

# Identifying the Need for Companion Animal Support for the Home And Community Care Target Population

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## **Dedication:**

To Mrs D and little Cricket who was discarded with the garden prunings when Mrs D passed away. They helped turn an idea into action.

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# 1. INTRODUCTION

## 1.1 Background to the study

This report presents the findings of two surveys which were completed by service providers and people within the Home and Community Care (HACC) target population, namely frail older people and people with disabilities living at home and their carers, to research the need for companion animal support services in this sector. The survey was distributed across Victoria during 2005 to early 2007 by Lynn Fitzpatrick of *Real Animals Pets and People*. During 2007 the *National Ageing Research Institute* (NARI) was engaged to assist with processing, analysis and reporting on the data.

The research was driven by the high number of “out of area” requests for assistance for pets coming through established HACC funded companion animal support programs such as Petlinks in Port Melbourne as well as anecdotal evidence from service providers such as community health centres, allied health services, vets and carers, indicating a lack of options for clients in need of low cost or free companion animal support services. It was clear that need was substantial but was not being met.

Examples include the following:

1. A vision-impaired man living in the western suburbs of Melbourne with his wife (who did not drive) and two cats (with whom he spent most of his day) had to use an inner-city animal hospital and public transport for his cats due his low income. To get there and back, he had to catch a bus, train and tram, carrying two nervous cats in bulky containers as well as controlling his cane. The return trip took almost the whole day. None of the disability or volunteer services, welfare and charity organisations, service clubs or churches in his area were able to find a volunteer driver (Petlinks, 2003).
2. An older woman living alone in an outer suburban area who, due to chronic back pain, could no longer wash, groom or transport her two large dogs, nor afford the cost of private services. Eventually her HACC home care worker complained about the amount of dog fur on the furnishings and floor coverings (Petlinks, 2003). Again, there were no community-based services in her area able to assist.
3. Perhaps the most disturbing report was about an elderly widower living alone who, already grieving over the loss of his wife, made what must have been a heart rending decision to euthanize his two beloved dogs because he felt they were being neglected due to his inability to walk them. This decision was also based on his fear for their welfare if he were to die suddenly (Royal District Nursing Service, 2004).

A similar service need was behind the establishment of Pets of Older Persons (POOPS) - a program response to a regional need for a low-cost companion animal support service for older people and people with disabilities established by the Aged Care Assessment Team (ACAT) at St Josephs Hospital in Auburn, N.S.W., in partnership with the RSPCA N.S.W. in 2003.

POOPS was established in specific recognition of the facts that firstly, older people and people with disabilities often refuse to go to hospital or respite (or permanent care) because there is no one to care for their companion animal in their absence and the cost of private services is prohibitive (Gazzard, 2005). In fact, clients declining hospital and respite due to concern about companion animals showed up in this research as one of the most typical and consistent problems reported. This might lead to the criticism that companion animals are actually a detriment to the health of clients but, as many of the service providers involved in this research pointed out, it is the lack of accessible support options that is the real problem.

Secondly, there is a positive outcome to be had in supporting and enabling the relationship between clients and their companion animals. Volunteer services offered by POOPS include dog walking, short-term foster care, grooming and transporting and free or low cost vet care and re-homing of pets left behind. POOPS makes 1,600 home visits to older and disabled people with pets per annum to promote the service. Increasing demand is certainly one reason POOPS has expanded every year since its beginning but commitment, planning and support also contribute (Gazzard, 2005).

There is no reason to believe that older people and people with disabilities across Victoria are any different to those serviced by POOPS. However, there has been little equivalent response from core aged and disability services.

In fact, the few established HACC funded companion animal support programs (discussed later) are all coordinated on a part-time basis with a reduction, in real terms, of hours in one program and with no increase in hours in any program for at least the last HACC funding triennium (2003 – 2006). HACC, which was established in 1985, has not funded an independent companion animal support program since 1999.

Nevertheless, during the 2007 HACC consultation into Social Support and Respite, more than a dozen written submissions were received from service providers advocating that companion animal support programs be included in the consequent HACC Review of Social Support & Respite to be carried out in 2008. The issue was also raised by service providers as a service gap at all the regional forums that took place as part of the consultation (Louise McGuire, DHS, March 2007).

Generally, this research project found that recognition of the need for additional services to support companion animals is evident among service providers but is not reflected in terms of policy or funding by the core aged and disability agencies in the sector. The authors of a 1995 report identifying models for pet support noted:

*"The evidence of the benefits and the improved quality of life of aged people and those with disabilities who own companion animals seems utterly conclusive. It is somewhat surprising, therefore, that very little research, action or policy making has been directed towards the issue of enabling... HACC client groups to care for their pets..."* (Grant & Miller, 1995).

Indeed, the "evidence" was acknowledged in the medical sector as far back as 1944 with the article entitled *"The Mental Hygiene of Owning a Dog"* (Bossard, 1944) and has become a

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respected subject of research and scholarship investigated by academic organisations such as the Anthrozoology Research Group (ARG) at Monash University in Melbourne, the Centre for Companion Animal Health at the University of Queensland and the School of Social and Cultural Studies Animals and Society Study Group at the University of Western Australia, among others.

