



Chapter 1: Understand Personal Safety Nets

Your child gets sick and you not only can't drive car pool, but you also can't even see how to get to work. An appointment with your boss turns out to be because you've lost your job. A Saturday walk in the woods brings with it a broken leg. In each case, large or small in scope, you could definitely benefit from the help of a few others. Knowing you have plans, systems, and people who will "cover your back" is what we call a *personal safety net*. Part of this safety net, a crucial part for most of us, is the personal part. And the folks who step in to do the things we cannot do for ourselves are called the *care team* or the *care-share team*. Part of personal success is the ability to invite others into your circle, to allow them to help, and to see strength in creating a team. The team is an integral part of a personal safety net.

What Is a Care-Share Team?

A care-share team, then, is an organized group of people who purposefully come together to care for someone in need. This intentional "family" provides for the needs of a family member, a friend, a co-worker, or another individual. A care-share team could just as easily be called a "family of the heart" or "family of choice," that is, a group of people who are acting as if they were relatives. When you create your own personal safety net, then the members "sign up" to be sort of like family to you—and you to them.

Being part of a care-share team enriches the lives of not only the person receiving care but also those who provide it. Participation is typically voluntary, though by necessity participation may be thrust upon an unwilling family member or may include paid professionals. Each person in the care-share team—whether a family member, a friend, a co-worker, a church member, a hired professional, a neighbor, an outside volunteer, or, of course, the care receiver (or *care partner*)—offers his or her own unique gifts.

We intentionally use the term *care partner*, rather than care receiver, to emphasize the giving and receiving of care as a partnership. As illustrated powerfully in Mitch Albom's best-seller *Tuesdays with Morrie*, those on the receiving end of care can give back in many ways. The person receiving care can acknowledge and value that support in a way that makes the most difficult situation better. (Or he could create a living hell for all those who try to help.) At the same time, the person giving care can gain knowledge, experience, and compassion, and, with time, become an even better care-share team member.

The care-share team's goal is to create an environment in which team members can perform at their best and complement each other's efforts. Working together, members support, both practically and emotionally, the care partner—and one another. This may include visiting, transporting, organizing birthday parties and outings, phone calling, taking care of children, doing light housework, grocery shopping, praying, scheduling or going to doctors' appointments, listening, touching, and doing anything else the team and care partner agree upon. The team can brainstorm ways to handle unexpected issues, learn from each other's experiences, offer support in maintaining boundaries (or setting limits), and keep a sense of humor and love.

In situations where there is one primary caregiver, that person often feels alone, overwhelmed, and guilty for not meeting all of the care partner's needs. But when a team comes together in an organized way to meet different needs, then no one feels the burden of shouldering all the care alone. The team significantly lightens the load of the primary caregiver and uncovers what each is willing and able to do. By demonstrating their caring attitude through their presence and actions, team members can encourage their care partner and each other to recognize their own power, to accept themselves and their situation, and to find hope. A high level of trust is likely to develop. All can learn, grow, and deepen connections.

Trust builds out of a sense of caring and understanding. Key to this process is carefully listening to the care partner and other team members without judgment. During difficult times, personal and long-standing issues often rear their ugly heads. Care-share teams agree to avoid preaching, changing, or trying to fix their care partner or each other. They meet regularly for planning and mutual support. Coordinating these meetings can be difficult, since presumably, everyone leads busy lives. However, by working together, each team member can make a difference even with limited time. Most find that participation brings satisfaction, blessings, surprises, and rewards.



Nuns to the Rescue

A young couple with two small children had separated, leaving the mother to care for the children while entering her medical internship. She fretted over how to care for them with required nights on call. Her family lived far away and was unable to help. Her mother in particular worried about how her daughter and grandchildren would handle this challenge. She and her daughter devised a plan.

