

Compassionate Care Ministry



Love. Grow. Serve.

Start-up and Support Document



Written By
The Diocese of Hamilton
Family Ministry and Liturgy Offices

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Compassionate Care Is...

Mahatma Gandhi once said, “The true measure of any society can be found in how it treats its most vulnerable members.” Compassionate care reaches out to all who are vulnerable: the sick, the dying, the lonely, the aging. When we move to meet the needs of people needing support, we transform the community in which we are engaging.

We send a message to each vulnerable person that they matter, they are not alone and their life has meaning. This kind of support uplifts the spirit and contributes to a feeling of well-being, even when someone is physically seriously ill.

“A society is all the more human to the degree that it cares effectively for its most frail and suffering members, in a spirit of fraternal love... As a community, we too are called to be merciful like the Father and to love in particular our frail, infirm and suffering brothers and sisters, leaving no one behind, especially those most in need.” (Pope Francis, World Day of Sick, 2021)

Compassionate care can take on many forms: a simple phone call, visits to the isolated and/or ill, journeying with the dying. What really matters is that we do something for someone; that we take the initiative to create a community where no one is left to fend for himself or herself at a time when they need help the most.

We can engage in these initiatives in a variety of ways, but our goal should always be to reach out to persons who are at a vulnerable time in their lives. Service to others brings benefits to both parties involved: each becomes healthier, stronger and happier. It is the ultimate win-win!

Every person deserves great care and compassion since it sends a message of hope. When we provide support, we build a community that shows respect, compassion, trust, equality and caring. It connects us to our neighbours and friends in need and contributes to an overall connection within the parish community.

As the Dalai Lama has noted, “Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.”

We are, as Christ himself has directed us, called to “Love one another as I have loved you.” (John 15:12). Compassionate care is love in action.

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BISHOP OF HAMILTON

My dear brothers and sisters in Christ,

Compassionate Care is a wonderful reflection of the heart of ministry in the Catholic Church. As Disciples of Christ, we are called to serve others, to reach out to those in need and to be sure that all people come to understand their inherent dignity and value. As you offer your time in this Ministry of Care, know that you are truly living your Baptism. For when you care for the most vulnerable, you are indeed caring for Jesus himself.

Pope Francis put it like this in January of 2020 at the International Congress on the Richness of Many Years of Life: “As followers of Christ, caring for one another must take on an ever greater imperative and meaning if we are truly being authentic in the witness of our faith and beliefs. Have we failed to truly care for those in need – the ill, the downtrodden, the elderly, the abandoned, the suffering, the confused, the addicted, the disabled, the victimized, the abused and the outcasts – because we have forgotten to see Christ in them?”

The Pope asks us a very direct question. Since you will be reaching out to those in your parish needing support you can certainly answer no, I have not forgotten them. This ministry is all about relationship and acknowledgment that each belongs.

Thank you for your yes to this ministry and for having a compassionate heart that sees the needs other experience.

May God continue to bless you in this most important ministry,

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton



A) Ministry Calls Us To...



Wholeness:

The healing ministry of Jesus was the restoration of the wholeness of the human person. This is no more evident than in situations of illness and suffering. The disciples of Christ in the early church continued Jesus' ministry. Today, ministry calls all baptized followers of Christ. For Compassionate Care Ministers (CCM), caring for another deepens one's baptismal call by authentically witnessing to our faith.



A Means of Communication:

In a post COVID-19 world, Compassionate Care Ministry can be conducted in person, over the phone or using technology. Understanding and preparing for each type of visit will be different.

Preparation:

To do lists in advance of a visit, either in person or using technology, may not be practical, however, having a structure **to prepare for the visit** allows for a sense of comfort and options during the visit. Prepare yourself with patience, good listening skills, empathy, and gentleness, then apply them to the type of visit.

Presence:

First and foremost, Compassionate Care Ministry is a ministry of presence. Your own presence is much more than you can say or even do: It is who you are. Most important is your focus on the person.



Three areas to keep in mind:

1. Be followers:

- caring for one another must take on an ever greater imperative and
- meaning if we are truly being authentic in the witness of our faith and beliefs.

2. Consider:

- the ill, the downtrodden, the elderly, the abandoned,
- the suffering, the confused, the addicted,
- the disabled, the victimized, the abused and the outcasts.



3. Be aware:

- Life has many needs; there are so many areas where we can touch lives



THE CIRCLE OF LIFE

The wheel shows an example of the many areas of need for every person.

“I was sick and you visited me...”

(Matthew 25:36)

B) Compassionate Care – An Overview



Compassion is as vital to life as the air we breathe.

Compassion in modern everyday life has the power to inspire courageous deeds, but it also encourages positive behaviors that have both individual and societal benefits. (From Psychology.com)

Various definitions of compassion have been proposed by researchers and philosophers. For example, in his detailed review, Cassell (2009) reported the following three requirements for compassion:

- That the troubles that evoke our feelings are serious
- That the sufferers' troubles are the result of some unjust fate
- That we are able to picture ourselves in the same predicament



Compassion is a response that occurs only when a situation is perceived as serious, unjust and relatable.

