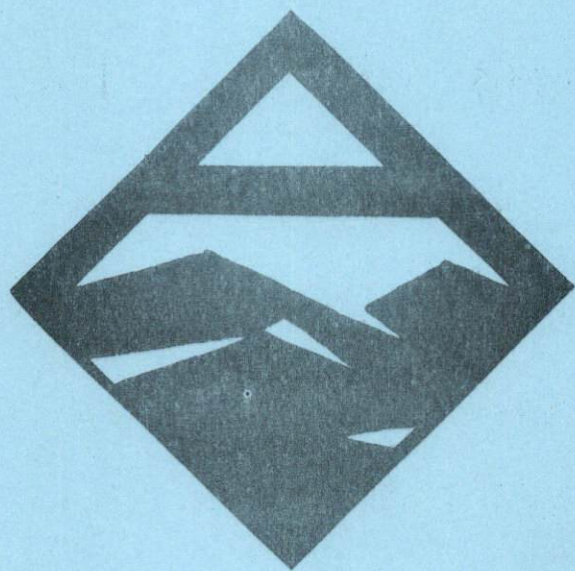


GUIDELINES FOR DEVELOPING  
A PROGRAM OF  
ACTIVITIES IN CONVALESCENT  
CENTERS AND HOMES  
FOR THE ELDERLY



INSTITUTE ON THE AGING  
Morehead State University  
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## INTRODUCTION

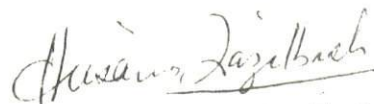
This document has been prepared in response to the community needs by the Institute on the Aging. After the inception of the original idea for the study of such an activity by Dr. Morris Norfleet and Mrs. Elli Holloway; the Institute on the Aging, in cooperation with the Daniel Boone Convalescence Center, worked out a program of action and designated Mrs. Carol Osborne to carry on this project.

The program had two objectives. First, to prepare guidelines for developing a program in convalescence centers and the homes for the elderly. Second, to provide a learning experience to a graduate student who was interested in working with the elderly. Inherent in this activity was also the concept of providing an activities program to the patients of the Daniel Boone Convalescence Center.

Cooperation and sincerity of the following people is highly appreciated, without which this document would not have been possible; Mrs. Elli Holloway, Mr. William Mollin (Director of the Daniel Boone Convalescence Center), Dr. Louise Caudill, Mrs. Pauline Newman (Volunteer Teacher), other volunteers of arts and crafts, staff, and the residents of the Convalescence Center.

It is hoped that this document will provide some guidelines for developing a program for activities in convalescence centers and homes for the elderly to the people responsible for such activities, and persons willing to devote some of their time as volunteers for our elder citizens.

Special thanks are due to Mrs. Carol Osborne for her efforts in developing this document.



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## DEVELOPING AN ACTIVITIES PROGRAM IN A CONVALESCENT HOME

### Introduction

The medical profession is helping us to add years to our lives; we must add life to those years. Work, activities, and a renewed interest in living should continue for as long as a person lives and breathes. Activity or lively interest is one of the "staffs of life." We decline when we have no interest or nothing for which to work or live.

Convalescent homes are established to provide good custodial nursing care. An efficient staff will make certain that patients are kept warm and clean and will have well-prepared and balanced meals. But will there be anyone on the staff who has time to give personal attention to each patient, fulfilling needs that go beyond physical comfort? Will anyone have time to sit and listen or to provide opportunities for each patient to feel useful and needed as each of us needs to feel?

Activity programs in convalescent homes have come to mean more than leisure time-filling activities; more and more stress is given to self-help, rehabilitation of the resident to do more for himself and more for one another. If the resident is able to keep his fingers active by playing dominoes or glazing ceramics, he can continue to perform more personal tasks such as feeding himself.

Senior citizens want only what people of any age want. They want:

1. Self-respect and personal dignity.
2. To care for themselves and to be cared for.
3. To be a part of "something" and not isolated; they want to be integrated into the community.
4. To perform tasks within their capacities.
5. To exercise their rights and responsibility to remain independent and self-directed.

Aging is universal. A program that will help achieve the above-stated goals for older people is an investment in our society's future.

This paper has been prepared to suggest guidelines and provide initial direction for developing and implementing an activities program in a convalescent home.