The young mother went to her church community with an explanation of her problem. Support came from a surprising quarter. Several nuns in the church pooled their available time and skills to form a care-share team. Each time the mother was on call, a rotating member of the team would come in and stay with or pick up the children and care for them until their mom came home. With the team's assistance, the mother handled all of her medical responsibilities and the children were lovingly cared for by their care-share team. The intern's family gained an extended family and the community ultimately gained an empathetic medical practitioner.

When Is a Care-Share Team Needed?

A care-share team is needed whenever you or someone you love encounters a period of time, a situation, a predicament, an accident, or a dilemma that would be made better by enlisting help. In the story below, Tony needed a team because he'd run out of ideas, but not out of problems.

Tony Calls Up a Finance-Savvy Team

For years Tony had been trying to get his business to run predictably in the black, but the challenges—being in a cyclical market, offering his services at a discount to friends, neglecting to bill for hours worked and undervaluing his own competencies—kept him from making a profit. A breakthrough came when one of Tony's respected associates suggested he call together several other finance-savvy folks to brainstorm ideas for confronting Tony's business challenges. Over the next few months, Tony addressed the barriers, one by one. One associate helped manage the billing, another assisted Tony in drafting responses to requests for discounted work. When it was time to face big questions, the group would meet together and discuss suggestions until they found a solution Tony could live with. His finances took a decided upturn, and a time came when he could help others who were starting out on their own business ventures.

These stories demonstrate that the purpose of the care team is to provide for the care partner's health, emotions, psyche, and security. When the whole team stays focused on this purpose, it increases the likelihood that everyone will have a positive feeling about the work. The above stories also show that care-share teams start for many reasons. They can exist for a short time, until someone no longer needs help, or for years.

Paul Shares His Secret

A few years ago, Paul began to notice his golf game deteriorating on the last few holes. It took time for him to relate this to the pain in his feet. His buddies, all in their late forties, could comfortably walk eighteen holes. Paul began to find excuses not to play. It never occurred to him to tell the guys about his arthritis and its growing impact on his life, or to even suggest renting a cart instead of walking the course.

In a way Paul was fortunate. His wife, Jennie, learned about care-share teams and the importance of personal safety nets for hard times when her best friend, Kathy, was diagnosed with breast cancer. She and Kathy had struck up a friendship when their kids started preschool. For years they had shared car pooling and other child-related activities and events. When Kathy's diagnosis came, Jennie joined her care-share team and, over time, learned through trial and error as well as talking with other women in similar situations much about creating a supportive circle of friends.

Paul enjoyed the company of a good friend who loved to fly-fish. It was when he casually mentioned to Jennie that he might skip their annual fly-fishing trip to Montana that she decided to help Paul do something. She knew it was a mistake for him to start cutting out of his life the things he loved most.

Jennie asked Paul out for a dinner date, saying she had something important to discuss. He was a little alarmed, but she reassured him it was about something important, but good. He relaxed a little. As they talked, Paul forced

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himself to keep an open mind and listen to Jennie. After all, he had seen how Jennie and her friends had helped Kathy when she needed it; perhaps he could be open to receiving help, too. Even while he admitted to himself that he did need help, he fought the powerful, though subtle, feelings of fear, vulnerability, shame, and uncertainty. Finally, Paul simply said, “Jennie, you’re right. I need help and I’ve been scared and denying it.” Jennie tearfully leaned over and gave Paul a big kiss, whispering, “One of the many reasons I’ve loved you all these years is you’ve got guts, and another is that you’ll listen to me.”

That night Jennie and Paul composed an e-mail to all their friends. They explained Paul’s arthritis and how it was beginning to impact his life. They invited friends to a potluck, where they could all talk about forming a team to support both of them.

Today, although Paul’s arthritis has grown somewhat worse and he is bothered by pain, he regularly golfs (using a golf cart) and fly-fishes (with a floating device). He admits he has grown closer to many of his friends. While Paul and Jennie sometimes fear what lies ahead, they find strength and comfort in knowing they are not alone. Together they have discovered the unexpected gifts that come from sharing hardship with special friends. As Paul puts it, “Hey, if you want to fly, it’s good to have a safety net.”

