As all of God's children are blessed with gifts, it may sometimes be a challenge to match gifts with tasks needed, but a place should be found for all persons responding to the call. Some people have the gift of making the home visit, while others are better "behind the scenes" in efforts such as typing, filing, organizing, etc. Care must be taken to ensure privacy, rights, property, and well being of all ministry recipients. Although each congregation may wish to add or delete issues in this list, the following topics are recommended for consideration when selecting volunteers:

1. **Minimum age:** Youth may be appropriate for some jobs, but not for others. An age limit for some of the ministry teams would avoid confusion as volunteers are selected.<sup>2</sup>
2. **Involvement with the Congregation:** Decided what level of involvement will be required of those who volunteer. Should there be a minimum length of membership and active participation? Consider how well the volunteer is known or what level of maturity is demonstrated, particularly in situations in which visits may provide spiritual direction.
3. **Physical and Mental Well-being:** Do the potential volunteers have the mental and physical energy and expertise to participate regularly in providing services? Can they form and maintain healthy social and emotional relationships with mature adults, other caregivers, and others team participants?
4. **Willingness to Participate in Training:** Volunteers must be willing to complete the training program required for them to participate in the Caregiving Ministries.
5. **Willingness to Participate in Ministries Meetings:** Regularly scheduled meetings will provide on-going education for volunteers and will provide the setting for reporting progress, problems, or issues related to the ministries.

## TRAINING

If the program is going to succeed, volunteers must have training. The first stage of volunteer training will be an orientation to the importance of the Caregiving Ministries and elements of the ministry teams. The second stage of training will be the on-going education to take place during regularly scheduled meetings. Training and resource models will be available from the state Aging With Significance Ministries through the Virginia Baptist Mission Board.

<sup>2</sup> Dr. C. Anne Davis, "Volunteer Training Curriculum," Virginia Baptist Aging In Place Project Program Design.



## Why Provide Training?

A training program serves several purposes:

- Volunteers will know what is expected and therefore feel more comfortable in what they are doing
- When people feel comfortable in what they are doing, they are more likely to be successful in their efforts.
- Volunteers will know they have resources to assist them when ministering to recipients.
- The training program is a necessary part of accountability to the recipients, caregivers, volunteers, and churches.

## Why Provide Orientation?

Orientation provides a setting for all volunteers to bond by getting better acquainted and to become united in the Caregiving Ministries endeavor. The orientation serves several purposes:

- Welcomes volunteers to their new ministry.
- Provides an overview of Caregiving Ministries.
- Educates volunteers as to their roles in the ministries.
- Provides education as to the issues and needs of mature adults.
- Allows groups to learn the issues common to each team ministry.

Follow-up education for more in-depth issues can be addressed during the monthly meetings. Scheduling periodic orientations throughout the year, or even once a year, allows for introduction of new volunteers. Common issues and circumstances volunteers may face need to be addressed during the orientation. There may be people in the congregation qualified to teach them. Examples include:

- Emotional Issues— such as loss of independence, loss of loved ones, loss of bodily function.
- Confidentiality— knowing when to keep information private.
- Boundaries— knowing how to respond to people who are demanding.
- Caregiver stress — knowing the signs of stress and how to help.
- Abuse, Neglect, and Exploitation — knowing when to report to the Department for Social Services.
- Communication — with family, caregivers, and church staff.



## Why Provide On-Going Education?

It is important to stay current with the issues. On-going education for volunteers can easily be organized by the Coordinator and Team Leaders and taught by professionals in the field during monthly meetings. It is recommended that half of the meeting be an in-service training, and the other half be used to discuss ministry issues. An in-service topic might include the presentation and course of a specific disease process. Topics could be presented to meet the needs discovered throughout the ministry. Volunteers who continue to increase their knowledge will feel more confident in their role.

## MAINTAINING VOLUNTEERS

Volunteers generally stay involved in a program that they feel is meeting a critical need. Successful retention of volunteers requires:

- An effective program of training. People like to help when they know how to do a task well.
- A structure that encourages feedback among volunteers. People need to talk to others who are doing what they are doing. Sharing ideas and words of encouragement will promote retention.
- A continuing program of recognition by the church. Caregiving Ministries is a ministry of the local church, and the volunteers who are involved need to know that the church blesses their efforts and commissions them to carry out their tasks. Prayer support is also a healthy means of recognizing the ministry/ missions involvement of the volunteers.
- A strong working relationship with Caregiving Ministries leadership. Volunteers need to know that they are connected with their coordinators and team leaders. It is important for them to know that there is a resource if they need help or encouragement.
- This link is the volunteers' link to the church and ministry home base.



