CHAPTER 3

SENIOR DAY CARE CENTERS

INTRODUCTION

The purpose of this chapter is to provide the reader with an understanding of senior day care services. More specifically, this chapter focuses on the role of recreational services in senior day care. Topics covered include history and background of senior day care, goals and objectives of senior day care programs, a rationale for recreation as a component of senior day care services, research in senior day care, population served, description of the setting for day care programs, considerations in provision of services, and funding sources.

LEARNING OBJECTIVES

After completing this chapter, the reader will be able to

• cite statistics on the growth of senior day care centers in the U.S.,
• identify the appropriate target population for senior day care centers,
• identify the appropriate recreational programs to be offered at senior day care centers,
• identify program goals for senior day care centers,
• describe the senior day care facility (setting),
• identify considerations in planning and leading recreational activities in senior day care centers, and
• contrast recreational programs in senior day care centers with those in senior centers.

HISTORY AND BACKGROUND

Senior day care is fairly new in the U.S., although it is a well-established program in many European countries. Padula (1983) traces the beginning of senior day care programs to the establishment of the first psychiatric day
hospital for the emotionally disturbed in 1942. England initiated day hospitals for physically impaired adults; by 1969 there were 90 geriatric day hospitals in Great Britain (Matlack, 1975).

On the other hand, senior day care services did not really become widespread in the United States until the 1970s. According to Whirrett (2002), there were nearly 300 adult day care programs in the U.S. in 1978, by the 1980s, there were 2,100 centers in operation; and by 2002, there were nearly 4,000 centers nationwide. Schmitt, Sands, Weiss, Dowling, and Covinsky (2010) reported that these centers serve more than 150,000 people. However, according to Rogers (1999), approximately 10,000 centers are needed to meet the needs of the expanding older population. According to the Administration on Aging (2003), a national study indicates that 56% of U.S. counties did not have enough adult day care centers to meet the needs of its older population.

A distinction needs to be made between geriatric day hospitals and senior day care. According to Matlack (1975), geriatric day hospitals are hospital-based, health-related programs that serve ill and impaired older persons. Emphasis is placed on remedial services such as physical therapy, occupational therapy, and psychotherapy, although social and recreational activity are components of such programs. Some of the purposes of geriatric day hospitals are to help maintain frail elderly persons in the community, to discharge patients into the community earlier than would otherwise be possible, and to reduce recidivism of clients discharged into the community.

In a different light, Padula (1983) defines senior day care as a primarily social program for frail elders and older adults with disabilities. According to Matlack (1975), senior day care programs place more emphasis on providing physical and mental stimulation for patients and respite for their families, whereas geriatric day hospitals focus more on remedial services. Many senior day care centers offer occupational therapy, physical therapy, therapeutic recreation, transportation, meals, educational programs, crafts, and counseling (Gelfand, 1984).

According to the National Institute on Adult Day Care (1991), adult day care is a community-based program designed to help elders with functional impairments, through an individualized care plan. It provides health, social, and related support services in a protective setting during any part of a day, but does not provide 24-hour care. It is a structured and comprehensive program.

Senior day care is the primary concern of this chapter; its goals and objectives are described in detail in the following section.

GOALS AND OBJECTIVES OF DAY CARE

Senior day care promotes the social, psychological, emotional, and physical well-being of frail elders and older adults with disabilities. A goal of senior day care is to restore and/or maintain individuals at their optimal functioning level. Activity programs afford participants the opportunity to become motivated
to increase their competence in the skills of daily living (e.g., grooming and eating). Senior day care assists individuals in dealing with the environment.

Another important objective of senior day care is to provide respite for families. Day care affords families the opportunity to continue in their day-to-day lives, yet feel comfort in knowing that their elderly family member is spending the day in a caring environment.

In addition, day care attempts to increase physical independence. Through a program of exercise and physically active activities, program attendees are able to strengthen or relearn skills and gain confidence in their own mobility.

An additional objective of day care is to maintain elders at risk of institutionalization in the community. Senior day care serves as an alternative to nursing home care and without day care services many elders would have no choice but to enter a nursing home.

Social interaction is another goal of senior day care services. Programming attempts to foster socialization among the participants through a variety of activities. Many older adults enter the program due to social isolation.

Day care programs also offer diversion for older adults. Activities attempt to alleviate boredom and help participants make better use of leisure time.

