The Commission on Disabilities has set aside funding to assist local churches in developing and maintaining respite care ministries. In 2000, the Virginia Conference Commission on Disabilities established a Respite Care Task Force. Through its research, the task force found, there are approximately 10,000 respite and crisis care programs in the U.S., serving an estimated 730,000 families with a child under 18. Of these, it is estimated that at least 85,000 families are on waiting lists for services at any given time. The need for respite care is expected to grow as the number of individuals with disabilities living at home, the number of children at risk, the number of families in crisis all increase and the natural supports, like the extended family, become less available (Arch National Resource Center for Respite and Crisis Care Service, October 2000).

Consequently, the Task Force began to learn that respite care was not just needed by families with children with disabilities, but by families in many roles of care giving. From infants to the elderly, individuals with and without disabilities, respite is needed to give caregivers a much needed break from the tedious nature of care giving. In response to the desperate need expressed across Virginia and a growing national crisis, the Respite Care Initiative: “A Gift of Time” was presented at the 2000 Annual Conference. It was adopted as a conference-wide initiative designed to assist every local church, board and agency in learning, assessing and implementing respite care ministries – giving “a gift of time” to those in need.

What is respite?

Respite provides temporary relief for caregivers and families, who provide care to individuals with disabilities and other special needs, to individuals with chronic or terminal illnesses, or to persons at risk of abuse and neglect. Respite can occur in out-of-home and in-home settings for any length of time depending on the needs of the family and available resources. Respite is providing a much needed and well deserved break to: the parent of a child with special needs; a wife of a husband with terminal cancer; a sister of a sibling with Alzheimer. Respite typically occurs on a planned basis, though, sometimes emergency care is needed. In many respects respite appears to be like babysitting, but goes beyond to include the many ways that caregivers get relief from their care giving roles.

A respite break could free up 30 minutes a day to take a nap or enable the caregiver to have 2 hours to run an errand. Respite should be flexible. It may involve taking a child on a community outing while the parent remains home or having a respite provider stay with the child for a portion of the day, overnight, for a weekend or week-long vacation. The most important thing about respite is that it helps caregivers enjoy their lives more.
Unfortunately, many caregivers have forgotten what it is like to get such breaks. In some instances, they have lost hope that anyone can be found who is willing and able to provide even occasional care for their family member with special needs, their spouse with a chronic illness or other family member with a terminal disease. Some may be worried about constantly relying on extended family members, while others may not have extended family to assist them, and others have difficulty finding or affording respite providers.

The need for Respite Care

From infants to the elderly, individuals with and without disabilities, respite is needed to give families a break from the tedious nature of daily care giving, relieve stress, and allow for physical and mental replenishment. Respite allows caregivers to actually have a life of their own outside the caregiver role. There are caregivers who are supporting those battling the debilitating effects of aging, chronic illness, terminal diseases, physical and mental impairments. Day in and day out they stand and sit, giving loved ones the power to fight the battles. And over time their hands drop to their sides in fatigue. Caregivers are not in need of being replaced, but simply in need of a break to catch their breath, take a shower, take a nap, go for a walk, see a movie, and sip a cup of coffee.

The facts are that:

- 31% of caregivers care for two or more family members at the same time.
- 35% of people expect to provide care for family members.
- 7-10% of caregivers deal with long term or chronic illness.
- The average duration of personal care responsibility is ten years.
- Four million children are being cared for by their grandparents.
- Over six million children have disabilities or chronic illness with special needs.
- The caregiver has no free time for personal care or to be able to attend community and church activities.