It requires a certain level of awareness, concern and empathy. It is what our Catholic faith calls us to live out in our lives on a daily basis.

COVID-19 has indeed shown us many who are full of compassion: from neighbors helping with groceries, to health care workers, to teachers, to ministry personal and the list can go on and on.

COVID however, has also pointed out, in a very stark way, how many people need compassion in our very own neighborhoods, communities and churches.

People are not only in need of compassion, but many are looking for it from their own parishes.

Compassion and Positive Psychology

The field of positive psychology “*is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play*”.

Positive psychology’s focus is on the promotion of positive emotions, traits, and behaviors that ultimately foster positive well-being (Donaldson et al., 2014);



The role of compassion in positive psychology is increasingly supported by science.

Researchers report a number of studies indicating that compassion and gratitude were predictors of increased well-being – for both the person showing compassion and the person receiving it!

As Catholics we know we are created to be relational – at the core of our being we need a relationship with both God and with other.

Compassion and empathy are fundamental aspects of quality relationships as they enable kind and loving behavior. (Positive Psychology.com)

Compassionate behavior such as volunteer work also has been associated with positive outcomes such as increased academic aspirations and self-esteem among adolescents (Kirkpatrick, Johnson, & Beebe, et al., 1998), as well as improved mortality rates among older volunteers (Yum & Lightfoot, 2005).

Here are a few of the proven benefits of compassion:

1. Compassion promotes social connection among both adults and children. Social connection is important to adaptive human functioning, as it is related to increased self-esteem, empathy, well-being; and higher interpersonal orientation
2. Compassion is related to increased happiness
3. Compassion is related to higher levels of well-being
4. Compassion expressed as a function of service work is related to improved health and well-being among volunteers

Ministry is the key to effectively meeting the spiritual needs of the isolated and aged.



C) What Might Compassionate Care Look Like?



1. Make phone calls, set up Virtual Meetings (where possible).
 - Script your calls for certain information e.g. name of parish, pastor
 - Provide YouTube channels, Facebook information etc.
 - Offer to pray during the call and for the person
 - Include the person in a prayer chain (with permission)
2. Consider what you can do by mail/email:
 - Send a thinking of you note
 - Send cards on special occasions (this is most important to the grieving and lonely)
 - Send the parish bulletin when hard copies are once again available
3. Offer to communicate information on events happening at the parish or/and school.
4. Offer to read (by phone or in person) documents/novels/newspapers etc. – especially if language or sight is an issue.
5. Cautiously consider encouraging:
 - Driveway/side-walk clearing by parishioners for neighbors
 - Grocery pick-up and delivery
6. Home Visits (following screening protocols:
 - Might include praying, talking, playing games, sharing current events etc.
7. Communion to the Sick (with proper training)
8. Support/respite for those caring for sick or elderly
9. Care for those who are ill/palliative (this would require highly trained and educated volunteers)
10. Lunch Program – daily/weekly/monthly (drop off or at parish)
11. Social events at the parish (cards, speaker, games, etc.)



D) Defining Compassionate Care



Compassionate Care Is:

- Recognizing the suffering of others and taking action to help.
- A tangible expression of love for those who are suffering.
- Is the “sympathetic consciousness of others' distress together with a desire to alleviate it.”
(Merriam-Webster Dictionary)

Scriptural definition of Compassionate Care:

- Scripture does not explain compassion like a dictionary does, simply telling us what the word means.
- It defines compassion by showing us what compassion looks like and what is involved with being compassionate.
- “Like good stewards of the manifold grace of God, serve one another with whatever gift each of you has received.” (1 Peter 4:10)



The Gospel Calls Us to Ministry

I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another.” (John 13:34-35)

Compassionate Care Ministry

Who

Fellow Parishioners Seeking to Meet the Needs of Others

Why

To Live Jesus' Command to Love One Another

To Promote Health and Wellness of Spirit, Mind and Body through Service,
Worship and Education

What

Advising and Advocating, Visiting, Sitting and Listening, Bringing Communion,
Praying

D) The Call to Compassionate Care



The Gospel Call to Ministry

I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another.

(John 13:34-35)

Bring together your ministry members to discuss some of the following:

Your Target Audiences:

- Whom are you seeking to serve?
- What do they want/need?
- What are your goals?
- How can you help them encounter Christ?
- How will you engage them in the life of the parish?
- How will you help live their faith?



****See resource page for Catechetical Development**

Those who will serve:

Take into consideration both the needs of those you will serve and those who will be serving. Consider and discern what skills the volunteers have, what they enjoy, whether they can serve with in-person visits, or would they better with cards, calls, notes, or being a member of the organizing committee? The closer you match what is wanted, what is expected and what your volunteers can and cannot do, the more effective your response in meeting the needs of the person. Do not assign volunteers to a role that will not fit their skills, just because there is a need; instead seek out the right person. Planned ministry thrives.



A word of caution...

1. Ministry can be draining....do not feel guilty of becoming tired and wanting to recharge.
2. Ministry opens ourselves up to the pain of others.
3. Emotions can accumulate with us and may shut us down, cause burnout, and make us less willing or able to give ourselves.