**RECREATION IN SENIOR DAY CARE: A RATIONALE**

Based on the aforementioned goals and objectives of senior day care programs, it is apparent that recreation services should be a major component of such programs. In particular, some of the goals of therapeutic recreation that coincide with those of senior day care programs are provision of enjoyable leisure activities, promotion of individual growth on a continuum of dependence-independence, provision of opportunities for social contact and formation of friendships, and maintenance and/or improvement of physical and/or mental capabilities. The provision of social contact opportunities is especially important since many senior day care participants live alone.

Indeed, recreation activity in senior day care programs plays a major role in facilitating the happiness and well-being of its participants. As described later in the chapter, participants of senior day care centers are retired and usually do not have major household responsibilities; senior day care attempts to help older persons with disabilities make beneficial use of their vast amount of leisure. The research studies cited in the next section further illustrate the value of recreation programs in senior day care centers and the value of senior day care centers in general.

**RESEARCH IN SENIOR DAY CARE**

Schmitt et al. (2010) conducted research documenting the positive effects of senior day care attendance on physical and emotional well-being. In this study, the physical and emotional well-being of older adults who had begun attending
Senior Day Care Centers

a senior day care center a year ago improved, while the physical and emotional well-being of the control group who did not attend declined.

Several older articles also support the notion that senior day care services are beneficial for older adults (Gustafson, 1974; Kistin & Morris, 1972; Koff, 1974; Kostich, 1972; Kostick, 1974; Lurie & Kalish, 1976; Rathbone-McCuan & Levenson, 1975; Smyer, 1980; Turbow, 1975; Wan, Weissart, & Livieratos, 1980). Many of these articles describe successful senior day care programs and explain the benefits of day care services for impaired older persons. Turbow’s (1975) study on the effects of senior day care services on 45 older adults over a six-month period indicated that program attendees experienced reduced anxiety, improvement of interpersonal relationships, and maintenance of independent living.

The study by Wan, Weissart, and Livieratos (1980) is of particular interest because of the large sample size and sophisticated research methodology used. The researchers examined the physical, psychological, and social functioning of over 1,000 older persons receiving day care and/or homemaker services (experimental group) and of a control group of over 1,000 older adults. Subjects in this study were randomly assigned to control and experimental groups, thus establishing initial equivalency of the two groups.

The results of this study indicated that persons receiving day care and homemaker services were significantly better off in terms of physical, psychological, and social functioning than the control group. This study provides scientific evidence that day care services can help make significant improvements in the lives of elders. Naturally, it is not always feasible to study problems in a controlled, experimental fashion similar to the Wan et al. (1980) study (comparison groups, random assignment of subjects to control and experimental groups, and control of variables). However, similar types of research efforts on the effects of different kinds of recreation services in senior day care settings will yield further insight on how to improve recreation opportunities for senior day care participants as well as provide information that can help justify the existence of recreation programs in senior day care settings.

TARGET POPULATION

Senior day care centers serve adults with disabilities, aged 60 and older. Most day care participants are at risk of institutionalization and day care plays a major role in allowing these individuals to remain in the community. Participants with a broad range of disabilities are represented in the day care population. All of the persons enrolled in a senior day care program are in some way mentally and/or physically impaired. Mental impairments include depression, dementia, and emotional disturbances. Physical impairments include stroke disabilities, vision impairment, arthritis, Parkinson’s disease, amputees, developmental disabilities, heart disease, and pulmonary disease. The severity of the disability differs with each person, but all are given individualized and meaningful activity to assist in adjusting to disabling conditions.
Senior day care centers serve people of a wide age range; participant ages usually range from 60 to over 100, and the age range can be even greater. Many centers are called adult day care centers, not senior day care centers, and are actually open to adults with disabilities of all ages. Some centers, although most of the attendees are 80 or older, might have several attendees in their 50s or even younger. Thus, it is possible for three generations or more to exist at an adult day care center. This is a major consideration in programming in that people of different age groups may have different activity interests.

According to the National Institute on Adult Day Care (1991), the average age of adult day care center attendees is 76, and two-thirds of all participants are women. Many are widowed. A common complaint for many of the elders is the feeling of loneliness. Some of the participants live with a family member (children or other relative), some live either alone or with a spouse, while others live in personal care or foster homes. Family tension often exists for those seniors living with families. The causes of family tension are usually twofold: threat of loss of independence on the part of the elder and resentment on the part of the caretaker because of the added responsibilities in caring for an older family member.