## TEN COMMANDMENTS FOR MOTIVATING VOLUNTEERS

(Material from the Virginia Parish Nurse Education Program)

### 1. Challenge

*Challenge them by delegating tasks, increasing their share of the workload and providing upward mobility.*

### 2. Research

*Research their talents; put them to work attacking problems within your organization.*

### 3. Vary

*Vary their tasks; rotate jobs; change responsibilities.*

### 4. Consult

*Consult volunteers on important decisions and policy-making directions including goals, projects, special events, new ideas and suggestions.*

### 5. Brighten

*Brighten the workplace, literally and figuratively.*

### 6. Praise

*Praise frequently, especially the average volunteer who may need most the encouragement.*

### 7. Train

*Train volunteers so they feel confident at their tasks and perform them to the best of their abilities with seminars, round table discussions, one-on-one training, and periodic evaluations.*

### 8. Communicate

*Communicate by way of memos, newsletters, greeting cards, etc. Convey news of who is doing what (i.e., -who went on a mission trip, who is volunteer of the month) and dates such as the next social event.*

### 9. Socialize

*Socialize with outside functions, rummage sales, teas, luncheons, etc., where volunteers can feel they are part of a family.*

### 10. Recognize

*Recognize volunteers with an annual recognition event.*



## EVALUATION TOOL

Evaluating the ministry your church is an effective way to make needed changes or to decide if the ministry will continue. Creating an evaluation tool prior to beginning is an excellent way to set the goals your church wants to achieve through the Caregiving Ministries. It is suggested that volunteer evaluations be anonymous in order to encourage honest feelings and maintain confidentiality. It is better not to have recipient evaluations completed anonymously as specific problems may need addressing. The following are recommended questions to include on evaluations for volunteers and ministry recipients:

### VOLUNTEER, TEAM LEADER, AND COORDINATOR

- Were there enough volunteers with skills and/ or interests available to meet requests for assistance?
- Were the needs of the recipients adequately met?
- Describe problems encountered and suggestions for correcting these.
- Had the volunteers received adequate training prior to starting the ministry?
- Is publicity and education concerning Caregiving Ministries for the church (and community) adequate?
- Do you feel this is a needed ministry that should be continued?
- If your answer is no, explain.

### MINISTRY RECIPIENTS

- Were your needs met?
- Did someone explain what you could expect in a clear way?
- How could we improve our ministry to you?
- Please feel free to make suggestions and comments.



## TAKING INVENTORY OF THE CONGREGATION'S RESOURCES

There are several directions a church can take to meet needs identified through the Caregiving Ministries, and find the answers to the needs. Because God has given talents and gifts to all of us and because no person can meet all of the needs effectively, a shared responsibility seems to be an effective approach. There may be many who, with encouragement, may be prepared to jump at the chance to offer their talents or knowledge. Even in small churches where people feel they know everyone, there may be hidden talents ready to be watered and nurtured into action.

Forming a survey to distribute to all church members is an effective tool for finding resources to meet the needs identified by the Caregiving Ministries. A concise and easy to complete survey will encourage good participation. You may decide to distribute the survey in several ways, such as during Sunday School, worship, WMU, or Bible study, or through a newsletter or special mailing. It is wise to allow a couple of weeks for completion of the survey to increase participation. If the survey is brief, a person could complete it and submit it immediately. A ready supply of surveys should be available for new members or members who missed distribution.

See Appendix A for a sample volunteer survey.

## COMMUNITY RESOURCES AND REFERRAL OPTIONS

Caregiving Ministries is not intended to take the place of existing resources for which the target group may already be eligible. For example, if persons are eligible for services from an Area Agency on Aging, they should receive those services if they so choose. There may also be family available who can provide care, transportation, errands, etc., so it will be important to ask about the existing support system during initial assessment.

