

## **Dependent Care**

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The term dependent care is an umbrella for several types of care regarding family members. One can be the caretaker for disabled children, disabled adult children, or elderly parents. It is expected of parents to perform a supportive role to make sure that children get the services they need from the appropriate health care professionals. Caring for children is only made more difficult when the child, or one of the children has a disability. It is becoming common practice for children with disabilities to be cared for at home in developing countries. Where the complex medical and physical needs of the child can be met in an environment that reduces the chance of disrupting the child's life.

Despite concern that the child's chronic illness could negatively impact sibling relationships and family functioning, studies have shown that some disabilities actually strengthen some sibling relationships. This has to do mainly with the caregiver burden of the parents, which is the parental perception of how the stress and caregiving responsibilities may have negatively affected them. It has also been found that children with more challenging disabilities, like pervasive physical needs or challenging behaviors, can exacerbate caregiver burden, and thus have a negative impact on the family as a whole because the parents are minding the special needs child and may be spending less time with the other children. It is important to be aware that the caregiver has access to assistance, or a good social support, so as to alleviate stress, and that their perception of the care role is positive and not seen as a burden.

Children with disabilities grow up into adults with disabilities, who may still be in need of care. This care that they need may be more difficult to attain than before. People with

disabilities can experience worse health and less access to care than the general public, resulting in vulnerability to health risks, lack of emotional support, barriers like physical inaccessibility, and lack of services. More promotion needs to be made to address the health disparities for people with disabilities, such as for obesity, physical inactivity, and inadequate social support. Unlike for people without disabilities the promotion for the improvement of health and well-being for people with disabilities has been lacking, inaccessible, or inappropriate. The promotion of services and programs will be helpful to the people themselves with disabilities, and for the people who have taken it upon themselves to care for them.

Alternately, many adults eventually take on the role of caretaker for their ageing parents. Throughout development ageing is evidenced by irreversible structural and functional changes in the body; such as changes in the molecules, cells, tissues, organs, and other systems. As ageing occurs it becomes increasingly difficult for one to live as an able, active, and strong person. They begin to lose their active roles, they lose independency, as they begin to develop physical difficulties and health concerns, and take a more passive role. Such issues could be loss of hearing, loss of sight, or other senses, muscular diseases, skeletal diseases, or cardiovascular diseases. The individual can no longer meet their own needs that they used to be able to satisfy on their own by accessing various resources themselves. These decreases in physical ability, cognitive functions, and/or ability to interact with their environment as effectively makes the individual increasingly dependent on the assistance and care of others. Due to the loss of ability a decrease in independence and need for dependent care can lead to feelings of loneliness.

It can be difficult for both the parent and the child to alternate these roles and there will likely be an adjustment period where the transition takes place. Often times the care taker feels overwhelmed as they are still working to financially provide for the family and then come home to

care for an ageing parent. The parent needs time to adjust to allow the adult child to take control and provide the assistance that is required. Taking care of others can be extremely taxing and stressful and it is important as a caretaker to schedule time off for themselves and take part in caretaker support groups.

### **Further Reading**

- Hacihasanoğlu, R., Yildirim, A., & Karakurt, P. (2012). Loneliness in elderly individuals, level of dependence in activities of daily living (adl) and influential factors. *Archives of Gerontology and Geriatrics*, 54(1), 61-66. doi: 10.1016/j.archger.2011.03.011
- Havercamp, S. M., & Scott, H. M. (2015). National health surveillance of adults with disabilities, adults with intellectual and developmental disabilities, and adults with no disabilities. *Disability and Health Journal*, 8(2), 165-172. doi: 10.1016/j.dhjo.2014.11.002
- Karantzas, G. C., Romano, D., & Lee, J. (2018). Attachment and aged care: A systematic review of current research. *Current Opinion in Psychology*, (25), 37-46. doi: 10.1016/j.copsyc.2018.02.016
- Orfila, F., Coma-Solé, M., Cabanas, M., Cegri-Lombardo, F., Moleras-Serra, A., & Pujol-Ribera, E. (2018). Family caregiver mistreatment of the elderly: Prevalence of risk and associated factors. *BMC Public Health*, 18, 167. doi: 10.1186/s12889-018-5067-8
- Platt, C., Roper, S. O., Mandlco, B., & Freeborn, D. (2014). Sibling cooperative and externalizing behaviors in families raising children with disabilities. *Nursing Research*, 63(4), 235-242. doi: 10.1097/NNR.0000000000000046
- Roper, S. O., Allred, D. W., Mandlco, B., Freeborn, D., & Dyches, T. (2014). Caregiver burden and sibling relationships in families raising children with disabilities and typically

developing children. *Families, Systems, & Health*, 32(2), 241-246. doi:

10.1037/fsh0000047

Schuster, M. A., Chung, P. J., & Vestal, K. D. (2011). Children with health issues. *The Future of*

*Children*, 21(2), 91-116. doi: 10.1353/foc.2011.0017