Additionally, not for profit community based organisations such as Animal Assisted Therapy Australia Inc., Companion Animals Services, Age Concern (Albury-Wodonga) and services like Velma's Pets for Therapy (which originated as a small neighbourhood concern and has now grown to offering internationally-accredited training courses) deliver a range of human - animal centred support and therapy programs, and are among a steadily growing number of service organisations applying the positives identified in the research.

In the USA, the western country with the highest rate of pets per household, animal welfare organisations such the Humane Society of America and the Animal Rescue League have made mutually beneficial partnerships with aged care organisations which match older dogs and cats (at greater risk of being euthanized) to older, isolated people with great success (The Pets for the Elderly Foundation, 2004).

## **1.2 Definition of terms**

The term "HACC" refers to the national Home and Community Care Program, established in 1985, which is funded jointly by the Australian Commonwealth, State and Territory governments. Services are targeted to frail older people and people with disabilities and their carers living at home whose capacity for independent living is at risk. HACC provides basic support and maintenance services such as delivered meals, home cleaning and personal care. The "HACC target population, group," etc., refers to older people and people with disabilities eligible for assistance from HACC and other agencies in "the sector" which refers to the government funded aged and disability sector.

The term "Service Provider" refers to individuals, organisations and agencies that provide support services to the aged and disabled living in the community.

The terms "Service User" and "clients" refers to the individuals who use or are eligible to use aged and disability services.

While this research shows that some service providers assist their clients with companion animal support in a reactive or *ad hoc* way, or as a one-off service, it should be noted that what is referred to as "companion animal" or "pet support" throughout this report means a specific, separate, free or low cost, (typically) volunteer service providing a range of support options such as: dog walking, short term foster care, grooming, shopping, feeding, re-homing and transporting on an accessible and perpetual basis.

The terms "companion animals" and "pets" are interchangeable in this report except in specific instances indicated in the text. The terms refer mainly to dogs and cats, but not exclusively.

The terms "elderly", "elder/s" and "older" refer to people aged over 60 years old.



### **1.3 Influence of companion animals on wellbeing**

There is an enormous range and volume of literature on the subject of human-animal relationships and the positive influence of companion animals on the emotional, mental, physical and social health and well being of most who share their lives with a pet:

*"Current community health concerns in developing countries include physical inactivity, obesity and mental health... Research ... suggests that pets have the potential to play an important role in addressing these concerns"* (Deakin University, 2007).

Frail older people and people with disabilities may be especially benefited from having a companion animal. This group may face unique problems associated with low incomes, loss of the stimulus of work, difficulty in finding new interests and new friends, and loneliness arising from reduced mobility and bereavement. The permanent loneliness of the widow or widower is a very serious contemporary issue which will become more prevalent with the ageing of the population (Grant & Miller, 1995).

Increasingly, older people live on their own (between 30% to 40% in most western countries, compared with about 10% in the mid-twentieth century) and regard living with their children or in institutional care as inferior outcomes to continuing to live in their own home (Access Economics, 2005). While older people value their independence, living alone can also bring social isolation, which is a risk factor in mental and physical decline. In fact, loneliness is as serious a health risk as cancer or heart disease for isolated elders. As an NBC television report put it: "Love is the most important health tonic we have and pets are one of nature's best sources of it" (NBC News, 2005).

Consequently, it is older and disabled people, and especially those living alone, who may have the most to gain from living with a companion animal.

Research consistently shows that older people with companion animals suffer less depression and loneliness and find comfort in times of loss and grief; they also have a renewed sense of importance through being needed by a loving dependent (Steed & Smith, 2002; Fritz & Farver, 1995; Grant & Miller, 1995) (See also comments in Appendix 5). According to an American survey concerning elderly people living at home with pets (New, Wilson & Netting, 1986):

- Ninety-five percent talk to their pets;
- Eighty-two percent said their pet helps when they feel sad;
- Seventy-one percent said their pet helped when they felt physically bad; and
- Sixty-five percent said touching their pet made them feel better.

A positive relationship with a companion animal has been shown to greatly increase quality of life for the elderly, and to delay the ageing process through increased physical exercise, socialization and mental functioning (Australian Companion Animal Council, 2006). Moreover, at the *People Pets and Planning Symposium* in 2007 at Deakin University, Victoria, companion animals were identified as important creators of social capital which, while intangible, is an essential community building element described as "the social glue or fabric of our communities" and which

“contributes to the building of trust and networks” having quality of life benefits for not only individuals but for neighbourhoods and communities (Wood, Giles-Corti & Bulsara, 2005).