Often people are not aware of services available in the community because they have never needed them. However, a surprising number of resources are available in our own back yards! Caregiving Ministries Resource Directory is in development. This directory may be used in conjunction with the Administrative Guidelines. Each church congregation may individualize the directory by providing supplements detailing its congregational resources and ministries to equip mature adults for successful spiritual, educational, and functional fulfillment. The Resource Directory includes details of supporting ministries sponsored by Woman's Missionary Union of Virginia and the Virginia Baptist Mission Board. It also includes community resources and websites specific to each ministry. Some common resources in Virginia:



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1. **Area Agency on Aging:** Offers many services including hot meals delivered to specific geographic areas, light housework, personal care (bathing, dressing), Senior Centers, newsletters, general information on aging (including fees based on income for in-home services).
2. **Department for Social Services:** A Companion Program for low income, at risk Senior Citizens that provides light housekeeping, errands, meal preparation. No fee. Offers applications for Medicaid, Food stamps, Heat Assistance, Crisis Heat program to repair heaters, General Relief Fund.
3. **Community Based Care:** This Medicaid program brings personal care and respite services to the homes of lower income people who need to go to a nursing home, but who want to remain home. To initiate, 1) apply for Medicaid; 2) call the local Department for Social Services who will send an Adult Service worker and a Health Department nurse to perform a nursing home screening. They will not put the person in a nursing home, but will see that eligible people receive care in their homes. No one can be forced into a nursing home.
4. **Meals on Wheels:** Serves hot meals to people in a specific geographic area.
5. **Cooperative Extension System:** Assists with budgeting, nutrition planning, and other items.
6. **Public Health Department**
7. **Area Food Banks**
8. **Chamber of Commerce:** Contact to learn of area resources.
9. **Local Hospital:** Social workers are a good resource; medical library may be accessible to gather information on diseases; workshops on diseases may be available.
10. **Community Services Board:** Contact to learn of area resources.
11. **Local Library:** calendar of community events, possibly has a list of area support groups, adult education information.
12. **Local Baptist Association:** May have ministries or Senior education material available.
13. **United Way:** Offers a list of resources available in the community.
14. **AARP**
15. **Community Mental Health Programs**
16. **Retired Senior Visitor Program (RSVP)**



Resources can also be obtained from various associations and societies associated with particular diseases. The American Heart Association, the American Diabetes Association, and the American Cancer Society are only a few which may have local chapters in your area. If they are not located in your area, they are accessible through toll-free numbers.

## LIABILITY

- *"What would happen if Mrs. Jordon injured herself from a fall while I was visiting?"*
- *"What if we had an accident while I was transporting Mr. Boggs to the doctor?"*
- *"What if Mrs. Watts has a heart attack and I don't know CPR?"*

These, and many other questions, are liability issues for which a church must be prepared, not only for Caregiving Ministries, but for involvement with church members in general. When church volunteers are put in positions of helping people who are at risk, they need to know that liability issues are covered. Years ago these issues were not considered problems, but the reality of today says, "Be prepared!"

The following are suggestions for addressing liability issues:

1. Investigate current church liability insurance.
2. A number of organizations use CIMA, an insurance company that provides insurance on volunteers.
3. If accidents occur in the transporting of individuals to/from the doctor, etc., the primary coverage is the driver's insurance. The church needs to supply supplementary insurance.
4. A copy of the Volunteer Protection Act of 1997 should be available to all volunteers. This information is available on the internet at: <http://www.asaenet.org/new/volunteersigned.html>
5. Leave Caregiving Ministries literature that explains the ministry's goals, objectives, parameters and limitations with the member and have the recipient initial that the information was dispensed. With permission of the member, send a copy of the literature to family if family lives elsewhere.
6. Provide training for volunteers on how to report incidents of abuse, neglect, and exploitation of the mature adult.





## CAREGIVING MINISTRIES VOLUNTEER SURVEY

### Basic Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Retired? \_\_\_\_\_  
Church Member?      yes              no

### Sunday School Class

Would you be willing to offer your gifts, talents, and time to Caregiving Ministries?

When may someone contact you?

Would you be willing to attend an orientation/training session?





## Skills Checklist

Below are skills needed to carry out the Caregiving Ministries Team work. Some skills apply to more than one team. Check areas where you are skilled or would like to volunteer.