#### The Daniel Boone Convalescent Center Program

An existing program at the Daniel Boone Convalescent Center in Morehead, Kentucky, serves as a demonstration recreation program deriving initial funding from the Institute on the Aging of Morehead State University. This program involved a wide range of community support. Interest was shown in the form of volunteer assistance by the local Red Cross, community organizations, campus fraternities, summer Upward Bound students, and private citizens who performed a variety of services for the residents.

Although several forms of handicrafts were introduced and accepted, possibly the most popular was ceramics. One very dedicated volunteer

regularly donated greenware, glazes, and kiln usage in addition to providing valuable leadership.

Interviews with patients, their families, the home director, nurses, and personal physicians of patients revealed an overwhelmingly positive reaction to the benefits of the program.

One patient, quiet, discouraged and hostile in her behavior at the Home before the program began, now welcomes visitors enthusiastically. She is radiant as she speaks of working on various crafts and participating in games and other events. Another great satisfaction for her and many other patients is making items as gifts for family and friends.

Program Leader

An activities program for convalescent patients requires identification of needs and specific objectives. The program leader must ask himself, "What is this activity going to do for the resident?" "Will it fill any of his needs?" "Will it give him self-respect, a feeling for usefulness, the satisfaction of making new friends or simply of learning something?"

Some Suggested Program Objectives

1. The patient will participate in recreational activities which will give him opportunity for creative enjoyment and for belonging to a productive group.
2. The patient will feel useful and gain self-respect in creating items for himself and other people.
3. The patient will be brought closer to reality through interaction with volunteers and will feel cared about.
4. The patient will, through carefully planned activities, display the following behavioral changes:

From	To
a. resentment and remorse over illness	usefulness, optimism, and self-respect
b. weakness and stiffness of muscles from disuse	manual dexterity
c. dependence	independence
d. solitude	fellowship
e. anxiety and agitation	calmness

Activities - Participants must be involved in planning.

Programs should be based upon the interests and needs of the individuals as well as the group. They should be planned by and with the cooperation of the participants. Activities should be chosen carefully, making sure they will not overstimulate, burden, or bore the participants, but rather will motivate and challenge.

Activities for the convalescent aging must be planned to relate to their physical and mental capacities. Activities should be planned for:

- a. bed care patients
- b. the visually handicapped
- c. wheelchair patients
- d. residents with limited hand usage
- e. ambulatory residents
- f. and others



The number of possible activities for residents is so extensive that it would be impractical to describe them in these pages. However, below is a broad listing of potential areas:

- |                        |   |
|------------------------|---|
| a. arts and crafts     | l. famous speakers  |
| b. hobbies             | m. social clubs--<br>(investment club, garden club, literary club, story-telling club, sportsmen club, league of women voters, monthly supper club, the merry-makers golden age club) |
| c. talking books       |   |
| d. games               |   |
| e. music               |   |
| f. movies              |   |
| g. beauty shop day     | n. friendly visitors  |
| h. holiday decorations | o. letter writing   |
| i. discussion groups   | p. newsletters  |
| j. trips               | q. volunteer entertainment  |
| k. exercise            | r. others   |

Volunteer entertainment may include showing movies and slides, children's performances, religious services, favorite old-time hymn sings, kitchen bands, teenage baton twirlers, tap dancing, choir, pantomime and folk singing, combos or orchestras, a high school class play rehearsal, debate team workout, style show, music recitals, and similar on-going activities from your community.

The volunteer groups may sponsor monthly social parties working with large groups of residents with bingo or birthday parties, continuing in the summer with picnics and other outdoor events.

SIX STEPS TO SUCCESS IN IMPLEMENTING AN ACTIVITIES  
PROGRAM IN A CONVALESCENT CENTER

1. Identification of Need. The Director of the convalescent center, a nurse, or a volunteer must take the initial responsibility for starting a program. Whoever assumes this role must inform and stimulate concern among community leaders and groups. The community must be informed of what is happening in the lives of a larger and larger number of its citizens, its old friends.

2. Find a leader. The convalescent center must find a capable leader. The spirit of the center, the values it upholds, and the opportunities it provides are dependent on leadership. The interest level of the leadership is the most important single factor in the success or failure of creative and recreational projects for older people.

3. Evaluate potential facilities. The Director and the activities leader must consider the physical facility before a program can begin. There must be a place for people to be seated, room for wheelchairs and tables, a place for supplies to be used when needed, adequate lighting for craft work or reading, tables high enough for the wheelchairs, room temperature suitable for the activity, and an area near restrooms.