Help volunteers to prepare for these emotions by reminding them they can share with leaders, let others know when they are feeling overwhelmed and/or by sitting out now and then if necessary. These are essential to self-care, so volunteers should know of these potential challenges and how to care for themselves.

Be sure, as ministry leaders, to stay in touch with those serving in the ministry; do not wait for them to reach out to you.

Offer times for all volunteers to meet and share experiences and feelings, without sharing too much personal information.

Remind them that while there may be stressful emotions, their ministry will also provide many good emotions as they serve their community!

*Ministry is the key to effectively
meeting the spiritual needs of the
isolated and aged.*

E) Start Up Considerations



There are some specific pieces to organize before the ministry is actually ready to invite parishioners to participate.

Basic Start up Suggestions:

- Start Small
 - Set reasonable expectations as you begin – the ministry will grow sometimes slowly – be patient
- Gather an initial ministry team (or tap into those already engaged)
- Identify the Needs with the parish (and possible community)
- Define what your ministry will entail



- Allow the ministry to take a variety of forms
- Practice Process with Volunteers
- Consider Team Caring
- Build Spirituality into your Care Ministry (for those you serve and for volunteers)

More Start up Suggestions:

Become familiar with local programs and services

Develop and promote advocacy on behalf of the aging

Set protocols, ministry description, volunteer description and training



Notes:

F) Forming Your Team



Steps Involved in Forming Your Ministry Team

- Keep your Pastor current on the ministry
- Decide on the organizational structure (will there be one leader, or a leadership team?
 - what will the leadership responsibilities be?)
- Recruit volunteers – determine the number needed (all must be screened, ALWAYS visit in groups of two if you are going to homes)
- Determine which parishioners might require compassionate care ministry
- Decide on the extent of the ministry: homes, nursing homes, hospitals...



Engaging Volunteers

- Start with the personal ask; consider a come and see evening to learn about the ministry before asking people to commit
- Explain: why this ministry, the time commitment, the opportunity to build from scratch, or where they can fit into the present structure
- Give a brief presentation to parishioners



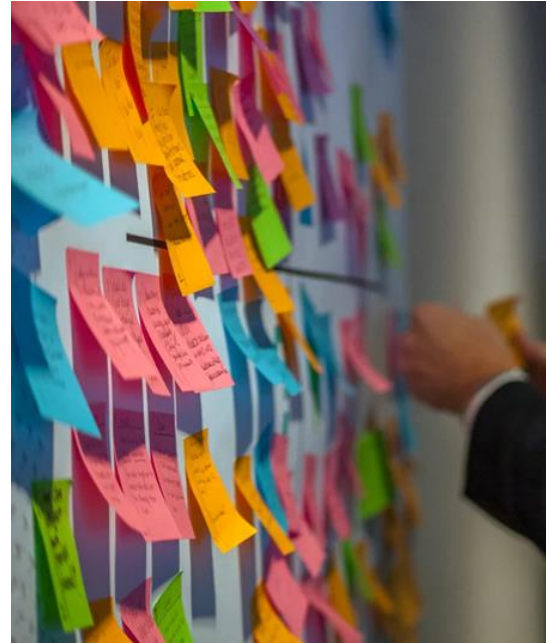
Additional Steps Involved

- Make a visit/call/contact schedule as a team:
 - Write down availability of team members;
 - Frequency of visits (weekly, twice per month, monthly...)
 - Discuss best time of day for visits; discuss day of week

- Make prayer part of the visit/call/contact

- Will contact be personal, text, other?

- Decide on policies that will be needed:
 - ❖ How often will person be contacted;
 - ❖ Who determines needs



Notes:

G) A Ministry of Presence That...



- There is a power in presence.
- A pastoral visit or call

Vs

A social visit or call



Most important is your focus on the person. Having a sense of your presence, your own energy level and skill sets, enables you to prepare to be present to another. Be present through your God given charisms.

The Compassionate Care Minister is most often present when s/he can exercise patience. The suffering very often require time to adapt to your presence in their lives. The Compassionate Care Minister focuses on the other person. The ability to focus is the most important charism of ministers of care.

This may take numerous visits and during each visit, may require a few minutes to allow the person to adapt to your presence. Particularly in moments of uncomfortableness, enjoy the good God is doing through you while you allow the person to gain some comfort in your presence.

We gain patience through quietness. Your own inner quiet leverages your ability to be present. Pray for inner quietness, using the prayer below or another that you favour.

*Holy and perfect God,
I want to be present to the person I am visiting.
Teach me to listen as Jesus listened to everyone who spoke with him.
May the Holy Spirit respond through me.
May your love and goodness be my guide.
Give me quiet and stillness.
Through Christ our Lord. Amen*

H) Implementation



A crucial step in the ministry is the process of implementation. It is important that during the training portions volunteers be well prepared for their ministry work. The following are areas that should be reviewed with any ministry member who will have contact with those you will serve in any direct manner.