Wood and colleagues (2005), found that:

- Pet owners were more likely to be actively engaged in community activities;
- Fifty percent of dog owners got to know others because of their dog;
- Seventy percent of pet owners rarely or never felt lonely (compared to 58% of non pet owners);
- Seventy-four percent of pet owners rarely or never found it hard to meet others (compared to 62.6% of non pet owners); and
- Pet owners were 57% more likely to be civically engaged than non pet owners.

Amongst other positive attributes, companion animals are associated with the fostering of social contact and interaction, friendship, trust and reciprocity (Wood, Giles-Corti & Bulsara, 2005). People with disabilities experience similar benefits from companion animals. In addition to their role in assistance and therapy, dogs, in particular, also serve as “mates” to the disabled. “There is never a dull moment with these two”, commented Para-Olympian Louise Sauvage about her two terriers (Morgan, 2006, p.66).

Summing up, as veterinarian, Dr. Jill Madison put it: *“If there was a drug on the market with the same beneficial effects as pet ownership, it would literally walk off the shelves and be hailed as a miracle of modern medicine”* (Hare, 1997).

In addition to the positive influence that pets have on quality of life and health, benefits also translate to significant dollar savings to the whole community. The Australian Companion Animal Council (2006) estimates savings of almost \$4 billion per year to the federal health budget as a direct result of the superior health of people who have pets. The pet care market itself generates sales of \$4.62 billion per year in Australia (with Victoria responsible for \$1.14 billion of that) making the industry (and pets) a significant employer and contributor to the national economy.

No studies were found that estimated cost savings in relation to carer roles (e.g. in home respite, carer support, etc.) due to the beneficial presence of a companion animal. In other words, what cost saving is being made because a “carer” role is fulfilled by a pet? Dogs, in particular, provide a wide range of services including police, quarantine and customs work numbering about 83,000 nationally. One thousand, two hundred and ninety-four of this number provided services to the disabled (it should be noted that this is likely to be a very conservative figure as only one pet visiting program, from a possible 40 plus, was included (Australian Companion Animal Council, 2006)).

The International Social Science Survey Australia and the German Socio-Economic Panel Survey (Headey, Grabka & Kelley, 2002) speculated that the 7.3% decrease in pet ownership in Australia between 1996 and 2001 may have cost \$495 million in increased health expenditure. Further, that national health expenditure would rise by \$3.86 billion per annum if nobody had long periods of pet ownership.

Finally, companion animals are not only “good citizens” but an excellent and extremely cost effective health support to older people and people with disabilities.

### **1.4 The role of aged and disability services**

The relationship between people and their pets is a potent and meaningful one and becomes even more so to older people and people with disabilities. For some, this relationship may be the most important one in their life. Service providers often hear that the pets give a reason for living and for “getting up in the morning” and are valued and constant companions when social links such as old friends and family break down due to death and dispersion (Pet Companion Program, 2007). Comments made by HACC clients include:

*“Animals are worth all the cost and effort, mine are my life”; “I couldn’t live without an animal – I’d rather die” and “When my dog dies so will I.” (Grant & Miller, 1995) (See also comments in Appendix 5).*

Reflecting the importance of the relationship: over 90% of service users in this research project regarded their pets as part of the family; close to 100% of service providers agreed that bereavement due to the loss of a pet impacted their clients significantly or severely.

In the absence of community based pet support options or a family and friends network commercial services are the only option. However, low income prevents many retirees and pensioners from access to commercial pet services making it challenging to maintain a pet. Dogs and cats are the most popular pets but also require the highest maintenance in financial and physical terms.

For example, the maximum aged pension rate for a single person is \$269.00 per week (as at December 2007). Average costs for private pet services (as at December 2007):

Animal Taxis	\$55.00 (10-16 km. round trip)
Dog Walking (Regular client)	\$17.00 per half hour
Pet feeding (Walk, feed & water)	\$24.40 dog / \$19.25 cat
Cat boarding	\$16.00 per day
Dog Boarding	\$26.00 to \$28.00 per day
Dog grooming	\$55.00 per groom

Additional costs such as food, veterinary bills, council registration, micro-chipping, de sexing, parasite control, training and accessories (e.g. leads, collars, tags, bowls, bedding, carrying containers, etc.) also need to be covered. Assistance with vet costs to clients on the POOPS program has already been mentioned and donations of accessories, food, parasite treatments and bedding have been received by Petlinks (Port Melbourne) and possibly other programs relieving clients of these expenses.

It’s worth noting here that boredom, loneliness and over confinement (lack of exercise) and lack of opportunity to get out and socialise are among the reasons for a recent increase in the number of pets being surrendered or dumped at the RSPCA because they are “too difficult to manage”

(Thurgood, 2007). Companion animals, particularly the dogs of older and disabled people without mobility or assistance to provide exercise, have a high risk of suffering these conditions.

Given the important role that companion animals play in human health and wellbeing, the role of aged and disability services could play in providing for their maintenance needs to be considered.