Some other characteristics generally apply to day care attendees:

1. They are not engaged in gainful employment or in child rearing responsibilities and thus have a good deal of leisure.
2. They have limited means of transportation resulting in isolation from most community resources. For many persons, the day care center provides the only social contacts in their lives.
3. Many people initially feel threatened by the concept of day care. For the majority, it is their first exposure to such a facility and the idea of a leisure oriented program is unfamiliar. Many are committed to the work ethic and view any recreational programs as a waste of time. Also, some elders feel threatened by exposure to other older adults with disabilities and many deny any identification with this group.

Although most day care participants reside in the community, most are not eligible to attend a senior center because senior center participation would require a higher functioning level than they possess. Day care offers a structured program of activities, while senior centers offer a more elective program of activities. Day care participants would not be capable of attending a senior center on their own initiative.

A difficult issue to address is when a senior center attendee’s physical and/or mental functioning deteriorates to the point where he or she is no longer appropriate for senior center participation and is referred to a senior day care center. Imagine the emotional trauma of being told that you can no longer go to a place where you have friends, enjoy activities, and have been attending for
many years! Then, imagine going for the first time to a senior day care center, not knowing anyone there, and seeing that most of the program participants have obvious physical and/or mental disabilities!

One trend in the delivery of services that can help with this adjustment is the housing of senior center and senior day care center programs in the same building or adjoining buildings. This arrangement would enable the older adult being “demoted” to senior day care to continue attending some of the activities at the senior center during the transition period. Also, if the older adult has a spouse or close friend at the senior center, that person could join the older adult in transition for lunch and other activities. If the senior center and senior day care center are not in the same or adjoining buildings, then a way to ease the transition can be to have the older adult continue attending the senior center while they begin attending the senior day care center two or three days a week. Eventually, the senior center can be phased out and attendance at the senior day care center can be increased.

Although some program participants actually improve their physical and/or mental functioning as a result of the services provided to them, the reality is that many older adults experience decline. Not only do senior center attendees sometimes have to be “demoted” to senior day care, but sometimes senior day care attendees also reach a level of functioning where they are told that they can no longer attend the center because of the burden they are placing on staff. For example, there are not enough staff at senior day care centers to be able to deal with elders who are incontinent. It is especially difficult for staff to inform someone who enjoys attending the center that they can no longer come to the center. In some cases, a lower functioning older adult can continue participating in a senior day care center with the help of a spouse or a personal assistant, so that center staff are not overly burdened with caring for that person.

Another source of participants are nursing home residents. Some institutionalized persons may attend day care in preparation for reentry to the community. Other nursing home residents attend day care as an off premises activity several days per week, but continue to reside in the nursing home. As with populations found in other activity settings for elders, the main characteristic of the participant population in day care centers is great diversity in terms of needs, interests, and abilities.

**THE SETTING**

One important characteristic of senior day care centers is that they must be accessible to persons with disabilities. There should be as few steps as possible. A chair lift should be present at staircases because many of the participants are unable to negotiate steps. Restrooms should be nearby and also be accessible for persons with disabilities. The restrooms should have grab bars, high toilet seats, and be large enough for wheelchairs. Doors should be easy to open, not pressurized. There should be ramps and railings at all stairways. Another safety
hazard to be avoided is scatter rugs. There should be curtains at the windows in order to minimize glare. Centers should provide good lighting, good ventilation, and proper temperature maintenance. (Older persons usually prefer warm room temperatures.) Low lounge chairs or sofas should be avoided as this type of furniture may be difficult for elders to get in and out of. All centers should have fire and health regulations. There should always be at least two exits. Telephones should be readily available. Another desirable feature is a canopy at the entrance in the event of inclement weather.

The interior of the center usually reflects four major themes: comfort and enjoyment, maximal mobility, facilitation of social interaction, and orientation to time and place. Comfortable chairs (all chairs should have arms), music, and aesthetically pleasing decoration help to maximize the comfort and enjoyment of the participant. Arrangement of furniture and equipment is usually such that the participant can move about freely and safely with minimal chance of accident. A large clock and posters and signs in large print should be present to help orient the participant to time and place. The daily schedule and a calendar should be within easy view for all to see. A bulletin board where participant art work can be displayed and/or announcements can be posted is highly recommended for the benefit of the more confused participants. The reality orientation board can be made out of a large piece of tag board. In large print it lists the date, weather, upcoming holidays, and the name of the facility.

