



An Overview

Caregivers Community Network seeks to enrich the lives of seniors and caregivers by striving to fulfill the following mission statement: “To provide support services to family caregivers preserving an independent lifestyle for both the frail elder 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 that benefits both the frail elder and the caregivers. The core benefit of this program is to support families with caregiver respite and social/emotional services for their loved ones. We are excited that CCN is beginning to expand to additional universities. Our current staff includes:

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

Dr. Laura Yoder, Associate Professor, Nursing Department at EMU

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

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

Introduction to Respite

Respite refers to the short-term relief given to a caregiver, in this case caregivers of the frail elderly 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. By having trained volunteers stay with their family member for mutually agreed upon periods of time, the caregiver is able to take time to relax, socialize, run errands, or do whatever activity is needed to return refreshed and better able to care for their loved one.

Caregivers benefit tremendously from receiving respite service. They are able to find physical and emotional rest that restores and gives strength. The caregiver may become isolated and depressed, in need of outside social contact, activity and support. Even short breaks make it possible to return to the care-giving role with a greater ability to handle difficult situations as they arise. A rested caregiver is more likely to display patience, understanding, ability to cope in crisis, and the overall good health necessary to continue providing care to their loved one. Research has shown that caregivers are at risk for physical illness,

Caregivers Community Network

975 South High Street

Harrisonburg, VA 22801

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

Updated: July, 2019

depression, isolation, fatigue, burnout and poor mental health. Nationally, nearly 54 million Americans provide care for an elderly, disabled, or chronically ill friend, spending an average of 22 hours per week doing so. Family caregivers provide 84% of all homecare services (*Home Instead Senior Care, 2012*). Researchers have indicated that elderly caregivers who are experiencing stress related to their care giving tasks have a 63% higher mortality rate than their peers (*Journal of the American Medical Association, Vol. 22, No. 23*). 42% of family caregivers who are working have reported that caregiving has affected their ability to advance in their jobs (*Home Instead Senior Care, 2012*). CCN respite care can play an important role in decreasing such negative consequences related to the constant demands of care giving.

Qualified 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 elders who have hearing loss, visual impairments, or dementia, and also reviews some home safety hints for elders. 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. Since Caregivers Community Network does not provide personal assistance with feeding, toileting, or bathing, no medical training is required.

After completing training, volunteers are paired up with families in need of services. We match up families and volunteers primarily based on schedule availability but also take into account family preferences and shared hobbies. We also ask about pets, smoking, and allergies to make sure the experience is safe for all involved. Caregiver's Community Network staff are available by phone should a difficult situation arise. As this program is for credit and is an educational experience for students, the Coordinator of CCN may occasionally make home visits to observe the students 'in action.' The students spend up to three hours a week during the semester playing games, going on walks, making crafts, watching movies, or simply talking and enjoying one another's company. Caregivers Community Network gives the gift of time to families in need.



Family Assessment & Enrollment Application

Date of application: _____

Care recipient's name _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____ Date of Birth: _____

+++++

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: _____

+++++

Physician: _____ Phone: _____

Health issues: _____

Anyone in home smoke? ___Yes ___No Any pets in home? ___Yes ___No
What kind? _____

Functional status of senior:

- No restrictions
- Uses cane/walker
- Bed only
- Uses wheelchair
- Hearing limitations
- Agitated or angry
- Vision limitations
- Speech limitation
- Wanders

Caregivers Community Network
 975 South High Street
 Harrisonburg, VA 22801
 Phone (540) 471-5633, Fax (540) 615-5347
 Updated: July, 2019

Other behaviors volunteer should be prepared to manage? _____

Recommendations/comments/referrals: _____

When is a volunteer needed? _____

What information should volunteer record for caregiver?

Snacks? _____ Mood? _____ Bowel movements? _____ Activities: _____

Environment:

Location of phone numbers: _____ House keys: _____

Location of fire extinguishers: _____ Bedroom of elder: _____

Off-limit areas for elder: _____ For volunteer: _____

Other unique home situations volunteer should be aware of? _____

Where will I find appropriate food, dishes, etc.: _____

Special diet? Are any foods forbidden? _____

Elder's preferences:

Sitting: _____ TV: _____ Music: _____ Reading: _____ Conversations: _____ Eating: _____

Sleeping: _____ Activities, walking, games, etc.: _____

OTHER:

Helpful suggestions:

May I take the elder outside safely? _____ What boundaries? _____

How do I prevent the elder from leaving the house? _____

Signature of Caregiver: _____ Date: _____



Family Liability Waiver

I (we), the undersigned, request to participate in the VPAS *Caregivers Community Network*. I understand that the program makes available to me a volunteer who will stay with _____ (name of the elder) in my home for time periods established with the Program Director. The volunteer will remain with the elder at all times during the hours of respite care.

I realize that those suffering from Alzheimer's Disease may present medical or behavioral problems that will require immediate action or attention. I also understand that the volunteer working with the elder is not a health professional, and that while every reasonable effort will be made to take care of _____ (name of elder), no one can guarantee the medical or physical safety of the elder. As far as I am aware, the elder that I am leaving in the volunteer's care does not have any serious medical or behavioral problem at the present time that would make it unsafe for the volunteer or elder.

I hereby authorize the volunteer to refer the elder, if injured or ill, to my family physician or call 911 for emergency treatment when I cannot be reached.

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

I have read the above carefully and understand the agreement. I enter this agreement voluntarily and without reservations to its terms.

Date: _____ Signed: _____

Printed name: _____

Caregivers Community Network
975 South High Street
Harrisonburg, VA 22801
Phone (540) 471-5633, Fax (540) 615-5347
Updated: July, 2019



Family Policy Statement

Combative Behavior

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

Skilled Care

The elder does not require skilled nursing care. The volunteer is not allowed to provide medical care or treatment, to administer any medication, lift or carry the elder.

Transportation

The volunteer may not provide transportation for the family or the loved one under any circumstances. However, the volunteer may accompany the caregiver and care recipient to appointments, shopping, church, or other activity during his/her hours of service.

Housework

The volunteer will not provide housework except to clean up after activities jointly shared with the elder.

Gifts

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

Notice

Participants must give 24 hours notice to the Program Coordinator if there is a change in agreed upon 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 regarding the care receiver, the caregiver will be informed.

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: _____

Caregivers Community Network
975 South High Street
Harrisonburg, VA 22801
Phone (540) 471-5633, Fax (540) 615-5347
Updated: July, 2019