One of the most unyielding misconceptions which hinders dedicated and recurrent funding for companion animal support in the context of human welfare is the notion that it falls into the category of animal welfare. However, the fact is that animals are only one part of the equation: the primary beneficiary of companion animal support is the human. To assist the person maintain a positive relationship with their pet is to assist the person maintain health, social connection and emotional, mental and spiritual wellbeing (See Appendices 1 & 5 for client and provider comments).

A study evaluating the comparative value to HACC target clients of Social Support programs (i.e. Planned Activity Groups, Respite, etc.) and companion animal support is needed to sort fact from myth on this subject. However, given the abundant social, health and quality of life research already mentioned, it is unlikely that the assumption justifying the low prioritisation of companion animal support would survive.

Certainly the existing companion animal support programs consider the pet in their duty of care, but not separately from the person: "The needs of the companion animal and owner are not mutually exclusive. Quality of life for both pet and owner is enhanced when the needs of both are met" (Grant & Miller, 1995). In one program, this extended to a proposal to the municipal Health Promotion Plan to establish "a companion animal adoption plan for those in the local community who are dying" or who have to relinquish their pet due to permanently leaving their home (South Port Day Links, 1996). This was one of the few policy statements found indicating practical recognition of the anguish older and disabled clients feel when forced to re-home their pets. The welfare of their pets, ie: re homing along with foster care were of considerable concern to the respondents in this research.

This is indicated by the fact that 78% of service providers in this research agreed that concerns by clients about their ability to look after a pet prevented many from getting one; and, 83% of service users worried about the fate of their pet if they were not able to care for them in accordance with personal standards:

"My experience is that when a client (considers getting a pet) the main concern is not how to care for the animal but, "Who will when I die?" "How will I know they will be cared for the way I care for it?" "Will they hurt them?" (Service Provider comment, See Appendix 5.)

Already at risk of hospitalization, residential respite or permanent care, clients are also burdened with anxiety and heartache about the fate of their pet while they are absent. Appropriate foster care options are critically important to clients during these absences – obviously minimising stress can only be of benefit. Becoming pet-free to avoid this may be just as stressful:

*"It is regrettable that sometimes older people relinquish their pet because they are unable to afford or arrange temporary care of their pet during single or recurrent episodes of*

*illness. Cessation of pet ownership under such circumstances is a significant loss... and can contribute to a decline in emotional social and physical well being and an associated decline in the ability to remain independent.” (Foley & Ward, 2007).*

POOPS is aware of the importance of appropriate foster care for the pets of their hospitalised clients and consequently prefers in-home placements rather than boarding kennels. Volunteers can also take the pet to visit the client.

Appropriately sensitive options for re homing pets when the person moves into permanent care or passes away are also of concern to clients. (See Appendix 1 for service provider comments). However, 57% of service providers in this research indicated they had not assisted or been called upon to assist in this role with 43% indicating either a direct or indirect role which included taking homeless pets to an animal shelter ( as would a proportion of families and friends). However, as demonstrated by the respondents in this research, pets are regarded as family, thus, leaving their pet at a shelter is highly unlikely to be the ideal re homing option of people in these circumstances. Most of the existing HACC funded companion animal support programs recognise this and in response have some sort of re homing policy generally relying on their networks rather than public shelters.

Despite both the importance and cost effectiveness of pet support for older people and people with disabilities, there are only five HACC funded pet support programs in Victoria. The three main programs, discussed further on, were established between 1996 and 1999. The five programs are:

1. Petlinks - South Port Day Links, City of Port Phillip
2. Companion Animal Volunteer Support (CAVS) - Balwyn Welfare Association, Balwyn
3. Pet Companion Program (PCP) - Knox Volunteers Inc., Bayswater
4. Pet Link - Macedon Ranges Shire Council, Kyneton
5. Petlinks - Moonee Valley City Council, Moonee Ponds

Because of their larger scope, only Petlinks (City of Port Phillip), Pet Companion Program (PCP) and CAVS will be discussed here (note: Pet Link and the two Petlinks programs are not connected).

Petlinks in the City of Port Phillip was the forerunner of HACC supported programs. It was established in 1996 after a HACC funded research project which aimed to identify a model for providing animal companionship support services in the community (Grant & Miller, 1995). The research report acknowledged the medical, social, emotional and security benefits of companion animals and confirmed that “Most HACC clients with pets value their companion animals very highly, but a large minority have difficulty “managing” their pets and providing them with services”. The report also noted the scarcity of organizations able to support this relationship and that “The ad-hoc nature of support provided indicates that there is no integrated or comprehensive support system for companion animals and their owners.”

However, despite a lack of services, recognition at the level of direct care and program co-ordination staff, at least, of the value of pets to their aged and disabled clients is more than evident with 66% of service providers in this research agreeing that the inclusion of a pet support program would be helpful to their clients.

Two of the key findings in 1995 study were:

1. *"It would be valuable to treat HACC clients with companion animals as one household unit."*
2. *"It was estimated that up to one third of all HACC consumers who have pets may be in need of services which will enable them and their companion animals to experience an improved quality of life". And, "In Port Phillip, with 1800 HACC clients, this represents 160 - 250 household units, while in Victoria the total may be 16,000 – 25,000."*

In regard to the second point (of which estimates were made over ten years ago and therefore must be considered on the conservative side), as at 2007, more than 240,000 Victorians had received a HACC service (*Consultation Paper, HACC Social Support & Respite Review, 2007*).