The arrangement and complexity of the facility varies greatly from center to center. Most centers have a dining room where lunch and snacks are served daily. It is desirable to have a “quiet” room for rest and/or solitude. There is also usually a separate office area for staff. In addition, it is advantageous to utilize more than one partitioned or separate activity room so that more than one activity may occur simultaneously without interference. Some centers have separate rooms for crafts, exercise, games, discussions, media center (books, magazines, talking books for the blind, etc.), and sitting rooms (for small group discussions and impromptu conversations), while some centers simply have one large room where all activities take place. In addition, an area for smoking should be provided. Storage areas and an area for participant personal belongings are also desirable.

CONSIDERATIONS IN THE PROVISION OF SERVICES

Leading Activities

In this section, leadership skills that are different from those needed by workers in other settings for recreation for older adults are highlighted.

Safety and health considerations must be taken into account when leading activities at a senior day care center. Because many of the attendees are taking some kind of medication, the activity leader must be aware of the effects of drug use on program involvement and interaction (for example, if a person is
administered a medication that causes a side effect of drowsiness, allow that person to engage in a passive activity or provide an opportunity to just sit and rest).

Not all senior day care centers have medical staff. Therefore, it is desirable that the activity leader be able to respond effectively to medical emergencies (e.g., administer aid to a person who is choking). It is advantageous to have training in both first aid and cardiopulmonary resuscitation.

In senior day care centers, the staff may find themselves assuming various roles while carrying out different responsibilities. The participant may see the staff in varying positions, changing with each activity. It is not uncommon for participants to view staff as teachers, counselors, nurses or doctors, secretaries, or personal confidants. Although the roles may shift, the relationship between staff and participant should always remain professional. Participants’ responses to activity leaders may be influenced by their perceptions of the leader’s role at that moment.

In general, the leader of recreational activities in a senior day care center needs to be more autocratic in leadership style than a recreation leader working with higher functioning populations. For example, in senior centers, the participants are more capable of being involved in program planning. On the other hand, the staff at senior day care centers are responsible for more of the planning. The participants enrolled in a day care center tend to be not as mentally competent as attendees of senior centers and clubs. Thus, day care personnel should be more autocratic in both leading and planning activities. However, senior day care staff should attempt to solicit input from program participants regardless of what level it is.

Senior centers and day care differ in another aspect of leadership. There is a greater staff to participant ratio in day care, thus affording more individualized programming. Also, participant evaluation is more of an objective in day care than senior centers; consequently, there is a greater extent of individualized goal setting.

In a related vein, the format of activities may differ in a senior center as opposed to in a day care center. Because of the large population with disabilities that exists at a day care center, leadership techniques will vary accordingly. Modification of activities is an important component in day care. Activities must be adjusted to suit each individual’s abilities. For example, activities should be slow paced, simple in complexity, and contain few steps. In contrast, there would be less structure and modification of activities needed to accommodate the more healthy and vital population attending senior centers.

Senior day care centers also differ from nursing homes with regard to leadership style. Most day care centers operate five days per week, and within this framework, each participant has his or her own individual attendance schedule. Some attend two days per week, while others attend four days per week. This is unlike nursing homes, which operate seven days per week. This has several implications for program planning: (a) senior day care cannot take advantage of
community resources that are only available evenings and weekends, whereas
nursing homes can; (b) not all participants are present on any specified day of
the week to attend a particular activity. Thus, a program planning consideration
is to afford participants scheduled for all days of the week the opportunity to
participate in special events. For example, Tuesday participants might become
disturbed if all field trips were scheduled for Wednesdays. This would not be a
concern for nursing homes, but it would be for day care programs.

Senior day care center attendees tend to be less independent than
those attending senior centers. One objective of senior day care is to foster
independence, and to attain this, activities tend to be more therapeutic in nature.
On the other hand, senior centers incorporate more purely diversionary activities
rather than therapeutic recreation activities.

Field trips may entail more planning, coordination, and supervision for
senior day care centers than senior centers. Because of the frailer population
that attends senior day care centers, more special provisions for field trips are
needed than would be required for a senior center population.

Exercise 3.1 summarizes the major differences between senior centers
and senior day care centers with regard to planning and leading recreational
activities. Looking at Exercise 3.1, what are the main differences in planning
and leading recreational activities at the two facilities? An alternative way to
complete this exercise is to actually observe the same activity being conducted
at a nearby senior center and at a senior day care center, and then write in
the two columns your observations on the similarities and differences in the
activity at the two facilities.