Specific Care-Share Teams

Whether you’re launching a new business, repositioning an existing one onto more solid footing, discovering that you’re ill, or going into a divorce, putting a safety net into the equation can ease your feelings of hopelessness, isolation, or fear. But safety nets don’t simply *happen*. Neither do care-share teams. You’ll need to put some thought and work into constructing a team and aligning both people and resources toward your goal, whether it’s finding temporary support for a recovery from illness or surgery; assisting a friend through a degenerative disease to her final days; or building life-long relationships that outlast childcare needs, employment issues, or divorces.

Thirteen Years with No Sign of Stopping

Thirteen years ago, Theo and Eve and their friends Tina and Susan were co-workers getting to know one another. One by one they left their parent company for various reasons, yet stayed in touch. When Theo and Eve moved to a new home, they invited their friends for a housewarming party. During the course of that evening, Tina explained that she was going through a rough patch in her marriage, heading toward divorce, as it turned out. Susan empathized and confessed she was struggling to find the right fit for her career. Both expressed an interest in having a safe and supportive group behind them as they tackled the next steps in their lives. The four agreed to gather the following week, and the week after that, until their gatherings evolved into weekly potlucks at Theo and Eve’s house.

Tina’s and Susan’s problems didn’t last forever, but over the years the dinners continued. From time to time the original four friends invited other friends, sometimes to add support, sometimes to receive support, sometimes to add their perspective. There is now a sort of base group of seven or eight.

This group of friends built a kind of safety net, supporting each other through difficult career moves, starting and closing businesses, divorces and marriages, and caring for elderly parents. All of these difficulties have been held gently by the group as they’ve sorted out issues, clarified values, prioritized steps, and supported one another.

To this day Theo and Eve’s no-longer-new home is the site of these cherished weekly dinners—even when the owners are not home. Starting with a housewarming party, it’s matured into a truly warm sort of house of healing where tears and laughter flow.

As you think about forming a care-share team, consider the relationships in your life: Who will be most supportive in this circumstance? Who is the best networker? Who has creative ideas? Who is dependable?

We’ve found that most teams are formed around the family or the workplace. If you are part of a traditional family, you may choose to include your family members in the care-share team, or you may not. If you live far away from your family, have only a few living relatives, or are otherwise disconnected from family, then thinking more broadly and inviting a different set of people may prove to be more helpful to you.



Throughout this book you'll read many stories of care-share teams comprised mostly of family members. But we also recognize that it may be better for you to choose other people to make up your safety net. In the following story told by a professional care manager, a group of co-workers came together on behalf of their colleague. It could just have well been in a church congregation, school, gym, or neighborhood.

Connie's Co-Workers Step In

The director of human resources called me and asked if we could meet. She explained that a manager in her late thirties, Connie, had early onset Alzheimer's disease. Connie had no family nearby, but her colleagues thought the world of her and wanted to help. First the human resources director and I met with Connie. A few days later, all three of us gathered with interested colleagues to explore how a care-share team could benefit Connie.

In this meeting, it became evident that Connie had a very best friend, Lisa, who was motivated to play a lead role in creating and maintaining a team. As a professional, I could provide examples and connect Lisa with resources. She willingly became the hub of this team. Lisa and other colleagues provided ongoing care. And they involved Connie in decision making—to the extent possible—as well as supported and nourished the involvement of other friends, a boyfriend, and a distant parent. A few other professionals and I provided emotional and physical care in an arrangement that lasted for over six years.

We have observed that there is often concern and caring in the work place when a colleague is ill or has a major life change. Co-workers are often the first to recognize a need. Some work settings are, in turn, more helpful than others in fostering such arrangements. What is often lacking, however, is a leader to guide these well-intended colleagues so that, together, they provide effective care. In the above example, first the director of human resources and then a paid professional supported Connie's best friend, Lisa, in her role as team leader. Pat Hughes, in *Gracious Space*, wrote that when people join their gifts together, "Individuals improve the quality of their relationships, groups learn to value the different talents and perspectives of their members, and whole organizations and communities become continuous learners, applying mutual respect and creativity to some of their most intractable problems." This is exactly what happens when care-share teams are thoughtfully created.

