EDITORIAL

FW SERVICES FOR RURAL HOMES: In most rural homes today, whether on farms or in villages, there is a staff of just one woman. If she is taken ill, or if some emergency brings an overload of work, there's no maiden aunt or sister to call in to help—they're all working at jobs of their own. And not one rural neighborhood in a hundred has an available "woman by the day"—they're all fully employed too.

Perhaps the woman has to go to the hospital. If she has small children they may have to be farmed out among friends or relatives over the crisis, so they're upset and their mother is worried. Where there are young children going to school it's pretty hard for their father to look after them and the farm work too. It's a sorry affair for everyone.

In the city, the same emergency would present a simpler problem. There would be services ready to help. Almost every city has its Visiting Homemakers and if a mother has to go to the hospital one of these women — provided there are enough of them to meet the need — can come into the home and take over as a mother substitute. Indeed, with a Visiting Homemaker coming in every day to keep the house in order, get the meals and look after the children, the mother might not have to go to the hospital, especially if the community also has a Victorian Order Nurse to drop in when she is needed to give professional help.

Visiting Homemakers' and Nurses' services are closely related. Both are supported by the provincial Department of Public Welfare — but they are not relief measures. If you can pay for them, you do, but at a rate much less than if you had to find them for yourself. Those who can't afford to pay are taken care of by the municipality, assisted by provincial grants.

What do these services mean to the people?

Take the Visiting Nurse. She's on hand to help from the cradle to the grave. A young mother comes home from the hospital with a new baby, and she has never taken care of a new baby before; but the nurse comes in for a few mornings and helps her to get started.

A patient is sent home from the hospital still needing post-operative care; so the nurse stops on her rounds and does the dressings or gives the hypo.

Old people can stay in their own homes longer when there is a nurse to come once a week to give a bed-bath or perhaps an iron or insulin shot.

And in the case of a long terminal illness that has to be cared for at home, a nurse coming in regularly to help may save the woman of the family from breaking under the strain of it.

The Visiting Homemaker's work is varied too. She goes into homes where the mother is ill or in hospital. After the death of a mother she may be called in to hold the home together until the man can make a more permanent arrangement.

She helps in the homes of the disabled and the elderly, doing the shopping, keeping the house in order, cooking a good square meal every day.

Part of the Homemaker's work may be educational, especially with the hard core relief family. A woman who has never learned how to run a home may be willing to have a Homemaker show her how to feed her family, how to use her relief cheque more wisely, even how to keep her house clean.

Another point of interest in the Visiting Homemaker service is that it offers a career to a woman with a genius for keeping a home. We have many such women among our Institute members and some of them, whose families are now grown up and who feel free to be away from home for a number of hours every day, might be glad to have this opportunity for service and for earning an income. There are training courses under the Dominion Provincial Training plan, but a woman who has made a good home for her own family, who knows how to deal with children and who cares about people, has something she couldn't learn in a training school. We're wasting something valuable if her gifts aren't put to work.

If the people of a community want either nursing or homemaker service they take it up with their town or village or township council; but someone has to stir up an interest. The Women's Institute would seem a natural for this and some of them are already doing it. The Institutes' original purpose was to improve conditions in rural homes; and we have done a good deal in the way of homemaking. Now perhaps the most important thing we can do for the homemaker is to make it possible for her to have actual help with her work when she needs it. We submit that a Women's Institute might very well concern itself with the promotion of Visiting Nurses and Homemaker services for rural homes.

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