1. Preparing for contact with those whom you are serving:

What to provide/bring to visit/call/contact?

- Directions to the home if necessary!
- Name(s) of people being contacted/visited/called
- Material prepared for visit: prayer, some discussion ideas, etc.
- Have some formal piece of identification for the person you are visiting: tag from Parish, official name tag ...



Call/Visit/Contact:

Do:

- Make an appointment in advance of your visit.
- Ask for permission before you pray or read applicable Scriptures.
- **Be aware that you represent the Church.**
- Be a good listener; spend most of your time listening
- Respect the person's time, their personal space and their property
- Extend the gift of touch cautiously. (e.g. a hug, a hand on the shoulder)
- Share the hope and love of Christ



Do not:

- Prepare a specific "script" before you arrive
- Make assumptions, judgments or show negativity
- Pray or read Scripture without asking for permission first
- Talk about inappropriate subjects (e.g., your personal problems)
- Push your ideas or opinions on them
- Do not engage in responding to areas of major controversy, or where you do not have expertise. For example, for a faith question you might ask if you could have someone call to respond to the question.

Must Not...

- Bring someone else who is not part of the Visitation Ministry (this includes spouses)
- Bring a child with you unless you have been cleared to do so
- Conduct an official visit by yourself
- Just show-up at the person's home without an appointment



2. Topics to ensure volunteers are prepared and trained:

- a) Policies and Protocols** – must be developed by the ministry leadership team before training begins. These must cover a variety of topics such as how records are kept, confidentiality, who reports to who, who to contact if you cannot keep a scheduled appointment, rules on screening etc. and then be shared with members of your ministry.

- b) Volunteer roles and expectations (could be included in your policies and protocols if you choose)** - these should be developed in cooperation with the parish screening committee, pastor and the leadership of the ministry in the same format used for other parish ministries.
- c) Ministry Description and Ministry Leader(s)** - these should be developed in cooperation with the parish screening committee in the same format used for other parish ministries.
- d) Screening Protocols Summary for Compassionate Care Volunteers -**
 Screening is an essential element of every ministry in the Diocese and parish. **Please read Appendix 3 for detail and a sample leader and volunteer position description (pg. 43) carefully.** Contact your screening coordinator about screening all volunteers before they become involved in the work of the ministry.



We must not close our eyes to the reality that some people may seek out those who are vulnerable to exploit or abuse them. Some people may take advantage of organizations that have non-existing or lax screening procedures, and thereby gain access to the vulnerable, win their confidence and trust and bring immeasurable harm to them and their families.

Compassionate Care Ministry is considered a high risk ministry if volunteers will be meeting with those you are caring for in person and/or in their home. If volunteers will only be writing notes or letters, making phone calls, or mailing material to those you are serving high risk ministry may not be needed. It is important that leaders of the ministry meet with the pastor and screening coordinator to assess the risk and determine at what level screening will occur. Screening must be completed before anyone becomes an active member of the ministry, but you can begin training while the process is underway if the pastor agrees.

- e) Rational for Ministry** – Be sure to share this in detail so volunteers understand what you are trying to be accomplished. The material from pages 11-12 in this document may be helpful.



f) Practical training – these are skills that you need to help develop for your ministry members and, besides the items above, should include practical tips on listening skills, conversation and talking skills as part of the training sessions. The training should also include role modelling and provide some handouts.

Compassion, empathy and sympathy are often used interchangeably, but they are not the same.

- Sympathy is feeling of pity and sorrow for someone else’s misfortune. It creates a relationship between persons because whatever affects one person’s feelings, similarly affects the others.
Feeling sympathetic is in and of itself not wrong, but must be viewed with caution as it may indicate the minister is becoming too emotionally involved. This might cause personal stress or trauma on the part of the minister, who must self-monitor for signs of any issues arising.
- Empathy is the ability to sense someone else’s emotions and involves the ability to imagine what someone else might be thinking or feeling.
- Compassion is concern and feeling of pity for the sufferings or misfortunes of others. It creates a feeling of wanting to help someone with their needs.



Listening Skills – it is important that volunteers understand that their focus will be listening, a skill which many of us need to practise!

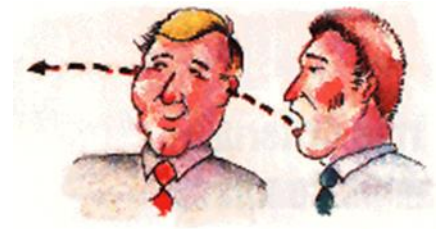
A good listener:

- Ignores distractions and takes steps to remove those that become persistent
- Cuts interruptions short
- Maintains eye contact for as long as it is comfortable
- Uses sounds/facial expressions to show interest
- Uses friendly encouraging gestures
- Avoids fiddling
- Sits up straight, leans forward when in person/zoom



A Poor Listener:

- Finishes sentences
- Is always in a hurry to be elsewhere
- Is instantly attracted to extraneous noise and movement
- Finds interruptions irresistible
- Looks into the middle distance, not at the speaker
- Their face has a ‘I’ve heard this before’ glaze
- Fiddles with pens, change etc.
- Has a slumped, inattentive posture



Communication Skills – the purpose of the ministry is to connect with people, which involves communication, another skill needed by volunteers.