Indicate your skill level next to checked items: 1 = highly skilled, 2 = semi-skilled, 3 = unskilled, but willing

### General Skills

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Listening  | <input type="checkbox"/> Visiting  |
| <input type="checkbox"/> Conversing | <input type="checkbox"/> Nurturing |

### Organizational Skills

- |   |   |
|---|---|
| <input type="checkbox"/> Filing             | <input type="checkbox"/> Organizing/Administering     |
| <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Assigning Tasks & Delegating |
| <input type="checkbox"/> Taking Phone Calls | <input type="checkbox"/> Developing a Resource List   |

### Educational Skills for In-service Training of Volunteers

- |  |   |
|--|---|
| <input type="checkbox"/> Educate re: Aging Issues  | <input type="checkbox"/> Educate re: Medical Issues     |
| <input type="checkbox"/> Educate re: Social Issues   | <input type="checkbox"/> Educate re: Emotional Issues   |
| <input type="checkbox"/> Educate re: Grief Issues  | <input type="checkbox"/> Educate re: Nutritional Issues |
| <input type="checkbox"/> Educate re: Your area of expertise which would benefit volunteers _____ |   |

### Transportation Ministry Team

- Driving (Escorting)

(See General, Organizational, and Educational Skills)



## Nutrition Ministry Team

- Nutrition Planning  Cooking

(See General, Organizational, and Educational Skills)

## Wellness Ministry Team

- Nursing  Health Professional

(See General, Organizational, and Educational Skills)

## Handy Helpers Ministry Team

- Home Improvement  Heating/Air Conditioning  
 Painting  Plumbing  
 Building Ramps  Installing Grab Bars, etc.  
 Yard work

(See General and Organizational Skills)

## Friends Ministry Team

- Budgeting  Tax Forms  
 Telephone contacts  Grief Counseling  
 Companionship  Sitter Service  
 Leading a Caregivers' Support Group

(See General, Organizational, and Educational Skills)

## Spiritual Care Ministry Team

- Reading Aloud  Leading Individual Devotion or Bible Study Members  
 Leading Small Worship  
 Leading mature adults into active ministering roles  Praying with mature adults



## INFORMATIONAL SURVEY INSTRUCTIONS

### INSTRUCTIONS

The Caregiving Ministries Informational Survey instrument is designed to assist churches in determining specific needs of individuals or the congregation as a whole which may be addressed by this ministry. It is designed to identify generalized need in the arenas supported by the Caregiving Ministries. When a need has been identified in a ministry area, a more detailed analysis of need may be necessary. Each of the arenas in this User Guide provides a questionnaire to assist the teams in identifying specific assistance needed.

### ADMINISTRATION OF THE INFORMATIONAL SURVEY

The first step is to determine the target population. As a matter of practicality, most churches will choose to limit the survey population to members over the age of 65. However, churches that have their membership on a computer database may wish to customize the survey population.

Once the target population is identified, a letter should be sent to the target group explaining the Caregiving Ministries and advising them that a member of the Caregiving Ministries team will be contacting them with a request that they complete the Informational Survey. The best results will be achieved if the team members are available to individually assist members of the target population in the survey completion. This occasion would also allow for further explanation of the Caregiving Ministries.

### ANALYSIS OF SURVEY RESPONSES

Questions 1, 2, and 12 are general information items that are not directly related to any specific arena of Caregiving Ministries. Any response in item 3 which is coded "Moderate Problem" to "Serious Problem" should be classified as "action needed." The following indicates the arena in reference to the related item in question number 3:

Item	Arena
Transportation for grocery shopping, medical appointments, and other errands	Transportation
Preparation of meals	Nutrition



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Item	Arena
Transportation for grocery shopping, medical appointments, and other errands	Transportation
Preparation of meals	Nutrition
Eating a balanced diet	Nutrition
Taking my medication	Wellness
Getting enough sleep	Wellness
Getting too much sleep	Wellness
Getting regular exercise	Wellness
My physical health	Wellness
Managing my finances	Education, Handy Helpers
Adequate finances for retirement	Education, Handy Helpers
Understanding God's plan for me	Education, Spiritual Care
Getting older	Education, Spiritual Care
Fear of dying	Education, Spiritual Care
Mental stimulation	Education
Opportunities to learn new things	Education
Lack of contact with Friends	Friends
Loneliness	Friends, Education, Spiritual Care
Performing routine household chores	Handy Helpers





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Item	Arena
Performing routine household chores (i.e., changing light bulbs, filters, cleaning)	Handy Helpers
Doing small repair jobs around the house	Handy Helpers
Finding someone to do yard work	Handy Helpers
Finding trustworthy tradesmen (i.e., plumbers, electricians, painters)	Handy Helpers

Question 4 is related to nutrition. A "No" response should raise a concern.

Question 5 is related to nutrition. If the member is having trouble preparing meals, the information may be helpful in resolving this problem.

