



Identifying the need for more targeted intervention to support equitable access to therapeutic recreation in long-term care

Our research shows that receipt of therapeutic recreation (TR) in Canadian long-term care (LTC) homes is more correlated with LTC institutional characteristics than resident demographic or clinical profiles. This elevates concerns that many older adults who would benefit from this therapy might not have sufficient access. We use our findings to call for the development of standardized indicators of need for therapeutic recreation to support the equitable integration of this intervention across LTC settings.

“Therapeutic recreation is a non-pharmacological intervention that uses recreation, leisure, and play to promote quality of life and independence. Research regarding the use and impact of this intervention in long-term care is important to inform effective care planning and support equitable access to high-quality aging care across Canada.”



– Dr. Margaret Saari, Clinical Scientist, SE Research Centre

Project Overview

Therapeutic recreation services play an important part in person-centred aging care. Increased engagement with leisure and recreation services among older adults has been shown to support key indicators of psychosocial well-being and physical and mental health.^{1,2} Therapeutic recreation can also support choice and self-determination through direct participation of older adults in care planning.³

Various health authorities in Canada, and worldwide, have advanced initiatives to promote the participation of older adults in leisure and recreation activities. In some Canadian provinces this includes the mandated provision of recreation services, led by certified providers, within facility-based long-term care (LTC).

While increased attention is being paid to leisure and recreation services within LTC, provision of these services remains varied across LTC settings. Limited evidence exists regarding who is receiving therapeutic recreation and how much. Further, therapeutic recreation is currently not systematically considered and incorporated into aging care in the home and community sector.

A strong evidence base is essential to inform planning for effective and equitable incorporation of therapeutic recreation into the full continuum of LTC services across Canada. In this study, we aim to contribute to this body of evidence by examining key aspects related to delivery of therapeutic recreation in facility-based LTC such as who gets therapeutic recreation and how much do they get.

What have we done?

As part of our Models of Care Delivery research portfolio, the SE Research Centre has partnered with researchers at the University of Waterloo as well as therapeutic recreation practitioners to analyze routinely collected data from standardized long-term care assessments to examine the use and impact of therapeutic recreation in Canadian LTC homes. This work involves analysis of data collected by trained assessors as part of LTC facilities' daily operations to:

1. Identify how much therapeutic recreation is provided within facility-based LTC across Canada.
2. Identify whether institutional characteristics or resident demographic and clinical characteristics

are associated with receipt of therapeutic recreation.

What did we find?

Preliminary results show that no resident demographic characteristics or clinical indicators were associated with receipt of therapeutic recreation by LTC residents. The recorded amount of therapeutic recreation services provided varies significantly across the provinces, and to a lesser extent, between LTC facility settings. These findings raise important questions regarding how clinicians identify residents most suitable to receive this intervention and how therapeutic recreation is documented and reported in routine health assessments in Canadian LTC.

What are the implications?

Findings from this research raise new questions about current efforts to integrate recreation and leisure programming into LTC facilities. The absence of demographic and clinical differences between patients who received therapeutic recreation and those who did not, suggests that current programs may not be effectively targeting those most in need. This highlights the necessity for further research to identify specific patient groups that would benefit the most from targeted recreational interventions.

Moreover, these findings support concerns about potential inequities in access to therapeutic recreation services across LTC settings. Without a clear understanding of who is best served by these programs, there's a risk that certain populations may be systematically underserved. Addressing these disparities will be important to ensure that therapeutic recreation is used effectively to improve the well-being of older adults accessing aging care across LTC facility and home and community care settings.

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References