Johnny Tried to Catch a Piano

Eleven-year-old Johnny never questioned whether he could catch the piano as he and Freddy rounded the corner much too quickly and it toppled over. The sound could be heard throughout the community center, and their group's rehearsal for the Christmas play came to an abrupt end. Johnny escaped without permanent injury, but did suffer severely cut fingers and bruises on his hands and one foot. Because he couldn't use crutches without two hands he needed a wheel chair, which he also couldn't move by himself because of his bandaged hands.

Johnny's mom, Susan, a single parent with two younger kids and a full-time job, was overwhelmed. An independent and proud woman, Susan didn't think to ask for help. Luckily Jody, one of the other mothers involved in the Christmas play, had great people-organizing skills, which she applied to her family's community, school, and religious activities. She saw Susan's need, recognized that Susan lacked experience in organizing a team, and realized that Susan would probably never ask for help.

Jody asked Susan if she could talk with her. Over a cup of tea she explained her own experience with organizing people. She gently but firmly insisted that Susan let her set up a team of kids and grown-ups to help the family until Johnny recovered. Jody said she missed working as an organizer and it would be fun for her, adding, "Please Susan, let me help." Susan was won over, the group was formed, and Johnny and his family received much-needed support. When Johnny recovered, Susan even hosted a "pot lunch" to thank all who had helped. Many of the grown-ups were so impressed by what Jody had created that they vowed they would do the same thing if ever there was a need.

Almost anyone who wants to can be part of a care team, if welcomed by the care partner. Intention and commitment are important, as are kindness, flexibility, and the ability to work with others while letting go of control. It's a tall order, but it has been proven that care team participation can include all types of people. Team members will ideally give of what they have, and whatever they bring is sufficient.

We do advise you to use caution and trust your intuition, however, in accepting help from a casual acquaintance or someone who isn't well known to someone in your group (perhaps a new neighbor or a person you've recently

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talked with in your neighborhood park). It's reasonable to be concerned about safety, especially when your care partner is feeling vulnerable. Some care-share team members we know have gotten background checks from the state police or asked for personal references. If in doubt, take sensible measures to ensure your care partner's security.

Who's In and Who's Out?

Tina chose to involve a small, consistent nucleus in her care-share team: a dear friend, a paid case manager, a family member, and a counselor-consultant. At various times one of Tina's children, several neighbors, a couple of former colleagues, and a church-related contact all participated. Somewhat surprisingly, no other family members—not even Tina's husband—were included. We never knew the reasons for Tina's selection of care-share team members, but respected and honored her right to exercise preference and control.

So, whether the safety net is for you or someone you know and care about, if it includes a care-share team the crucial element is that it be helpful. It will need a leader and a vision. It will need good will and communication. If you think that shaping a care-share team is absolutely what you need to do, it's time to think it through (which we'll cover in Chapter 2) and consider the people you might want to pull together (more about that in Chapter 3). If this task seems daunting, take heart. You can do it, and do it successfully.

Get Ready

Ask yourself: Is there someone in my life (maybe me) who needs help?

List: What can I do for someone else if I'm asked? Make a list of things you think you might do and note whether these are easy or hard for you.

Make another list: Who would I ask if I needed help right now? Do I live in a community where I have strong ties to others? What family help would I want? Start this list.

Decide: Could I benefit from thinking more about who I would turn to if I needed help? Or, if I don't have strong ties that quickly come to mind, do I know anyone who I think could help me brainstorm ideas? Who?

Compile: Gather names and numbers for the legal and financial parts of your life. This part of your safety net can be put into place now and updated every few years.

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