*The National People and Pets Survey* (Headey, 2006) states that 63% of Australian households have a pet. This means that approximately 151,000 HACC clients have a pet. One third of that number is 50,400 HACC clients with a pet who may be in need of pet support services. Even halving that number to a conservative 25,200 to accommodate the decline in ageing households having a pet still suggests there are many thousands in the HACC target group whose quality of life may be decreased because of an unmet need for pet support. If we were to include older and disabled clients who are either not HACC clients or who don't have a pet but would have one if they could access appropriate support this number would grow considerably.

Consultation with the coordinators of the five pet support programs indicated that most provide comprehensive services (i.e. dog walking, pet grooming and transporting, fostering, etc.), to a total of about 200 clients which is less than 1% of the 25,200 indicated above.

The Pet Companion Program in Bayswater is the only program with a dedicated coordinator – possibly explaining why it is the largest HACC funded pet support program in Victoria, with approximately 100 clients and 90 volunteers. The other programs sit beside other HACC services such as Planned Activity Groups, with one overarching coordinator responsible for delivery of all services. It should be noted, however, that some clients of the five programs receive only pet support and no other HACC service.

Consultation with program coordinators identified a number of commonalities:

- All programs were successful and being utilized by a range of agencies including local veterinarians, doctors, councils and allied health such as the Royal District Nursing Service and community health centres as well as receiving referrals from neighbours, friends and family.
- Maintaining and expanding awareness about programs was an ongoing challenge. Most coordinators felt that regular promotion of the programs would enable them to reach more clients and raise community awareness but there was not enough time available to do this. Most felt their programs hadn't reached their optimum potential.
- Services are delivered by volunteers and all programs had little or no difficulty attracting volunteers. One coordinator said, "I'm almost afraid of seeking more clients through the

local newspaper as we always get so many calls from people who want to become volunteers instead!”

- Services were free of charge.
- Volunteering was also a form of friendly visiting and monitoring the welfare of clients.

As already mentioned, HACC has not approved funding for any new companion animal support programs for almost a decade. In fact, no core funding agency in the sector has entered into companion animal support – the exception might be the Department for Victorian Communities which funds the Pet Pals program (Wesley Do Care) around volunteers and their pets visiting the isolated elderly and people with disabilities in their homes. However, Do Care (Eastern Region) confirms that funding of this program has more than halved in the past two years to the present 4 hours per week (Do Care, October, 2007).

Private sector corporations such as Masterfoods Australia which supports the Companion Animals Service at Age Concern in Albury, New South Wales, and Purina, an international corporation which is a partner to the Delta Society’s Pet Partners and private foundations such as the Wishbone Foundation (Victoria) which funds its volunteer service through retail sales are examples of non government organisations offering companion animal support services. There are probably a number of volunteer agencies which may informally assist older and disabled people with their pets as well as neighbourhood networks scattered throughout the community. However, any support program for the elderly and people with disabilities must be recurrently funded, permanent and sensitive to expanding need – pets being regarded as family members, this is not the kind of service which can be subject to the highs and lows of corporate funding priorities and philanthropic trends.

The indications of client and service provider interest presented in this research project along with the diversity in demographics between the five existing programs tend to answer any question about the feasibility of increasing the number of sector funded pet support programs. The existing programs amount to a very long running and successful pilot.

Petlinks in the City of Port Phillip, with a population of approximately 85,674, is a high-density, inner city municipality that is ethnically diverse and rapidly gentrifying. It also has a large proportion of public housing, industrial and entertainment precincts, and an 11kilometre foreshore to the south of the Melbourne Central Business District (Department for Victorian Communities, 2006).

CAVS is located in Boroondara which is located in the more affluent inner and middle, eastern suburbs, five kilometres east of the Central Business District. It is mainly residential, with a population of approximately 159,470 (Department for Victorian Communities, 2006).

PCP is located in Knox which is a large municipality situated in the outer eastern metropolitan area which includes suburbs such as Ferntree Gully and The Basin which were, until the rapid development in the last twenty years, semi-rural. Pet Companion Program serves, among others, the municipality of Yarra Ranges which is one of the Interface municipalities sitting between the metropolitan and rural areas characterized by substantial population growth but lack of services. It has a population of 152,508 (Department for Victorian Communities, 2006).

One thing these municipalities do have in common is the proportion of the population 65 plus years is approximately 12% and increasing (Department for Victorian Communities, 2006).

Victoria's population aged 70 plus is estimated to reach 900,000 by 2026. People suffering a moderate, severe or profound disability in Victoria number over 800,000 at present and will increase to almost 1,200,000 by 2026 (Department of Sustainability and Environment, 2004).