Communication:

- Communication is how we connect with one another
- We use communication in every aspect of our lives
- Communication is verbal, vocal, and visual
- Effective communication is key to all relationships



What impacts communications?

Words have 7% impact (Verbal)

Tone of voice 38% impact (Vocal)

Non-verbal body language 55% impact (Visual)

Communication Pointers:

Effective Verbal Communication
 Soft answer is an asset
 Believe what you hear

Listen carefully
 Tell the truth
 Stick to the subject



What to be aware of when communicating:

- Posture ~ leaning forward shows interest
- Gestures add meaning
- Pitch, Pacing and Tone of your voice
- Eye contact
- Response times indicate listening



Conversation Starters for Calls and Visits (see detail see appendix 2)

10 Conversation Starters

1. “How are you doing today?”
2. “Nice earrings!”
3. “Is there nothing good on TV anymore?”
4. “It’s really windy today!”
5. “What kind of drink are you having?”
6. “That’s a lovely name; are you named after someone?”
7. “Tell me a little about your family?”
8. “If you could meet anyone in history, who would it be?”
9. “What is your favourite day of the week?”
10. “What is your favourite season?”



I) Prayer and Liturgy



It is expected that there will be prayer in almost every Compassionate Care visit. Some may be uncomfortable praying, so ask if the person would like to pray and if they respond yes, ask which prayer, if any, would best for them. If they say they don't have one, tell them you will gladly lead.

The general choices that a Compassionate Care Minister has are:

1. Informal Prayer
2. Scriptural Prayer
3. Liturgical Prayer



Informal Prayer

Informal prayer is a type of spontaneous prayer. Each situation is different and as a result, the Minister has many choices. Below are a few that you may wish to consider.

Prayer is a primary tool in the Compassionate Care Minister's Toolbox. Familiar prayers such as the *Our Father*, *Hail Mary* and *Glory Be*, may call to mind for the suffering person many previous times of prayer.

Other potential prayers that the Compassionate Care Minister may wish to use are:

For the Sick Person:

Lord Jesus Christ, listen to our prayer and upon N. Visit her/him in this time of sickness and come down upon her/him with the power of the Holy Spirit. Help her/him to carry their Cross, knowing that your love gives them strength. Help her/him to persevere in hope and prayer. Restore her/his strength and bring her/him to health. Unite our prayer to you and to God the Creator of all. Amen.

For the Sick Person:

Lord Jesus Christ who has mercy for all who are sick, give them strength and love to help them in this time of faith. Unite their sufferings with yours, help them to overcome evil, and lead them to God in heaven. Hear our prayer, you who are Lord, for ever and ever.

For Caregivers:

Lord Jesus, you show your compassion for the sick when you reach out to them.

We praise you for the love that caregivers offer to the sick. May they continue to grow in love as they extend their healing touch to the sick, share your love and offer your hope to them. Bless this/these caregiver(s). Help them see you in each person they serve. Amen.

Scriptural Prayer

The Word of God is always appropriate to use, keeping in mind the selection of a passage that better suits the pastoral situation. In most cases, simpler is better as well as the Compassionate Care Minister's comfort with the passages.

Possible Scriptural passages are:

Acts 3:1-10	Matthew 8:14-17	Luke 5:12-16
Psalm 8	Psalm 23	Psalm 27
Psalm 100	Psalm 102	Psalm 117

Liturgical Prayer

Greeting General Introduction: "The Lord be with you"

Opening Prayer

Lord God of all, look upon us and especially those present who are ill or in need of strength with your love, and bless us. Be merciful to our families, our friends and us. Protect us from sin and harm. Be our light and guide until we come together again in heaven. We ask this through Christ our Lord. Amen.

Liturgy of the Word – Followed by a Period of Silence

Intercessions

Let us pray for all God's people, we pray to the Lord. R: Lord hear our prayer.

For N. and all the sick and suffering, we pray to the Lord: R;

For the lonely and unhappy, we pray to the Lord. R:

For those who carry their cross with Jesus, we pray to the Lord. R:

For the dying, we pray to the Lord. R:

For those who care for the sick, we pray to the Lord. R.

For all members of our parish, we pray to the Lord. R:

The Lord's Prayer

Silence

Closing Prayer: Loving God, listen to our prayers. Guide us by the light of the Holy Spirit and lead us in the ways of Jesus, Lord, forever and ever. Amen.

Appendices

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➤ Sample Resource Guide For Seniors & Caregivers from St. Augustine's Church, Dundas (Separate Attachment to print and include)	
➤ Sample Care Ministry Sample Poster for Advertising Care Ministry from St. Augustine Parish, Dundas (Separate Attachment to print and include)	
➤ Suggested Books List	

Ten Tips for Visiting the Sick

Remember the whole idea is to spend some warm, quality time with someone who is ill, so this is not a performance and should not be stressful!

