A GRASSROOTS EVIDENCE-INFORMED GROUP CAREGIVING MODEL

Presented by
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EVOLVED OUT OF REAL LIFE EXPERIENCES

EDUCATION IS OUR FOCUS

“Seeding Share The Care™ in Your Community”
Training for professionals and faith community leaders
Accredited by the Northeast Multi-State Division of RN Continuing Education

Keynote
Conference
Presentations
Workshops
Lunch n’ Learn
Stations
A PLAN of ACTION based on Collaboration & Teamwork to support Patient/Caregiver/Family/Group Members

So they can provide:
EMOTIONAL, SOCIAL & PRACTICAL SUPPORT
(Customized by need)

• AT HOME
• FOR HOSPITAL STAYS
• AT DISCHARGE
• DURING TRANSITIONS
• END-OF-LIFE
Starts with two friends:

- chapters 2-9 written to them with step-by-step instructions to prepare and lead the first (scripted) meeting
- systems to rotate responsibilities
- 23 forms
- 7 Principles

Who work with the family to determine:

- who to invite
- what kind of help is or will be needed
- determine dates for meeting and invite people
THE FIRST MEETING:
Group meets, bonds, learns about the systems, the jobs

and leave with a plan of action and a sense of commitment.
FULL LIFE CYCLE CAREGIVING

• difficult pregnancy, preemies, and multiple births
• parents caring for a seriously ill child/teen
• grandparents raising small children
• seriously or chronically ill, or disabled
• rehabilitation after surgery, an accident or combat
• older adults living alone in need of assistance
• end-of-life (palliative care and hospice)

SHARE THE CARE™ STUDY


Study available on request
EVIDENCE SHOWS THAT SHARE THE CARE:

1. supports a care receiver’s ability to stay at home with necessary informal systems in place;
2. increases the caregiving preparedness of group members, enabling them to be more effective teammates; and future caregivers;
3. is replicable and its functionality can be applied across a variety of settings and circumstances;
4. ensures longevity and a successful caregiving experience through its structured system of care;
5. helps reduce the burden of the caregiver;
6. has a positive impact on the well-being of the caregiver, care receiver, and group members.
“It was the most rewarding experience of my life. It proved that I could contribute so much without feeling overwhelmed or overburdened. It taught me to trust others, to know the real meaning of "team work". Emotionally, being able to choose to help according to my strengths and to "pass the buck" where I felt I was weak was a Godsend!”

STC Group Member
Narrative Comment from Survey
Share The Care™ is ideal for broad scale replication through trainings and stations

The Program Model is:
- Low Cost
- Adaptable
- Sustainable

Addresses Multiple Policy Objectives:
- To decrease caregiver burden and social isolation
- To better prepare communities to meet the challenges of an aging society
- To improve end-of-life care
For more information

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