Question 6 is related to nutrition. A "Yes" response would indicate the possibility of action required by the Nutrition Team.

Question 7 is related to Wellness. A response of "Fair" or "Poor" would be an "Action Required" item for the Wellness Team.

Question 8 is related to Wellness. A response of "One to four times a month" or "Rarely" should be an "Action Required" item. The preferred response is "Three or more times a week."

Questions 9, 10 and 11 are related to Friends. "No" responses to 9 and 10 and a "Yes" response to Question 11 are "Action Required" responses. NOTE: Question 11 is also related to Wellness, Spirituality, and Learning.



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Question 12 is related to Education.

Question 13 is related to Education and to possible legal needs. If the member does not understand the difference in a Living Will, Power of Attorney, and the Will to be used after death, this would be the time for definitions only. (See Appendix E, Future Considerations.) If any boxes are not checked, this is an "Action Required" response and should be referred to the Education Team.

Question 14 is related to Transportation. The responses "Occasionally need help" and "Almost always need help" are "Action Required" responses.

Question 15 is related to Spirituality. If the member is physically able to, and is not attending regularly, this is an "Action Required" response. This may require coordination with the Transportation Team.

Question 16 is related to Spirituality and Learning. If the member is physically able to, and is not attending regularly, this is an "Action Required" response. This may require coordination with the Transportation Team.

Question 17 is related to Spirituality and Learning. If the member is physically able to, and is not attending regularly, this is an "Action Required" response. This may require coordination with the Transportation Team.

## **ACTION REQUIRED**

After the surveys have been completed, the responses need to be tabulated and analyzed to determine the needs and the level of needs within the congregation. The surveys should be made available to the respective teams for follow-up and action, where appropriate.



## INFORMATIONAL SURVEY

Completion of this survey will assist the Aging With Significance Ministries Team in its effort to assess the congregation in reference to seven arenas of ministry.

### Basic Information

Name:

Phone:

Street Address:

State:

Zip:

Please circle the response that best describes you.

### 1. WHAT IS YOUR AGE GROUP?

LESS THAN 60

65-69

70-74

75-79

80 or above

### 2. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT LIVING ARRANGEMENTS?

I live in my home/apartment with my spouse.

I live in my home/apartment alone.

I live in my home/apartment with a relative.

I live in my home/apartment with a friend.

I live in the home of a relative.

I live in a retirement or assisted living community.

I live in a nursing home.

Other (please explain):





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## 3. RATE THE FOLLOWING STATEMENTS

Not a Problem	Moderate Problem	Serious Problem
------------------	---------------------	--------------------

Transportation to get groceries, go to doctor or

Other errands

Preparation of meals

Eating a balanced diet

Taking my medication

Getting enough sleep

Getting too much sleep

Getting regular exercise

My physical health

Adequate finances for retirement

Understanding God's plan for me

Getting older

Fear of dying

Mental stimulation

Opportunities to learn new things

Lack of contact with friends

Loneliness

Performing routine household chores  
(i.e., changing light bulbs, filters, cleaning)

Doing small repair jobs around the house

Finding someone to do yard work

Finding trustworthy tradesmen  
(i.e., plumbers, electricians, painters, carpenters)







**14. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR MOBILITY?**

- I can go and do what I want without the assistance of others.
- Occasionally I need the help of others to go where I want to go.
- Almost always I need the assistance of others to go and do what I want to do.

**15. HOW FREQUENTLY DO YOU ATTEND WORSHIP SERVICE?**

- More than once a week
- Once a week
- 2 to 4 times a month
- About once a month
- Less than once a month

**16. HOW FREQUENTLY DO YOU ATTEND SUNDAY SCHOOL?**

- Once a week
- 2 to 4 times a month
- About once a month
- Less than once a month

**17. DO YOU PARTICIPATE IN OTHER CHURCH RELATED ACTIVITIES, SUCH AS, BIBLE STUDY, WMU SEMINARS, CHOIR, COMMITTEES, ETC.?**

Yes      No



## CARE TEAM NETWORK

**(This is an example of a way in which a church might organize its volunteer teams.)**

A concept for ministry that is becoming more common within churches is the "care team" approach. The information about care teams for this guide was gathered from "The Care Team Network," a program developed at the University of Alabama, Birmingham, by the Rev. Dr. Malcolm Marler. Originally Dr. Marler's task was to design a program to address the needs of people with AIDS, but the program was expanded to meet needs of anyone who is homebound or has a debilitating illness. "The Care Team Network" has been introduced to Baptists, as well as other denominations around Alabama, who have found this approach practical and fulfilling. The "care team" approach to ministry is not unique to "The Care Team Network" in Alabama, but their organization of the ministry is easy to follow and use. Briefly, care teams do what the name says: caring and ministering as a team to those in need. Using this method, no one person is overburdened and each team can choose to minister to one person, or a group of persons, depending on the magnitude of the need. For those church members who want to help, but are too busy to commit to a long and involved ministry, the team approach meets the needs of all involved because the care is shared.

