

L.O.A. – Leisure of Older Adults: A Comparison of Leisure Services in Group Residences in the United States and Northern Ireland

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ABSTRACT

The purpose of this study was to determine the nature, the scope, and value of recreation services in older adult facilities in the United States and Northern Ireland. Through conducting a literature view, visiting the facilities and interviewing staff in La Crosse, Wisconsin as well as Roseville, Minnesota, data was gathered from the U.S. Four weeks were spent in Dungannon and Coalisland, Northern Ireland to obtain data using the same techniques. Data collected revealed that both countries believe recreation services are essential for older adults. The U.S. and N.I. facilities had either designated personnel to provide recreation services or an employee who has dual roles in personal care and recreation services. The largest difference between recreation services in the countries manifest in staff education and training. In the U.S., recreation services are implemented by staff with education in recreation and experience working with older adults. N.I. has limited opportunities for education in recreation services and experience working with older adults is not required. Budget constraints, number of staff, technology and available recreation resources are also significant differences between the facilities. In conclusion, both countries recognize the significance of recreation services and deliver recreation to older adults to the best of their ability.

INTRODUCTION

As a future Therapeutic Recreation Specialist who will pursue a career working with older adults, this author wanted to investigate the nature of recreation services offered to older adults. Believing that an international perspective is important, this study compared recreation services in both the U.S. and Northern Ireland

The driving question posed is related to the nature and scope of recreation services offered in various group residences for older adults in the United States and in Northern Ireland. The two hypotheses studied were: 1) The U.S. and Northern Ireland value recreation services in older adult facilities 2) The manner in which recreation services are provided for older adult facilities in the U.S. and Northern Ireland will vary because of staff qualifications and assignments.

To aid this research interview questions focused on four main areas; 1) Identifying the mission and philosophy of each residence 2) Identifying the leisure and recreation opportunities for the residents 3) Describing the extent that activities are analyzed and selected for the benefit of the resident 4) Identify a funding source and perceived budget.

METHODS

This research was conducted through interviews of staff at each residence and a literature review about the facilities. While in the U.S., a literature review was conducted. The scope of this review covered statistics of older adult homes, medical and insurance coverage and information about each facility. The agency visits in the U.S. were preceded by the scheduling of an appointment to interview staff; specifically the recreation therapist if available or the home manager. Four months prior to travel, agencies in N.I. were contacted so arrangements could be made for a visit while aboard. When arriving in N.I., home managers were contacted and scheduled visitation dates were confirmed. When available, copies of significant data such as the mission and philosophy statement or resident assessment sheets were obtained. This data, along with brochures, pamphlets, and facility websites, were used to complete research.

RESULTS

There were many aspects to compare and contrast the United States and Northern Ireland facilities. Both countries recognized the importance of recreation services for residents yet the titles of the recreation personnel differed. The U.S. older adult residences used the titles Recreation Department and Recreation or Rec. Therapists or Assistant Rec. Therapists. If the facility did not have a recreation department, an employee was in charge of recreation services along with other duties. Northern Ireland facilities used the titles Activity Department and Activity Therapists or Activities Coordinator. Most Activity Therapists had dual roles such as providing recreation services and providing personal care for residents.

Four areas were chosen to investigate at each facility 1) Mission and philosophy 2) Leisure and recreation opportunities 3) Activities and benefits for residents 4) Budget.

Mission and Philosophy

Mission and philosophy statements were present in the U.S. and comparable documents were collected in N.I. facilities. The mission statements of the U.S. facilities had comparable phrases about providing the best quality care for their residents in a comfortable environment. Most U.S. residences had a recreation department mission, purpose or goals in addition to facility documents. The purpose or objectives of the recreation department stated or implied they would meet "the needs and interests of residents by integrating social, intellectual, physical, mental and spiritual aspects." Residences that specialized in an area of care, for example dementia, stated this aspect in the mission and philosophy of the agency and rec. department. Northern Ireland facilities' philosophies were neither as theoretically based nor specific in detail like the US residences. The Activity Therapists of some N.I. facilities were confused when asked about their agency's mission and philosophy. They provided documents they viewed as important to the facility titled "Aims and Objectives" and "Client's Charter". These documents were focused on the service of staff to residents and the rights of the residents.

Leisure and recreation opportunities

Recreation opportunities were available at every facility visited. Programs ranged from one-one-one, therapist to client, individual or group activities and outings. All the U.S. facilities displayed the upcoming programs on weekly or monthly calendar. Dry erase boards were very popular in U.S. nursing homes and displayed the months programming. A few facilities placed the copies of the calendars in each resident's room. In large and small residences there was a set routine of activities that occur at the same time, place and day of the week. There were also scheduled special events that would replace those routine/planned activities. Special programs were planned about a month before. Outings or holiday programs were scheduled a year to several months in advance. The holiday season was the most planned event in every residence. Rec. Therapists book entertainers a year in advance. Planning in advance can help assure residents participation and that transportation is available.