Attracting Participants

Several techniques are involved in the process of attracting participants. One
publicity technique is to issue brochures in the mail and in person to the general
public. Eligibility criteria and vital information about the program should be
included in these brochures. Also, an article should appear in each issue of the
local senior citizen’s newspaper (if one exists). Special events can be publicized
through the mass media (television, radio, newspaper). In addition, municipal,
county, state, and voluntary social service agencies (including senior centers)
should be well informed of the program so they can refer potential applicants to
the program. Naturally, each participant has the potential to attract other seniors
by word of mouth.

Community involvement in various activities can be an effective tool in
letting people know about the program. As an example, bazaars and potluck
dinners keep the community aware of the program and help senior day care
centers to keep in touch with potential enrollees. It is also helpful to display a
large sign outside of the facility so that the community is aware of its existence.

Referrals should be kept up to date. Any applicant who has not yet committed
to the program should be contacted periodically. Letters and/or phone calls
should be made to these applicants to determine their eligibility.
Exercise 3.1

Planning and Leading Recreational Activities at Senior Centers Versus Senior Day Care Centers

Instructions:
1. Select a recreational activity that could be led at a senior center or senior day care center. Some examples would be an exercise class, musical activity, or arts and crafts.
2. For each aspect of planning and leading recreational activities, compare how you would approach the activity differently at each facility.
3. As an example, presented below are some ideas regarding differences in planning and leading a dance activity at the two facilities.

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<th>Senior Center</th>
<th>Senior Day Care Center</th>
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<td>Example: Dance Activity</td>
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<td>Form a dance committee among the center attendees. Have them plan the dance and present their plans to the staff.</td>
<td>Solicit input from attendees regarding favorite music for dancing. Have the staff plan an adapted dance activity.</td>
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<td>Have a large space available as a dance floor, with chairs off to the side for people to rest.</td>
<td>Arrange chairs in a circle or semicircle for an adapted (seated) dance session.</td>
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<td>Arrange for live or recorded music to be playing for the dancers continuously, one song after the next.</td>
<td>Teach an adapted dance without the music, then perform it several times with the music. The extent of repetition/number of new dances presented depends on the functioning level of the participants.</td>
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<td>Allow two hours or more for this event.</td>
<td>Session length should be about 45 minutes.</td>
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Now, present your activity idea, showing how you would plan and lead the activity differently at each facility:
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Once a prospective participant is identified, a home visit should be made by a staff member to assess eligibility status. Information about the program is disseminated to the applicant at this time. Bringing photographs of activities that occur at the center to the home visit can give the applicant a better idea of what the program offers. Also, it may be beneficial for another participant to accompany the staff member on the home visit. The participant who has been enrolled in the program for a good length of time may be able to offer insight into the program and relate well to the potential enrollee’s apprehensions about joining the program.

**Transportation**

Another vital concern for day care centers is getting the participants to and from the center each day. For most older adults with disabilities, transportation is a serious problem; most are unable to provide their own transportation. In order to have high attendance, most senior day care centers will find it necessary to provide their own transportation. Money should be allocated in the budget to purchase and maintain a transportation vehicle. This vehicle must be designed for use by persons with disabilities.

The center should establish a transportation area within which they can transport people to and from the center. Anyone living within this radius (for example five miles) will have transportation provided. Those living outside the boundary will have to provide their own transportation (usually a family member or some other community resource). In addition, car pools should be encouraged. In this way, the bus routes can be held to a minimum and restricted to a reasonable time frame. (It would be inconvenient if the bus route was so long that people had to ride for excessive amounts of time.) It should be remembered that the upkeep of a vehicle can be quite costly; therefore, sufficient funds should be allocated for vehicle maintenance.

**Assessment**

A thorough assessment of needs, interests, and abilities should be conducted before a participant is involved in a program of activities. Needs, interests, and abilities may change once a person has been enrolled in the program for a period of time, in that old skills are relearned, new skills may be acquired, and interests may expand. During the initial home visit, a basic overview of the applicant is obtained. A mental status questionnaire is administered to the prospective participant and the physician is asked to complete a medical form that lists any physical limitations, medications, physical and psychological ailments, and any other comments or recommendations. An environmental assessment can also be completed during the home visit to better understand the person’s living environment.

