



Alberta Disabilities Forum

"A United Voice"

Home Care Services in Rural Areas

Issue Home Care services do not adequately address the needs of persons with disabilities living in rural areas.

ADF's Position Clients in rural areas need to have access to the same range of Home Care services and resources as clients in urban areas.

Background The ADF Health Working Group's focus group raised the issue of inadequate access to Home Care services in rural areas. While ADF recognizes the difficulties inherent in providing services in rural areas, focus group members agreed that individuals with disabilities in rural areas should have access to the same range of Home Care services and resources as clients in urban areas.

In general, Alberta is experiencing a shortage of trained Home Care workers, but this problem is particularly severe in rural areas because the shortage of workers is combined with low numbers of consumers, making the provision of adequate care a costly endeavor. For example, some Regional Health Authorities have to consider budget restrictions and travel time when assigning care to only a few clients in remote areas. In these situations, clients are expected to travel to larger centers to receive some specialized treatments. Since transportation services are not available in most rural areas, persons with disabilities become responsible for accessing the care they have been told they need. This may mean hiring someone to transport them to the appointment, or relying on friends or family to take the time and effort to transport them.

The scarcity of Home Care services in rural areas is often addressed by encouraging individuals with disabilities to seek support from family members. While this option provides a seemingly viable alternative in a setting with few Home Care support workers, the potential drawbacks are significant. First of all, in order to provide adequate care, family members may need to forego aspects of their own life, such as employment, leisure time, or travel. While we all like to help out our family in times of need, utilizing relatives as the primary source of on-going, long-term care can change the dynamics of the family relationship and place undue strain on those involved. As well, the family member receiving care may worry that the client/caregiver relationship will usurp or replace the familial relationship, denying him/her the ability to participate within the family simply as a brother, a daughter, a parent, etc. By having a family member provide care, the individual with the disability may experience increased feelings

of dependence, whereas care provided by a trained professional can enhance the feelings of independence that the person with disabilities is trying to gain. These few examples of the difficulties surrounding the controversial issue of family members and care provision focus primarily on the relationship between the care provider and the person with disabilities, but concerns regarding financial compensation, unique circumstances in remote areas, and general family stress also exist.

Persons with disabilities in rural areas who feel their needs are not met by the narrow range of services available to them have to move to larger centers to access a wider range of support. This decision, however, results in a loss of the emotional support provided by community and family. All Canadians have the freedom to choose where they live, and this right should not be compromised for individuals with disabilities. Persons with disabilities who live in rural areas develop support networks and connections within their community that are difficult to re-establish. Rather than face the difficult task of re-creating these relationships in a new environment, they often choose to remain in their community, at the expense of sacrificing some of the professional and support care they require. ADF believes this is a decision they should not be forced to make. An adequate range of supports needs to be available to all persons with disabilities, regardless of where they choose to live.

Because the incidence of disabilities among Aboriginal adults is “almost twice that of the total Canadian population” (*Facing a life of barriers*, 1996), the need for adequate Home Care service is magnified for consumers who live on reserves. But like their counterparts in other rural settings, consumers encounter a shortage of trained support workers. As well, in some areas workers are not able to address the needs of the Aboriginal population in a culturally sensitive manner, a task that is best achieved with Aboriginal Home Care workers. While Home Care may be more accessible in larger centers, the cultural ties to the community make it even more difficult for clients on reserves, especially the elderly, to consider the possibility of relocating to urban centers.

Identifying and addressing the unique needs of persons with disabilities who live in rural areas will promote independence,

empowering clients to achieve their fullest potential. We believe Home Care programs need to remain flexible and responsibly address the needs of all consumers, regardless of where they choose to live.

Recommendations

To resolve the issues outlined in this paper, we believe the government of Alberta, through the Regional Health Authorities and in consultation with consumers and stakeholder groups, needs to:

1. Partner with community hospitals, in consultation with home care clients, to develop a range of respite care programs to assist family members who provide care.
2. Promote and support outreach teams that visit rural centers to share expertise in areas such as new technologies, rehabilitation procedures, assessment, care plans, etc.
3. Increase and/or re-distribute funding to enhance the flexibility of rural programs, taking into consideration the unique needs/situations of rural clients and their caregivers. (e.g. mileage, travel time, range of services, etc.)
4. Design and implement recruitment and retention strategies that will enhance staffing for Home Care needs in rural Alberta. (e.g. support worker training programs in rural areas, culturally focused support worker training programs on reserves, travel bursaries for rural students to attend courses in larger centers, etc.)
5. Promote and support a volunteer peer support network for care providers.

Work Cited

First Nations Confederacy of Cultural Education Centres (1996).
Facing a life of barriers: Aboriginal people with disabilities. <http://www.schoolnet.ca/aboriginal/disable4/index-e.html>.