With an estimated 63% of the 7.5 million families in Australia having a pet - the second highest rate in the Western world after the USA (Australian Companion Animal Council, 2006) and an estimated 4 million Australians reaching retirement age over the next 15 years, it's likely that the already largely unmet, need for low-cost, community based pet support to frail older people and people with disabilities living in the community will only increase.

## **1.5 Aim**

There is ample evidence that pet ownership has a positive impact on health and wellbeing and may be beneficial in supporting frail older people and people with disabilities to remain living independently in the community and participating in the community through social and physical activity.

### **The aims of this study were:**

- *to identify the importance of companion animals to the HACC target population;*
- *to determine the need for, types and extent of support that is required to properly maintain and care for their companion animals;*
- *to determine what the response might be to community based companion animal support services;*
- *to determine anxieties experienced about the welfare of their pets in the HACC target population;*
- *to assess current provision of and type of companion animal support services through aged and disability care service providers;*
- *to investigate the recognition by service providers of the significance of companion animals to their clients;*
- *to determine the recognition by and experience of service providers of the positive impact on well being of companion animals to the target group; and*
- *to determine interest by service providers and the HACC target population in implementing companion animal support services.*



## 2. METHODOLOGY

Surveys were developed, distributed and collected by Lynn Fitzpatrick (*Real Animals Pets and People*) during 2005, 2006 and early 2007. Distribution of the surveys was assisted by HACC service providers; community based organisations such as hospitals and community health centres; allied health organisations; senior citizens centres; welfare organisations such as the Salvation Army, Brotherhood of St Laurence and St Vincent de Paul; the Royal District Nursing Service and Aged Care Assessment Services; veterinaries, animal welfare organisations and doctors surgeries; national and local publications such as *Woman's Day* magazine, the *Council on the Ageing (COTA) News* and *Vic Senior*, as well as the RSPCA website. A full list of service providers can be found at Appendix 2.

The National Ageing Research Institute (NARI) was approached in 2007 to assist with data entry, analysis and reporting.

There were two surveys:

- The Service User Survey was for service users, or people likely to be in the HACC target population, including frail older people, people with disabilities and their carers.
- The Service Provider Survey was targeted toward service providers who provided community care services (mainly HACC services).

The Service User Survey (SUS) aimed to explore pet ownership amongst the target population – It investigated whether the person owned a pet, concerns about looking after a pet, how highly valued was their pet, whether they felt a local, low cost pet support program was needed and whether they would use one if it existed. A copy of the Service User Survey can be found at Appendix 4.

The Service Provider Survey (SPS) distributed to agencies which provide support services to the target population explored issues around the proportion of clients who had companion animals; how many had requested assistance for their animals; client concerns about caring for a companion animal; the influence on quality of life and well being of companion animals; response to client bereavement resulting from loss of companion animals. Service providers were also asked to indicate their interest in providing pet support services. The Service Provider Survey can be found at Appendix 3.

### **2.1 Service user participant profile**

A total of 850 Service User Surveys were distributed. Six-hundred and one (601) actual and potential users of aged and disability care services participated in the Service User Survey. A demographic profile of the respondents is provided below (2.1.1).

### 2.1.1 Recruitment location

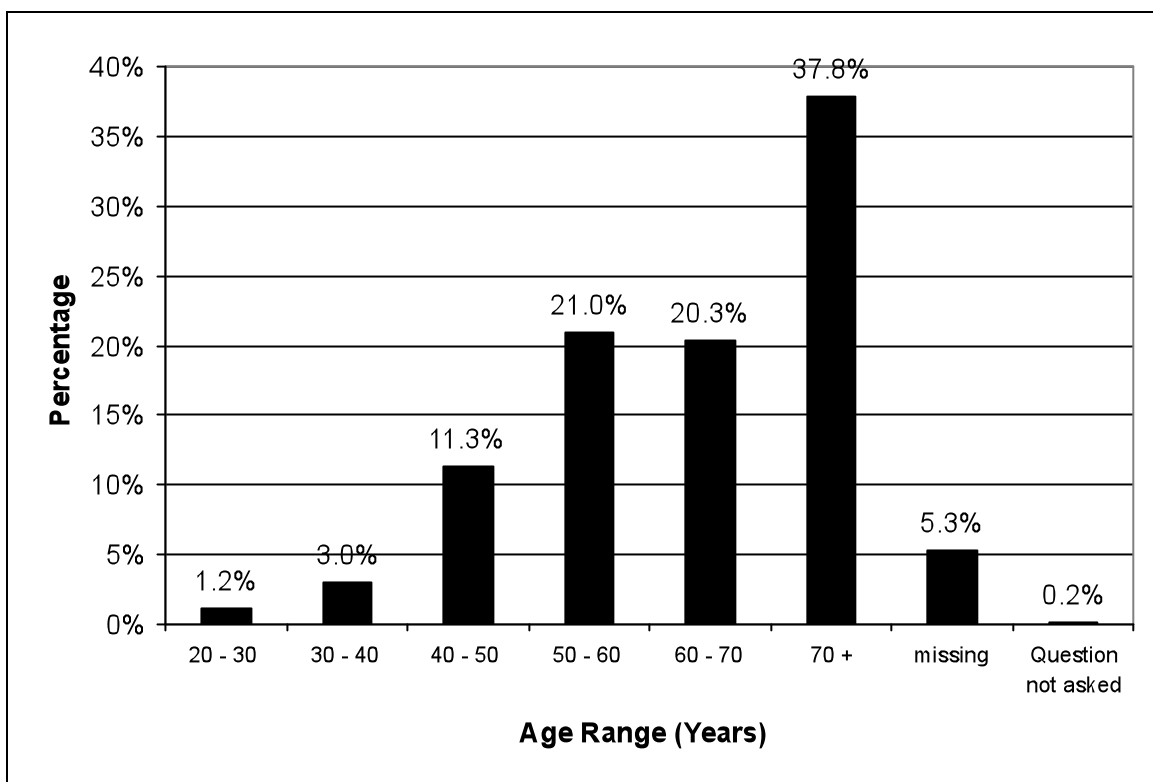
Reflecting the distribution of surveys, the respondents were recruited predominantly from Victoria with the majority residing in Melbourne:

