



An Overview

Caregivers Community Network (CCN) seeks to enrich the lives of older adults and their caregivers by striving to fulfill the following mission statement: “To provide support services to family caregivers preserving an independent lifestyle for both the care recipient and the caregiver.” CCN was originally started as a non-profit (501C3) agency through the partnership of the James Madison University Nursing Department and the Institute for Innovation in Health and Human Services (IIHHS) In August 2016, Valley Program for Aging Services took on this partnership with JMU and IHHS to continue the CCN program offering benefits for caregivers and those they care for. The core benefit of this program is to support families with caregiver respite and social/emotional services for their loved ones. Our current staff includes:

Kathy Guisewite, MEd, M.A., CCN Program Coordinator

Dr. Emily Akerson, Interprofessional Education Coordinator/IIHHS at JMU

Beth Bland, Director of Senior Services, Harrisonburg and Rockingham County,
Director of Development

Introduction to Respite

Respite refers to the short-term relief given to a caregiver, in this case caregivers of older adults and persons with memory loss or Alzheimer’s Disease. These caregivers provide daily, on-going care and need time away to “take a break” and care for themselves. Respite gives them this opportunity. While the history of CCN has been providing in-home respite, COVID 19 is now calling upon us to offer care to these families in new ways that will feel supportive in the safest ways possible. Therefore, respite will take a different appearance this fall as students participate in family visits virtually. These visits are designed to benefit the caregiver and the care receiver simultaneously by offering socialization to both and well as opportunity to indulge in self-care practices the students will teach. Our intention is that by participating together in these virtual student visits, caregivers and those they care for will: have something to look forward to each week, rekindle the joy of just having fun together, break up the loneliness of social isolation, and share in a very meaningful aspect of educating college students. In these ways, we will continue to extend respite to those participating in CCN.

Caregivers Community Network

975 South High Street

Harrisonburg, VA 22801

Phone (540) 471-5633, Fax (540) 615-5347

Updated: August, 2020

Qualified Student Volunteers

Our volunteers are university students from various career tracks who are invited to participate in service learning opportunities with CCN. Each volunteer completes a two-hour training session, where they learn tips for communicating with older adults who have hearing loss, visual impairments, or dementia, and also review virtual safety tips. Most of all, our training emphasizes how to tune into others' needs, respect one another, and creatively have fun together. Confidentiality is also stressed and all volunteers are required to sign a confidentiality agreement.

After completing training, student volunteers are paired up with families in need of services. We match up families and student volunteers primarily based on schedule availability but also take into account family preferences and shared hobbies. CCN staff are available by phone should a difficult situation arise. As this program is for credit and is an educational experience for students, the CCN Coordinator may occasionally join in a virtual visit to observe the students 'in action.' The students will visit virtually for one hour each week during the course of the semester.



Family Assessment & Enrollment Application for Virtual CCN

Date of application: _____

Care recipient's name _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____ Date of Birth: _____

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Caregiver Information:

Caregiver Name: _____

Relationship: _____ Phone: (H) _____ (W) _____

(Cell) _____ Email Address: _____

Caregiver Mailing Address: _____

Emergency Contact in the event the caregiver cannot be reached:

Name: _____ Phone: _____

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Physician: _____ Phone: _____

Health issues: _____

Any pets in home? Yes No What kind? _____

Functional status of senior:

- No restrictions
- Uses cane/walker
- Cognitive concern
- Uses wheelchair
- Hearing limitations
- Agitated or angry
- Vision limitations
- Speech limitation
- Short attention span

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Other behaviors students should be aware of? _____

List your preferences for days and times for virtual visits:

What would you like for students to know about you as the caregiver?

What would you like for students to know about the person you care for?

What topics of conversation would best engage both you and the person you care for?

Additional Helpful Suggestions:

Signature of Caregiver: _____ Date: _____



Family Liability Statement, Fall 2020

By signing this document, our family is agreeing to meet with CCN students in virtual meetings and that these meetings are not to be recorded by either your family or the students. These meetings will take place from the week of September 15th through the week of December 7th. We understand that students will share any concerns they see or hear with the CCN Coordinator, and that in the event of an emergency, students will call 911.

We realize that those living with Alzheimer's Disease may present medical or behavioral problems that will require immediate action or attention. We also understand that the volunteer working with our family is not a health professional, and that while every reasonable effort will be made to support the participating caregiver and care receiver, no one can guarantee the medical or physical safety during virtual visits. We understand that this fall's CCN model requires the participation of both the caregiver and the care receiver in the virtual visits. In homes where the caregiver works or lives outside of the care receiver's home, the CCN Coordinator will determine if virtual student visits with only the care receiver are feasible.

We hereby authorize the CCN students to refer the caregiver or care receiver, if injured or ill, to our family physician or call 911 for emergency treatment.

By accepting the services offered by the *Caregivers Community Network* and signing this release, we hereby waive all responsibility from the students assigned to us for any liability arising from bodily injury which may be sustained by the caregiver or the care recipient.

The family of _____ (care receiver's name) agree to participate in the virtual online visits with JMU students for the Fall 2020 semester. We further agree to honor confidentiality and respect for each other. We understand that virtual visits may not be recorded. We agree to permit students to discuss matters of concern with the CCN Coordinator and to call 911 in the event of an emergency. We enter this agreement voluntarily and without reservations to its terms.

Name:

Signature and Date:

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Family Policy Statement Fall 2020

Combative Behavior

The older adult is not combative and has not had a recent episode of combative behavior.

Skilled Care

The older adult does not require skilled nursing care. The student volunteer is not allowed to provide medical advice and the caregiver will be present for virtual visits help ensure safety. (Families will confer with the CCN Coordinator when the caregiver cannot be present.)

Transportation

The student volunteer may not provide transportation for the family or the loved one under any circumstances. All interactions will take place virtually or by phone or e-mail.

Gifts

This is a volunteer program and student volunteers do not expect gifts.

Notice

Participants must give 24 hours notice to the Program Coordinator if there is a change in agreed upon student volunteer date or time of service.

Open Communication

CCN students maintain open communication with the Program Coordinator regarding all aspects of their visits. It is understood that when safety and/or medical concerns are noted, students will share these concerns with the CCN Coordinator. The CCN Coordinator may, in turn, discuss these concerns with CCN supervisors at VPAS and JMU.

I understand that violation of any of these policies will result in the termination of my participation in the VPAS *Caregivers Community Network*.

Date: _____ Signed: _____

Printed name: _____

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