### **WHY CARE TEAMS WHEN WE ALREADY HAVE ESTABLISHED COMMITTEES OR MINISTRIES?**

When Rev. Malcolm Marler, of the University of Alabama in Birmingham's Care Team Network, is asked this question, his response is,

"It all depends on the need of the individual. If a person's needs can be met in a once a month contact, a Care Team is not really needed, but if there is an on-going need for practical, emotional, and spiritual support on a weekly or daily basis, a Care Team is a more effective way to organize ministry because of the increased frequency of the need," (Malcolm Marler, "A Care Team Approach to Ministry," [www.careteam.org](http://www.careteam.org)).

An example of need would be an exhausted caregiver who has been taking care of her spouse who has Alzheimer's disease and needs constant supervision. It becomes a problem when a simple errand needs to be run and no help is available because either there is no family around, or grown children cannot take time away from work and family to provide all the help needed. Through Caregiving Ministries, many needs of mature members will be met; however, when an individual's frequency of need increases to weekly or daily, the assigned volunteer would most likely feel overwhelmed and unable to meet the needs. On the other hand, when a team of volunteers is working with multiple need people, the burden of ministry is shared so that no one person bears the load.



## WHY CARE TEAMS?

The UAB Care Team Network lists three trends leading toward the need for the team approach to care:

1. **The number of persons with a long term illness or need at home is increasing.** Hospitals are sending people home sooner and sicker than before and home health agencies are experiencing Medicare cutbacks severely limiting the services and length of time they can remain involved. Also, people are living longer with their illnesses or disabilities due to improved treatment.
2. **Fewer caregivers are available to care for the increasing number of persons with longer term needs.** The primary caregiver is usually female, but the wife, mother, sister, daughter, or other family member may be working to make ends meet, or, they may have health concerns of their own and be unable to meet the care needs of the individual. Grown children or extended family may live in another part of town, another city or state and be unavailable for assistance.
3. **There are barriers to finding volunteers to work with persons with longer term needs.** "People are very busy and reluctant to commit to an ongoing need that takes a significant amount of time every week. When someone has needs over many months, volunteers working individually tend to burn out. Congregations, organizations, and individuals do not have enough time and resources to start from scratch to meet so many pressing needs." (Ibid.)

## WHAT ARE THE ADVANTAGES OF CARE TEAMS?

Again, the UAB Care Team Network has outlined four advantages to the Care Team concept:

1. **Time flexibility for volunteers:** Care team members can decide how much time they can give in a given month. Some may have several hours a week while others can only give a few hours a month. Because the team works together, the burden is never on one person.
2. **A built-in support system:** Through attending monthly meetings where schedules are coordinated with needs, the frustrations and joys of volunteer work are discussed, learning through continuing education occurs, and a bonding develops giving volunteers a sense of support and purpose.
3. **A variety of skills are available:** Everyone does not have to be able to do everything. Some may be better at providing companionship, while others can repair the kitchen sink, or prepare meals, or provide transportation. Each does what he or she does best.
4. **A proven model:** "The Care Team model has been used successfully throughout the United States to care for persons primarily with HIV disease. The Care Team Network [at UAB] has expanded this model to multiple longer term need (chronic or terminal illness, disability, frail elderly, etc.) and on average begins a new Care Team every week in Birmingham, Alabama. The model is flexible to meet almost any long term need." More in-depth information can be obtained through the internet at "<http://www.careteam.org>".