Why Respite Works

- Reduces stress, abuse, neglect, and even displacement from the home.
- Reduces hospitalization and medical care needs.
- Prevents or delays nursing home or other institutional placement of loved ones.
- Decreases foster care placements.
- Allows people to better cope with their responsibilities of care.
- Helps keep families strong by offering a break from demanding responsibilities

Why the Church Should Be Involved

- Allows family caregivers free time for self and to attend church/other activities.
- Provides a support system for the caregiver.
- Reduces stress in the family.
- Allows other family members and caregiver time together.
- It is our Christian responsibility (Matthew 12:31; Luke 10:33; John 13:34; Romans 12:6-7; 15:1).
Respite Care Grant Application
Commission on Disabilities
Virginia Conference of The United Methodist Church
PO Box 5606, Glen Allen, VA 230658
1-800-768-6040 or 804-521-1100 ext. 153

Date: ________________________________      District ________________________________

Church Name: __________________________________________________________________________

Contact Person: _______________________________________________________________________

Address: _____________________________________________________________________________

Work Phone: ________________      Other Phone: ________________

E-Mail: ________________________________

Project Name: _________________________________________________________________________

Which of the following categories will this grant project assist?

_____ Elderly          _____ Children with special needs
_____ Care Providers   _____ Adults with special needs

Submit a project plan as an attachment with specific goals and objectives. Include a statement describing the project and estimated costs if available at this time of application.
Guidelines for Awarding Grants

1. All grants awarded are to be used for providing respite care services within a local church, district, or conference program of the Virginia Conference of The United Methodist Church.

2. Churches, district, and conference programs will be eligible to apply for one grant request per calendar year to provide respite care services for:
   - Elderly
   - Adults with Special Needs
   - Care Providers
   - Children with Special Needs

3. The respite project must begin within the calendar year from the date of approval of the grant application; otherwise the church/individual will need to apply again.

4. To access the needs of the request, submit the Ministry Development Guidelines form with the application and on an annual basis, listing special goals and objectives.

5. All funds will be issued after notification of acceptance of the project. Grants will be awarded up to but not to exceed $500.00.

Statement of Purpose

I /we agree to use the funds provided in this grant within a period of six (6) months unless an extension has been granted by the COD. If I /we do not use the grant as requested, said funds will revert back to the COD. It is also understood that I /we are to account for funds if requested by the COD.

______________________________  _______________________
Signature of Church/Program Representative    Date

______________________________  _______________________
Signature of District Superintendent       Date

FOR OFFICE USE ONLY

Date Received______________________________

Grant Awarded______________ Grant Delayed____________________ Grant Denied____________

Project Completed________________________________________

Additional Comments / Suggestions made by the Committee:________________________________
Respite Care: A Gift of Time
Virginia Conference Commission on Disabilities

Ministry Development Guidelines

The guideline is provided as a tool to assist local churches, boards and agencies in developing and understanding of a need for respite care, creating and implementing respite care ministries and building administrative support for respite care ministries.

A. Education of Respite Care

1. Hold a series of educational sessions based on books read or group studies. Utilize UMW Circles, UMM Meetings, UMY, SS Classes, Council Meetings. See Bibliography.
2. Preach a sermon or series on respite.
3. Hold a series of seminars presented by Community Service Boards, Social Services and/or Medical Professionals.
4. Inform congregation through bulletin inserts, newsletter and bulletin board articles, short stories, pictures, etc.
5. Attend or host a regional training.
6. Send a member to a conference on Respite Care. See listing of organizations and conferences.
7. Other

B. Accessing the Need of Respite Care

1. Create a Respite Care Task Force or recruit a representative.
2. Review membership roles.
3. Poll congregation by inquiry printed in bulletin, newsletter or congregational letter.
4. Make visits to less frequent attendees and inactives.

C. Adopt a Respite Care model of services

Many churches may already have respite care ministries and are not aware of it, or may have never given it such a name. The following are possibilities for respite care ministries. Please check the program(s) already established in your church or program(s) you would like to adopt.

1. Home-Based Respite
2. Educational Resources
3. Church Respite Program
4. Participate in Camp or Special Day Activity
5. Offer Vouchers
6. Advocate for Legislation
7. Resource Registry or Brochure
8. Support Group
9. Other

D. Building Administrative Supports.

1. Annually review and evaluate.
2. Annually budget for programming and training.
3. Annually have leaders attend training seminars.
4. Annually provide training events for providers.
5. Other