- Melbourne Metro 66% (n = 397)
- Melbourne Surrounds 8% (n = 45)
- Regional Victoria 19% (n = 114)
- Other 3% (n = 18)
- Missing / not reported 4.5% (n = 27)

### 2.1.2 Age

All respondents were over the age of 20 years. More than half of the respondents recruited were over the age of 60 years (58%). Figure 1 provides the age profile of respondents.

**Figure 1: Age of respondents (n = 601)**



### 2.1.3 Disability by age

Two-hundred and eighteen (36%) respondents reported having a disability. The proportion of people reporting a disability was higher in those over 60 years of age (See Table 1).

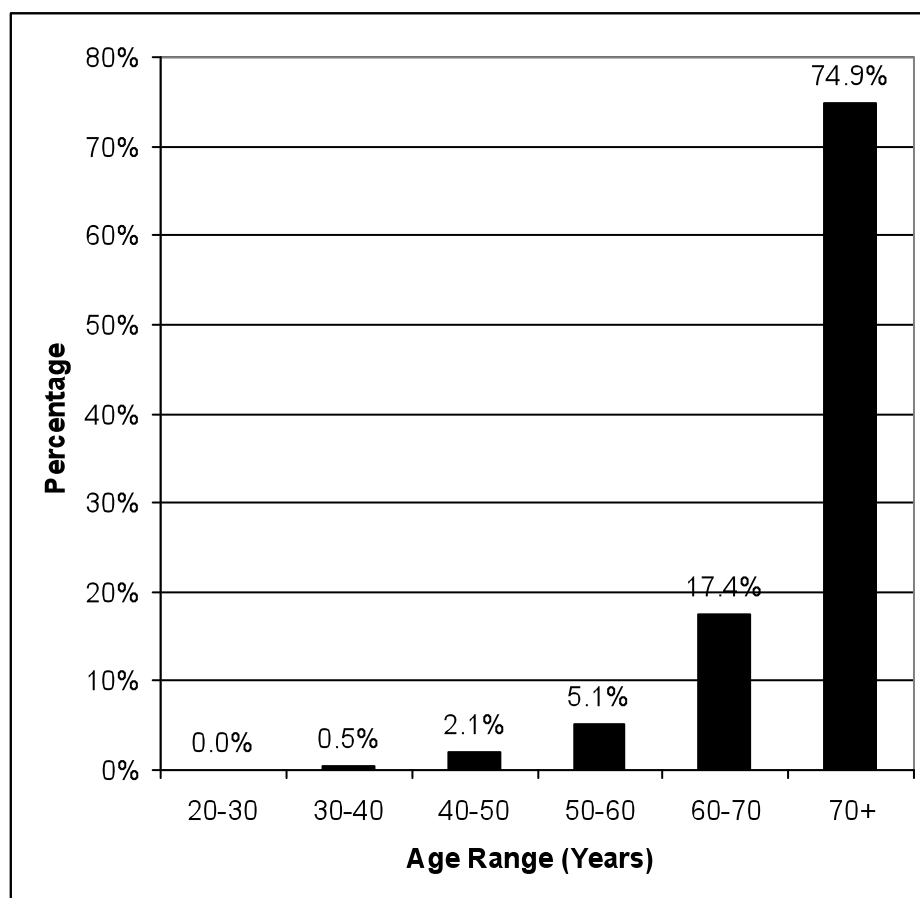
**Table 1: Number of 60+ year-old respondents who had a disability**

Age Range (years)	n (%)
60-70	51 (45.0%)
70+	114 (57.5%)
Total	165 (53.0%)

#### **2.1.4 Home and Community Care usage**

One-hundred and ninety-eight respondents (33%) reported accessing Home and Community Care (HACC) services. The majority of these people were over the age of 70 (See Figure 2). Of those over 60 years, 54% reported accessing HACC services.