Transportation is an issue for all facilities. In the U.S. and N.I. some facilities share their buses or vans with other nursing homes and must reserve it months in advance. Several N.I. residences hire a traditional bus company as their transportation because they do not have the funds to purchase or co-pay with another facility for a bus.

Northern Ireland facilities do not plan or schedule programs as far in advance as do the U.S. facilities. Some facilities do have the routine activities like the U.S. Yet the Activity Therapists usually plan for the week in advance the next week on Friday or Saturday. For busier times, like Christmas or outings, they plan a month in advance. Activities do tend to be spontaneous at times. The scheduled program can be cancelled, due to weather or the entertainers not showing up at the last minute so staff are prepared with a back up activity for residents.

The personnel that provide leisure and recreation in nursing homes in both countries greatly differ in education and experience requirements. In the majority of the U.S. facilities it is required to have a bachelor's degree in therapeutic recreation or a similar field. A few facilities are beginning to require a therapist to be nationally certified and hold the title of Certified Therapeutic Recreation Specialist (CTRS). Some Recreation Therapists who do not have recreation education background yet have experience working with older adults. The Recreation Therapists were all specifically hired to provide leisure and recreation opportunities for residents. In the U.S. there are many resources for Rec. Therapist like conferences, conventions and websites. These resources give the therapist the opportunity to share their activity ideas and gain knowledge from each other. They also receive the latest information and education about new modalities and techniques about recreation. In Northern Ireland, only one Activity Therapist met with other Activity Therapists once a month to exchange ideas, give feedback and support one another. This group formed because they work for facilities that are owned by the same trust company.

In the U.S. residences visited, there was more than one person providing recreation and in Northern Ireland only one Activity Therapist per nursing home. N.I. nursing homes are much smaller; accommodating 25 to 40 residents compared to 180 residents at the largest nursing home visited in the U.S. The smaller nursing homes and group

homes in both countries did not have a specific person to provide recreation. It was the responsibility of staff to plan and implement activities while also providing personal care to residents. The staff is trained as care providers or care support and assist residents at meal time, dressing, and bathing.

Only a small number of Activity Therapists in Northern Ireland were specifically hired to provide recreation opportunities. Some had many years experience working with older adults while some had little or no experience. One Activity Therapist was pushed into the job with out a real job description and no orientation to the facility. In a smaller nursing home, administrators were given an extra duty like food preparation or recreation planning in addition to their managerial role. Training was informal in most of the nursing homes in both the U.S. and N.I. Previous therapists or other staff showed the new therapist the facility, policies, and procedures. Most therapists stated they had a tour, completed paper work and had available assistance when needed. In N.I., Activity Therapist must also take personal care training sessions like First Aid, Moving and Handlers (transferring residents), Basic Hygiene and Health Safety.

In Northern Ireland an education in recreation or activities is not required to be an Activity Therapist. There is a program available that nationally recognizes and compensates an individual for their education. The government of the United Kingdom has a program called National Vocational Qualifications, NVQ, in many career settings. NVQs are work-related, competence-based qualification exam in a field, based on national occupational standards. () The NVQs cover the main aspects of an occupation, including current best practice, the ability to adapt to future requirements and the knowledge and understanding of occupations. (How NVQs Work. 2005). Nursing Home staff may receive a NVQ in Care. NVQs in Care have 5 Levels, with the higher ones being administration and the lower levels providing direct care. NVQs are recognized throughout the United Kingdom and some other countries. The administrator with a concentration in recreation services at a N.I. facility had an NVQ Level 5 in Care, which is required in a managerial role.

An assessment entitled Activity Therapist Assessment Certification, ATAC, was discovered on the United Kingdom website Incare Services. No one interviewed mentioned this assessment. It is presumed this assessment is not a requirement for Activity Therapists or for hiring an Activity Therapist. ATAC is a modular home-study distance learning course leading to a demonstration of competence in knowledge required for the role of Activities therapists working in Care Homes, day centers or other care settings. This unique form of training is ideal for anyone wishing to carry out meaningful activities. The course provides important knowledge for staff working within the new Skills for Care framework and for staff involved in NVQ's, particularly 2 and 3, in care.(ATAC home page. 2005). There are five areas on the assessment; Getting Started; Why Activities; Types of Activities Auditory; Planning your group and Choosing age appropriate activities; Working with individuals; Understanding the individual's needs; and Further Key skills Presentation skills.

Activities and Benefits for residents

In the U.S. and Northern Ireland, residents were assessed upon admission. The U.S. assessments were specific to detail the resident's health, family support, and leisure interests. These assessments were more precise questions than N.I. assessments that had general headings and blank lines to write comments. Recreation Departments in the U.S. frequently had their own activity portion of the assessment to learn about the resident, their interests, and needs related to leisure. Few U.S. facilities have a separate assessment; their own Leisure and Recreation assessment. One U.S. facility developed a system of identifying the functioning levels of residents through assessing and observing the resident. The levels included stimulation activities for low functioning, lounge activities for middle level functioning and high functioning residents could participate in more group programs.