The following are some questions that could be asked during a home visit:
1. What do you do?
2. What kinds of things are you interested in?
3. Who are your main social contacts? How often do you talk on the phone, and to whom?
4. What are your hobbies and interests?
5. Why would you like to come to the day care center?
6. What (if any) health problems do you have?
7. What (if any) medications do you take?
8. Do you have any health insurance coverage?
9. Who would we contact in case of an emergency?
10. What special considerations (medical, meals, or religious) should we know about?
11. Have you had any recent hospitalizations?
12. Are you involved with any other social service agency?
13. Are you able to take care of your own personal care needs (bathing, eating, grooming)? If the answer is no, who does these things for you?
14. Do you do the housekeeping, laundry, and meal preparation?
15. When is your birthday?
16. What is your total income?
17. What was your previous career?
18. What is your marital status?
19. Do you need transportation to the center?
20. Which days would you like to attend the center each week?

**Appropriate Activities**

Leitner and Merenbloom (1979) discuss a variety of recreational activities that are successfully implemented at senior day care centers, such as lectures, classes, expressive activities, drama, theater programs, concerts, games, parties and other social events, intergenerational activities, companion animals, computer games, bingo, therapeutic dance movement, music therapy, art therapy, and crafts. Exercise is, of course, an essential daily activity.

Because one-half of adult day care participants are cognitively impaired (National Institute on Adult Day Care, 1991), it is essential to incorporate into the center’s activity program special activities for elders who are disoriented to varying degrees. Field (1990) discusses the success of the life history activity with Alzheimer patients in adult day care settings. In the “Living History” activity, a particular time, place, or person is recreated through costume “dress up,” light historical research, and theater workshop style improvisation. Field (1990) states that an ideal time for these experiences are holidays. Noting that long-term memory is more intact in the early to mid stages of Alzheimer’s, the re-creation of holiday traditions from years past can be very successful and a self-esteem booster for participants with Alzheimer’s or for participants who suffer some degree of disorientation. The Living History activity can be a special event in itself or part of a larger celebration of a holiday or event.
Special Events

Special events are very important in that they give the seniors a special activity to look forward to and involve the efforts of many people (staff and participants) in planning the event. Special events usually generate a great deal of enthusiasm and involve the coordination of the entire staff. Outstanding events are usually talked about among members for weeks after. Participants frequently suggest engagements for future events as a result of involvement in a stimulating special event.

The following are some interesting examples of special events that senior day care attendees can enjoy:

• A picnic at a nearby park
• A trip to a local racetrack
• Trips to various cultural sites (museums, theater)
• Attending the circus
• Dining out is another favorite activity (allow the participants to choose the restaurant)

Stimulating activities that can take place at the center are listed below:

• Las Vegas Day
• Theme days (such as Mardi Gras or International Day)
• Musical performances
• Talent shows
• Parties
• Senior olympics
• Holiday celebrations

Family Contact

For a more effective program, it is important that staff maintain close contact with participants’ families. Phone calls should be made periodically to assess how the person is doing at home and discuss any problems the staff should be made aware of. Families should be encouraged to contact the center to ask questions or make suggestions. Families should be mailed copies of monthly schedules, announcements, and any other relevant information, and they should be invited to special events. Family dinners can be held periodically at the center (annually or biannually) so that family involvement can be maintained.

Another function of family contact is to involve family members in the assessment of participant programs. One way this can be achieved is through a family conference with family members and staff. Equally beneficial are support groups formed for families so that people with similar concerns can get together and discuss their older family members.
FUNDING

One of the biggest advantages of adult day care is its cost. The average cost of a day at a center is less than half the cost of nursing home care and much less than a visit from a home health nurse. Participant payments are usually based on a sliding fee scale according to income.

Funding for adult day care centers comes from many different sources. Direct payment by participants is but one source of funding. Public funding and donations by philanthropic organizations are other sources of funds. Religious organizations are a frequent source of support (both financially and in terms of providing space for facilities). According to Whirrett (2002), 80% of centers are nonprofit, 10% are for profit, and 10% receive public funding only. Although Medicare does not cover the costs of senior day care, there are Medicaid waiver programs that support alternatives to institutionalization such as senior day care. Research cited earlier in the chapter documenting the value of senior day care services lends support to increased funding for these programs.

SUMMARY

In summary, senior day care is a rapidly growing form of service that serves the social and recreational needs of noninstitutionalized older adults with disabilities. Senior day care is a critical service in enabling frail elders to maintain an independent, noninstitutional life style. Recreation is a vital component of senior day care services.

REFERENCES

Senior Day Care Centers