4. Consider possible financial resources. Activity programs for older people have started with a minimum of resources and later developed the capacity to provide needed materials and equipment. Some possible resources for funding are:

- a. allocations from health agencies deriving support from United Funds
- b. churches
- c. contributions from civic minded persons, local industries and business
- d. community chests
- e. sale of arts and crafts items or hobby show admission fees
- f. community groups' sponsorship of weekly special interest groups, games, crafts, or hobbies
- g. projects sponsored by college and university groups
- h. public schools
- i. state and federal grants (the Federal Department of Health, Education, and Welfare yearly publishes Grants-in-aid and Other Financial Assistance Programs describing the many grant programs available to eligible applicant organizations)

Program leaders should post a list of needed materials and equipment approved by the administrator on the bulletin boards or print it in the auxiliary newsletter so that volunteers may know what is needed and how the materials will be used to make a better program possible.

5. Recruit volunteers and select supervisor of volunteers. Recruitment of volunteers can begin by sending form letters to county-wide church

groups or organizations listed by the Chamber of Commerce. News releases for newspaper and radio are also effective. In the past, dependable sources of volunteers have often included schools, sororities, fraternities, women's clubs, the Red Cross, Scouts, and college or university students on an internship program in adult-education recreation or therapy.

When a request is made for individual volunteers, someone must be designated by the Director to train and supervise volunteers and to be responsible for their work. The volunteer assignments should always be planned in detail, and the volunteers should be convinced that they will be doing something useful--that this activity would not take place unless they were there. Selection of volunteers can be aided by the use of a Volunteer Information Card. (See next page.)

Volunteer Information Card

Mr.  
 Name: Miss \_\_\_\_\_  
 Mrs.

Address: \_\_\_\_\_  
           Street                  City                  State                  Zip

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have a car for use during your hours here? \_\_\_\_\_

List any special skills or talents you possess which may be helpful in volunteer work \_\_\_\_\_

What kind of work would you like to do?

- |  |   |
|--|---|
| <input type="checkbox"/> Clerical                | <input type="checkbox"/> Arts and Crafts            |
| <input type="checkbox"/> Friendly Visitor        | <input type="checkbox"/> Beauty Shop or Barber Shop |
| <input type="checkbox"/> Singing or Dancing      |   |
| <input type="checkbox"/> Game or Interest Leader | <input type="checkbox"/> Others (Please Specify)    |

What days and hours would you be available? \_\_\_\_\_

6. Organize workshops and orientation sessions. After volunteers are recruited, a date should be set for sessions to be held in the center for the purpose of orienting prospective volunteers to their role in the program, describing how the center operates, how it is financed, its history, its policies and needs, introducing people responsible for each area of operation, explaining admissions, behavior and attitudes of the residents. A discussion of a code of ethics for volunteers is also helpful. A card file containing residents' names, ages, religion, physical handicaps, special interests, favorite foods, with room for additional comments on hobbies is a helpful aid for volunteers as well as an evaluative record:

Patient Information Card

Mr.  
 Patient's Name: Miss \_\_\_\_\_  
 Mrs.

Date of Birth: \_\_\_\_\_ Religion \_\_\_\_\_

Physical or Mental Handicap: \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participation Record

<u>Date &amp; Time</u>	<u>Types of Visitation or Activity</u>	<u>Name and Vocation</u>	<u>Participant's Reaction</u>

Volunteers who wish to serve only as friendly visitors can perform innumerable services, especially to residents who are so physically handicapped that they cannot be reached in more active ways. The volunteer might encourage the participants to:

- a. attend activities
- b. listen to radio or television programs
- c. develop new hobbies and reawaken old ones
- d. help find outlets for his handicrafts
- e. read to him
- f. write letters
- g. play games with him
- h. do his shopping (with permission from the nurse)
- i. take him for a ride or to visit some old friend
- j. help down the hall with wheelchair or walker
- k. bring a project from the community or church with which he can help
- l. find something which gives special recognition in which he can be complimented

A short visit radiating hope and goodwill for a lonely resident can make life worthwhile from one visit to the next. Success in implementing

an activity program in a convalescent center depends on the commitment of many community groups aroused by conviction and education to action. It takes an enthusiastic crew of hard workers who pursue a well-planned, carefully developed strategy to create and maintain a quality program that our senior citizens deserve.



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