



Issue

The provision of homemaking is not deemed a priority component of Home Care services by the Regional Health Authorities.

ADF's Position

Homemaking services are essential to the physical and mental health of persons with disabilities and need to be an integral part of Home Care services.

Background

The ADF Health Working Group's focus group raised the issue that homemaking is not considered an integral part of Home Care unless it is linked to other Home Care services. We are concerned that the health of persons with disabilities who need, but do not receive, homemaking services will be negatively affected by the absence of this service.

According to a questionnaire submitted by the Working Group to the province's Regional Health Authorities (RHAs), Home Care services are generally intended to provide personal care but not homemaking services to their clients. For the most part, RHA's recognize client need for homemaking services, but contend that these services are available through other resources in the community. With the limited funding available for Home Care, the priority is to provide services that cannot be accessed through other sources, such as private agencies, friends and family, and community volunteers.

Unfortunately, there are difficulties with each of these alternative ways of accessing homemaking. First of all, the cost of private homemaking makes it an unobtainable service since many persons with disabilities in Alberta live on fixed and/or low incomes. Relying on friends and family may not be a viable option either. While these "natural supports" may provide an obvious source of assistance, the expectations that can develop may change the dynamic of the relationship, placing undue strain on those involved. As well, the persons with disabilities may feel an increased feeling of dependency. While some community organizations generously commit to providing volunteer homemaking, the demand for these services exceeds available resources. To our knowledge, a workable referral system is not in place.

Homemaking services need to be considered an essential and integral part of Home Care provision. If these services are not in place, persons with disabilities are at risk of suffering physical and emotional health consequences. Persons who are physically unable to wash

"Persons with severe mental illnesses need [homemaking] support in order to maintain their independence. Yet, this segment of the population tends to be excluded from this type of service."

Schizophrenia Society of Alberta

floors, clean the kitchen and bathroom, or do laundry, find themselves living in an unclean environment that may lead to poor health or illness. But for many persons with disabilities, the difficulty in finding this time and energy to manage their own homemaking is compounded by the nature of their condition. For example, washing dishes may take a few minutes and a small amount of energy for able-bodied individuals, but for a person in a wheelchair and with limited arm mobility the same task will take more time, more organization, and a greater expenditure of energy. As Gail Fawcett notes in her study *Bringing Down the Barriers* (2000), “In an effort to perform all these necessary [household] functions . . . many persons with disabilities rob themselves of sleep and health care, which often results in a worsening health condition and more severe disability” (p. 32).

By not being consistently supported in their need for homemaking services, persons in our focus group felt forced to make decisions that do not contribute to an independent, emotionally healthy lifestyle. For example, persons with disabilities may choose not to participate in activities outside the home when the energy required for participation is depleted by the energy needed for maintaining the home. However, the benefits of full participation, both on a personal level and for the larger community, are well documented. The vision articulated in *In Unison: A Canadian Approach to Disabilities Issues* (1998) and reiterated in the follow up document *In Unison 2000* emphasizes that it is only through full participation in society that Canadians with disabilities will be able to “maximize their independence and enhance their well being” (p. 4). Finally, for some people, the absence of homemaking can be a factor in whether they continue to live independently or in an institution. Neither consumers nor Regional Health Authorities benefit from the financial implications and the loss of independence caused by such a move.

Alberta Disabilities Forum believes that the provision of homemaking needs to be considered an integral part of Home Care services. By supporting their clients in this way, Home Care will promote the physical and emotional health of Albertans with disabilities.

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. Develop provincial standards regarding assessment and referral of homemaking services.
2. Provide adequate resources to ensure that the provision of basic homemaking is an integral part of current Home Care services.
3. Develop an up-to-date, efficient referral and information system that outlines available homemaking services in a community.

Works Cited

Fawcett, Gail (2000). *Bringing down the barriers: The labour market and women with disabilities in Ontario*. Canadian Council on Social Development.

Federal, Provincial, and Territorial Ministers Responsible for Social Services (2000). *In Unison 2000: Persons with disabilities in Canada*. Human Resources and Development Canada.