1. Call first if possible.

That is etiquette and part of the policy. The person you are visiting will appreciate your finding a convenient time to visit. Sometimes a patient has had too many visitors, has gone through painful treatments, or just needs to nap. If the person is sick at home and being cared for by a spouse, knowing when you are coming may give the caregiver a chance to run errands or plan for some personal time alone.

2. Wash your hands.

Do not just rinse. Really scrub them. Do this before and after a visit. It's the right thing for you and the person you are visiting.

3. Always knock before entering a room, or the house.

Even if the person you are visiting gives you permission to walk in when you arrive, knock first and wait a minute before entering for privacy.

4. Don't let the television set ruin a nice visit.

A sick person often has the television on constantly and may not even think about turning it down. Ask, "Are you watching a favorite program?" Usually a person will respond by saying, "No, just turn it off." Or use a more direct approach and say, "May I turn the TV off for a few minutes while we visit?" When you leave, be sure to offer to turn it back on again.

5. Be cheerful.

Especially if the person you are visiting is seriously ill. The most important result of your visit may be to raise their spirits and give them hope. Don't be the bearer of bad news. Try to restrict your conversation to topics that will make the person feel better. A sense of humor can often put things in perspective. Medical research is continually learning more about the healing power of humor.

6. Have a normal conversation, person to person.

Talk about the things you would talk about in your usual setting. And don't get so carried away by nerves or a desire to entertain that you fail to let the person you are visiting talk as well. The most important rule is this: remember it's not about you. Be ready to listen as well as talk.

7. Don't give the impression you are prying into their medical condition.

But if the person you are visiting wants to talk about their illness be willing to listen. This is the most important concern to them at this time. Especially when a person is not feeling well, it is important for them to have a feeling that they are heard. Don't become a substitute physician.

8. Don't argue.

This is not the time to debate issues, or talk politics with the idea of changing someone's voting habits! And don't get trapped into playing "Ain't it awful." It is easy to devote an entire visit to talking about the awful things in life and leave the person feeling worse than when you came in.

9. Keep the visit short.

Under normal circumstances ten to fifteen minutes is long enough unless the person seems very engaged and energetic about your visit.

10. Offer to pray.

Of all the events in a person's life, illness is one where it is natural to pray. But don't force a person who is uncomfortable to pray with you. Ask, "Would you like me to pray? Is there something you would like me to pray about?"

God is with you both; so do not be afraid, you are doing His work.



10 Conversation Starters for Calls and Visits

(from chart in brief form on page 27)

Understand that it's normal to feel a bit nervous when approaching someone new. Everyone gets a little shy at first—after all, you don't know what this other person is like. Start by filling your idea vault with possible ice breakers to start a conversation, and follow-up questions to sustain the conversation. Listen attentively to the other person's responses because this can make or break your follow-up questions. To help you out with ideas for starting a conversation, here are ten of the most effective ice breakers you can use in different scenarios to get a conversation off and running.

1. **“How are you doing today?”**

A genuine hello accompanied by a heartwarming, three second smile is one of the most basic, highly effective ice breakers there is. Often, we brush simple things aside as being too simple not realizing the simplest things can have the biggest impact in life.

2. **“Nice earrings!”**

This comment represents a classic technique that is quite effective for starting a conversation. Regardless of whom you are talking to, saying something genuinely nice about their outfit, accessories, or even mood will usually be well received.

3. **“Is there nothing good on TV anymore?”**

Simply commenting on an unpleasant or uncomfortable situation that you both experience in your immediate surroundings is another effective strategy for starting a conversation.

4. **“It's really windy today!”**

Yes. Talk about the weather. It may sound clichéd, but it works wonders in real life. People talk about the weather all the time—it's a topic everyone has an opinion on. Think of how you have an opinion about what dress or fashion choice is right for different weather.

5. **“What kind of drink are you having?”**

People love eating and drinking. If the person you want to start a conversation with has a nice-looking drink or a delicious-looking snack, comment on how delicious (or not delicious) the snack looks.

6. **“That's a lovely name; are you named after someone?”**

This often works very well, especially with an older person. What's the origin of the name?" They will probably be excited to tell you about their name and before you know it, a conversation has ensued.

7. "Tell me a little about your family?"

This should be used with caution, since sometimes family situations are not good. If you know the person, or if they bring up their family this is a safe way to get talking, but otherwise, it might be one to leave for a bit until you get to know them better.

8. "If you could meet anyone in history, who would it be?"

This can be a very interesting way to get to know a person and for them to get to know you!

9. "What is your favorite day of the week?"

Many people have a favourite day and it is their favourite day for a reason, which they will share!

10. "What is your favorite season?"

Another question that most people have an answer for and one that you can converse further about!



Compassionate Care Volunteer Screening Program Summary

Since the earliest days of the Church, we have come together to worship and to live out our faith. We continue that tradition today. We reach out to those in need, we counsel, we help, we teach. Each of us brings unique gifts to share.

At the core of this spiritual helping is a sacred trust which must be protected and never misused. We must do everything we can to protect the children and vulnerable people in our care.