In the U.S., goals are developed for residents are discussed amongst Rec. Therapist and other disciplines that exist in the nursing home. A sample goal might be have a resident attend two half an hour group programs a week. Both countries take into consideration the needs and wants of the residents when planning activities. If a resident suggests or states interests in participating in a certain activity, the Activity Therapist or Rec. Therapist do their best to plan this activity or incorporate a similar activity in the coming weeks or months.

The U.S. and N. I. develop Care Plans unique and individualized to each resident. Care Plans may be created by nurses or other disciplines. Depending on the facility, the Recreation Department or Activity Therapists create their own file on the resident with background information as well as likes and dislikes. Assessments and records are kept on file and may be transferred to computer documentation, which is standard in the U.S. In N.I. facilities, the staff keeps a diary or journal filled with daily notes, such as attendance at a program or a resident's doctor appointment. This journal acts as a calendar to keep track of activities and other important events or dates. These facilities rarely have access to a computer; therefore the journals are kept hand written. If the budget allows, a secretary may be hired to type health care paperwork. The lack of computers does not give them the benefit of using the internet as a resource for activities, supplies or programs.

Budget

In most U.S. facilities the Recreation Department has their own budget separate from the facilities' budget. This pays for necessary equipment and transportation. Their budget is usually an allotted amount from the facility each month. In most Northern Ireland facilities the Activity Department's budget is entirely funded through fundraisers. Most facilities have a history of having fundraisers and the current Activity Therapists do not know where the initial money for activities came from. Fundraisers range from barbeques to bake sales to selling holiday ornaments and allow for a quite large budget. Families of the residents donate as do other members of the community.

CONCLUSIONS

The first hypothesis that the U.S. and Northern Ireland value recreation services in older adult facilities is supported by the results of the research. Both countries recognize the importance of recreation services and deliver recreation to older adults to the best of their ability. The U.S. and N.I. facilities provide a variety of recreation opportunities for residents and meet the leisure needs of their residents. The second hypothesis that staff qualifications and assignments will effect the manner recreation services are provided to residents in the U.S. and N.I. was supported by the research results. In the U.S. personnel who provide recreation services are required to at least have experience working with older adults and are preferred to have a degree in therapeutic recreation. In the U.S. employees are specifically hired as Recreation Therapist or as part of the Recreation Department. With an education in recreation, U.S. Rec. Therapist have more knowledge of activities and chose activities based on physical, cognitive, social, and spiritual benefits for residents. Activities are not purely diversional or for entertainment purposes. Northern Ireland facilities do not have a set of requirements to become an Activity Therapist, though experience with older adults is preferred. The option of becoming a Certified Activity Therapist was discovered, though the staff interviewed at N.I. facilities made no mention of it.

Advances in technology in the countries also contribute to the care of residents and recreation and leisure services. The U.S. Rec. Therapist had a variety of assessments for health, background information and recreation interest, unlike N.I. facilities that had one assessment that covered some of those aspects. The U.S. assessments were nationally required assessments with detailed questions for several disciplines to evaluate the resident, such as physician or nurses. The resident or resident's family also has specific sections to answer. The Rec. Therapists had a separate Therapeutic Recreation assessment that detailed the resident's preferences and physical, mental, social and spiritual activities they participated in or would enjoy. The advances in the medicine and the healthcare system allow the U.S. older adult facilities to care for more residents than N.I. facilities. Each Rec. Therapist interviewed had access to a computer or had their own to keep records, while N.I. facilities had one or two for the entire residence.

Another element that was not considered in this research project was religious beliefs affecting recreation services. In Northern Ireland Protestants and Catholics are continuing to fight, physically and verbally since 'The Troubles' began several decades ago. Such strong religious beliefs and political views can be heard in the older adult residences in the small towns visited. Though facilities are nondenominational, the facilities location can determine the dominating religion of the residents. Of the two towns visited in Northern Ireland, Dungannon and Coalisland each had a section that was Protestant and Catholic. The older adult facility close to either particular section was labeled to be that specific religion. The residences made special attempts to accommodate and provide services for each religion including diverse religious services once a week, activities that would include all residents and receiving Protestant and Catholic newspapers. One particular event that was observed was a holiday party celebrating the anniversary date of a battle, which Protestants firmly believed in. The Protestant residents were informed the party was for their holiday and the Catholic residents were informed it was a party celebrating the summer's heat wave. The staff felt it was in their best interest for all residents to be invited to the event and not to single out residents based on their religion.

LIMITATIONS

No published research comparing therapeutic recreation in older adult residences in the United States and Northern Ireland was located. There was very little data about recreation and leisure services in older adult facilities in Northern Ireland. After researching abroad and interviewing Activity Therapists, important and data filled websites and pamphlets were sited. Language was not a barrier in Northern Ireland yet a difference in vocabulary and keywords in therapeutic recreation were difficult to describe. For example older adult residences in N.I. did not have a mission or philosophy and staff did not know their meanings. There was no difficulty scheduling visits and obtaining data in residences in the U.S. In N.I., few residences would allow visits and obtaining data. The

administrators of N.I. facilities had to approve the visit and interview, while in the U.S. the Rec. Department staff stated the visit was acceptable.

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