## HOW IS A CARE TEAM ORGANIZED?

Generally, a Care Team is made up of 6 to 12 people with a variety of skills. Once a team has come together, a team leader is chosen who is the designated contact person when needs arise. When a need is identified and the team leader notified, the team leader will contact specific members to meet the specific needs. There are three ways to organize care teams:

- **The Basic Model:** cares for only one or two individuals with multiple needs of weekly or daily support. A variety of tasks are offered. It is possible that the services of a specific team member may be requested. One of the methods of beginning a Basic Model Care Team is to take people at their words when they say, "Let me know if there is anything I can do to help!"
- **The Mission Model:** many volunteers care for many individuals with similar identified needs. "For example, most homebound ministries are examples of a Mission Model Care Team (they have a defined group of people, focused on doing a specific ministry, and meet regularly to support one another in their work). Their mission is to meet the emotional and spiritual needs of many homebound persons. Often the greatest weakness of a homebound ministry is they are trying to meet the needs (phone calls, monthly visitation, prayer, communion) for too many people. By dividing volunteer teams into groups of six or more, each team can realistically care for four to six persons if the mission of emotional and spiritual support only remain clear and focused." (Ibid.)
- **The Facility Model:** The focus is on a specific place (a nursing home, hospital, apartment complex, etc.), where a team meets the church members' needs, and possibly others, at that site.

## HOW DO CARE TEAMS WORK WITH CAREGIVING MINISTRIES?

All three models described above can work together in a given church to meet the identified needs. It would not take much effort to adapt the care team concept to Caregiving Ministries Teams, especially if several Teams are used in the same church. If there are members who have multiple needs, the Basic Model of the Care Team would apply and could be comprised of people representing the various Caregiving Ministries Teams.

Going back to the example of the woman whose husband has Alzheimer's Disease: she and her husband would have multiple needs. In a realistic scenario they do not have enough help during the day because two children in the area work and a third lives two hours away. The wife cannot leave her husband because his disease has progressed to the point that he is unsafe to walk without assistance and he forgets he cannot walk. He sometimes recognizes men from his Sunday School class, but they are hesitant to visit, not knowing what to do or say. She is exhausted because he has not been sleeping well, allowing her only a few hours of sleep each night, and she has to wash his sheets every day. She does not want to place him



in a nursing home because of the expense and the guilt, but even if placement were the best option, the nursing homes are full and have waiting lists. The wife cannot get her husband to a car safely to go to appointments, cannot leave him to run errands, cannot go to church, and is unable to repair a leaking faucet due to limited finances. Although finances are limited, they earn too much to qualify for assistance from the state. The children do all they can by running errands on weekends, but none can take time away from work during the week..

In this example, a Basic Model Care Team made up of willing church friends, each trained for one of the Caregiving Ministries Teams of Transportation, Wellness, Handy Helpers, Friends, Spiritual Care, and possibly Nutrition, would be an ideal team to meet most of the needs expressed. Appeals to both of their Sunday School classes might also help identify persons willing to help. Just as Care Team models may overlap, the Caregiving Ministries may overlap as well. Each form of ministry is special for what it contributes.

## DEFINITIONS

### WILL

*A document that states one's desires for the disposition of one's estate/belongings after death*

### ADVANCE MEDICAL DIRECTIVE

*A legal document that allows one to give directions for future medical care. There are two parts to this document:*

- *Living will—written instructions that explain one's wishes for health care if one has a terminal condition or irreversible coma and is no longer able to communicate*
- *Durable medical power of attorney—designates a person to make medical decisions for one who is no longer able to do so for oneself*

### DURABLE POWER OF ATTORNEY

*A legal document designating the person one chooses to make financial and other decisions (except medical unless so designated) for one who is no longer able to do so for oneself*



## RESOURCES FOR LEGAL NEEDS

### VIRGINIA ADVANCE DIRECTIVES

(Contains documents as well as information)

Virginia Hospital and Healthcare Association

4200 Innslake Drive

Glen Allen, Virginia 23060

804-747-8600

[www.vhha.com](http://www.vhha.com)

### ADVANCE MEDICAL DIRECTIVES

Charming L. Bete Co., Inc.:

800-628-7733

Advance Medical Directives ~ The Decision is Yours

Advance Medical Directives ~ For You, And For Those You Love

Advance Medical Directives — Something To Think About

Do You Have Advance Medical Directives?

Preparing Your Advance Medical Directives?

### HEALTH CARE DECISION MAKING: WHAT YOU NEED TO KNOW

[www.vsb.org/publications/brochure/health.html](http://www.vsb.org/publications/brochure/health.html)

### FIVE WISHES

Document which helps individuals discuss their wishes with family members and health care providers.

[www.agingwithdignity.org](http://www.agingwithdignity.org)