We must not close our eyes to the reality that some people may seek out those who are vulnerable to exploit or abuse them. Some people may take advantage of organizations that have non-existing or lax screening procedures, and thereby gain access to the vulnerable, win their confidence and trust and bring immeasurable harm to them and their families.

Similarly, we have an obligation to properly care for the financial assets and resources of the Parish entrusted to our care.

In cooperation with Volunteer Canada and the Assembly of Catholic Bishops of Ontario, the Diocese of Hamilton has implemented the Volunteer Screening Initiative. By this initiative, we have committed ourselves to the process of screening all volunteers who serve in the Diocese of Hamilton.

What is screening?

Screening is a process designed to:

- Create and maintain a safe environment for children and other vulnerable persons.
- Protect the financial assets of the Parish.
- Foster an appropriate match between the volunteer and a particular ministry.
- The screening process involves assessing risk, writing position descriptions and discerning the suitability of a volunteer for a given ministry or position. Furthermore, the process involves training, ongoing supervision and support of the Volunteer.

Why screen?

Any organization that provides programs to vulnerable people has a moral, legal and spiritual obligation to appropriately screen those who work for them, including volunteers.

Who should be screened?

All volunteers, both existing and new are to be screened. The screening requirements and procedures may vary from one ministry to another, depending on the level of risk, either low or high.

A volunteer who is alone with a vulnerable child or adult necessitates a more thorough screening procedure than a volunteer which will include a Vulnerable Sector Police Check.

A volunteer handling money or access to the financial resource of a parish will require a Canadian Police Information Check. (CPIC)

It is important to remember that it is the nature of the ministry and the inherent level of risk which dictates the need for screening and not the character of the volunteer.

Who will do the screening?

Each parish is to set up a screening committee led by a Parish Screening Coordinator. These committees are responsible for the screening of volunteers within their own parishes. The Diocese of Hamilton provides the necessary tools and support to ensure the uniform application of the screening process. The Diocese, through the office of the Diocesan Screening Coordinator provides information and ongoing support.

Compassionate Care Ministry is considered a high risk ministry if volunteers will be meeting with those you are caring for in person and/or in their home. If volunteers will only be writing notes or letters, making phone calls, or mailing material to those you are serving, high risk ministry may not be needed. It is important that leaders of the ministry meet with the pastor and screening coordinator to assess the risk and determine at what level screening will occur. Screening must be completed before anyone becomes an active member of the ministry.

Sample Position Description for Pastor/Team Leader

(From St. Augustine Parish, Dundas)

NAME OF GROUP/MINISTRY	COMPASSIONATE CARE MINISTRY – LEADERS
ACCOUNTABILITY	Pastor/Team Leader
PURPOSE OF MINISTRY	Bring the healing power of Jesus to those that need it most, by leading a team of volunteers that will make contacts with select participants
PARTICIPANT GROUP	Parishioners who could be helped by compassionate care ministry; Dedicated, trained volunteers, to meet regularly for companionship and conversation
ACTIVITIES AND RESPONSIBILITIES	Identifying parishioners in need of Compassionate Care; Preparing all materials to be utilized, including Senior and Care Givers Resource Guide, telephone scripts, writing card;; Recommending participants for Eucharistic service visits at home.
SKILLS/QUALIFICATIONS	Organized, able to work with a team, compassionate, energetic and sincere about bringing the healing power of Jesus to those that need it most.
TIME COMMITMENT DURATION	Leadership team to meet every week until ministry is set up and running, then bi-weekly meetings. Two (2) years renewable
ORIENTATION TRAINING	Orientation and Training provided by Team Leader and Leadership Team
SUPPORT/ENRICHMENT	Provided by Pastor/ Team Leader
RISK ASSESSMENT	HIGH
SCREENING PROCEDURES	<ul style="list-style-type: none"> - Provide a Position description form - Fill out Diocese of Hamilton, Volunteer Information Form - Interview - Reference checks - Vulnerable Sector Check - Orientation and training

Date Approved:

Date Reviewed:

Ministry Leader _____

Parish Screening Committee Member _____

Pastor _____

Sample Position Description for Pastor/Team Leader

(From St. Augustine Parish, Dundas)

NAME OF GROUP/MINISTRY	COMPASSIONATE CARE MINISTRY- Volunteers
ACCOUNTABILITY	<i>Pastor/Leadership Team</i>
PURPOSE OF MINISTRY	Bring the healing power of Jesus to those that need it most
PARTICIPANT GROUP	Parishioners who could be helped by compassionate care ministry (bereaved, hospitalized, chronic conditions, frailty / fear of falling, visual impairment, caregivers confined by responsibilities and isolated for whatever reason)
ACTIVITIES AND RESPONSIBILITIES	Contact assigned parishioners to engage in regular interactions by telephone, personal visit Support those that need the healing Power of Jesus
SKILLS/QUALIFICATIONS	Compassionate, empathetic, good listener with conversational skills Keeping all interactions confidential between volunteer and participant
TIME COMMITMENT	Meetings typically would be once per week, involving a maximum 20 minute conversation with participant. Volunteers may have 2 -4 participants to contact, which would be approximately 2 hours per week
DURATION	Annual review; 2 years renewable
ORIENTATION TRAINING	Orientation/training will be provided for each volunteer. Training will provide selected volunteers with all of the tools and practice role playing required to perform the function
SUPPORT/ENRICHMENT	Provided by Pastor/Leadership Team
RISK ASSESSMENT	LOW TO HIGH
SCREENING PROCEDURES	<ul style="list-style-type: none"> - Provide a Position description form - Fill out Diocese of Hamilton, Volunteer Information Form - Interview - Reference checks - Vulnerable Sector Check - Orientation and training

Date Approved:

Date Reviewed:

Ministry Leader _____

Parish Screening Committee Member _____

SCRIPT for PARISH CALL**

Introduce yourself:

“Hi, my name is _____. I am a parishioner at _____ Parish. May I speak to (name of contact)?”

If contact NOT available

“Is there a better time for me to call back?” *Write down call back day & time. Try again at that time.

If NO ANSWER, leave voicemail:

“Hi, my name is _____. I am a parishioner at _____ Parish. Father _____ wants our faith community to stay connected to each other, so we are calling all our registered parishioners to see how they are doing and if there is anything, you may need. Please feel free to call me back at (_____) _____ - _____.”

1. If Contact (or another adult) IS available:

- “Father _____ wants our faith community to remain connected to each other, so we’re calling all our registered parishioners to see how you are doing and if there is anything you may need.
- Ask how the parish might be able to support them: “How are you doing? Is there anything our faith community can do to support you at this time? (listen to their response)
- You may add if this is part of the decided script: These are some of the services we can offer or connect you to:” *List the services your parish can offer or connect parishioners to.
- “If there is something else you need we can do our best to connect you with the appropriate services.”

For Response: Yes, there is something I need. *Note their need or request with as much detail as possible.

For Response: No, there is nothing I need. “Is it ok if I call back in a couple of weeks just to say hello and check in?”

*Write down their name, the date they would like a call back, and the phone number to call back

2. Move to the next question: Ask about others in need.

- “Is there anyone you know, even outside the community, who is in need at this time?”

For Response: Yes “Is it ok for us to contact them?”

For Response: Yes “May I take down their phone number so we can reach out to them?”

For a No Response: “May I leave the parish contact information with you to pass along to them?”

3. Ending the Conversation

- “We also wanted to share a reminder about our Mass times and about the parish website and social media which have details about the continued spiritual resources the parish offers.” *Provide parish website address and social media contacts.

Ask: “Would you like to be added to our email list so you get updated information and announcements from our parish?”

For Yes Response: “May I confirm that your email address and phone number are accurate?”

For No Response: “No problem! If you have further questions or need for support of any kind, please don’t hesitate to contact the parish. (Have the parish phone number available in case you are asked.)

4. Before I go,

- **Do you have any specific prayer intentions** we can add to our parish prayer list, or is there a friend or loved one that we can be praying for?”

*Note their prayer intention

5. Thank you for speaking with me today

(**Excerpts taken from the Archdiocese of Washington)

Resources to Consider

1. Creating a resource guide for your volunteers to make referrals or to handout to those you serve can take time, but it is worthwhile.

Please include here the *Resource Guide for Seniors & Caregivers* provided by St. Augustine Dundas, sent as a separate attachment.

2. Advertising for volunteers is important, as is offering the service to people in your parish community. There are many ways to do this, but a poster on the parish bulletin board is good to include in your reach out.

Please include the sample poster from St. Augustine sent as a separate attachment so ministry participants can see what that parish has used.

3. Additional Book Resources to Consider – see next page.

Possible Resources for Care Ministry

Resources for Care Team Members

What Pope Francis Says About Care Ministry	Pope Francis
Visiting the Elderly - A Guide for Ministers of Care	Linda Dayler
A Prayer Book for the Sick	Sandra DeGidio, OSM
Prayers of Hope for the Brokenhearted	Jill Kelly
Guide Them Safely Home, Lord - A Caregiver's Companion	Michael Mercer
Our Greatest Gift - A Meditation on Dying and Caring	Henri J.M. Nouwen

Resources for Care Givers

Take Care Tips - How to Care for Yourself While You're Taking Care of Others	Jennifer Antkowiak
Now What? - A Practical Guide to Dealing with Aging, Wickens Illness and Dying	Sherry Auger & Barbara
Family Hospice Care - Pre-planning & Care Guide	Harry van Bommel
Healing the Soul - Finding Peace and Consolation when Life Hurts	Deacon Eddie Ensley, Ph.D.
Who Cares? - Simple Ways YOU Can Reach Out	Marcy Heidish
A Caregiver's Guide - A Handbook about End-of-Life Care Peden, Hycha	Karen Macmillan, Jacquie Jane Hopkinson & Dennie
Risking Hope - Fragile Faith in the Healing Process	Kathleen O'Connell Chesto

As St. Francis of Assisi said:

“Remember that when you leave this earth you can take with you nothing that you have received, only what you have given – a full heart enriched by honest service, love, sacrifice and courage.”