**Figure 2: Age structure of HACC service users (n = 195)**



There was some overlap in the number of respondents reporting accessing HACC services and those reporting having a disability. Twenty-six percent of respondents reported accessing HACC and having a disability while 49% reported neither. A further 15% of respondents reported having

a disability and not using HACC services and 9% reported using HACC services but not having a disability.

## **2.2 Service provider profile**

Seventy-eight service providers representing 75 different agencies completed Service Provider surveys. The survey was distributed across Victorian services to mainly local government and allied health and community services. Correspondingly, most of the respondents described their services as HACC or some kind of aged and disability service. A number of respondents reported working in rehabilitation, Aged Care Assessment Services or package programs (Community Aged Care Packages/Linkages). Two respondents worked at public animal welfare organisations. Almost all respondents described themselves as managers, case managers, social workers, assessment officers, coordinators or team leaders.

Respondents were asked to indicate the number of clients they assist who are frail and/or have a disability.

Of the 63 valid responses to this question:

- A total of 83,286 Aged and/or Disabled clients were identified;
- The service providers had an average (mean) of 1,225 clients each. The median figure was 737 clients per provider;
- The maximum number of Aged and/or Disabled clients assisted by a service provider was 4,000 clients annually, with three service providers assisting this number of clients; and
- The minimum number of Aged and/or Disabled clients assisted by a service provider was 16.

As depicted in Figure 3:

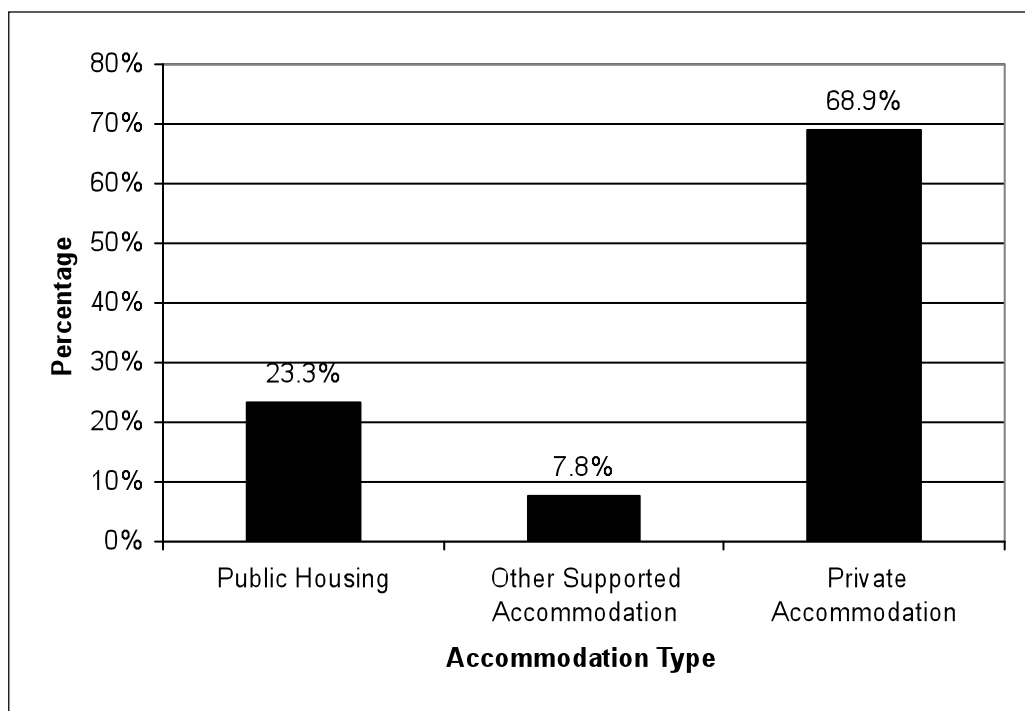
- An average of 23% of clients resided in public housing;
- With another 8% residing in other supported accommodation, including nursing homes and retirement villages; and
- The vast majority of clients (69%) resided in private accommodation.

The median figures were very similar to the mean averages, with:

- Twenty percent of clients residing in public housing;
- Two percent residing in other supported accommodation; and
- Seventy-five percent residing in private accommodation.

The range of client accommodation types between the service providers was extreme. For public housing and private accommodation, the range of responses varied from 0% to 100% of clients residing in the either public or private housing. The range was similar for the 'other supported accommodation' category, with a range of 0% to 98% of clients residing in this type of accommodation.

**Figure 3: Approximate average percentage of clients by accommodation type (n = 51)**



## **2.3 Limitations**

Some of the responses given by service providers and especially in response to open-ended questions were difficult to interpret numerically. Data should be read with this in mind. For example, in the Service Provided Survey where a numerical approximation was requested, some respondents answered with “*steady, ongoing*” or “*many*” (rather than a numerical approximation) while others provided approximate percentages (rather than, for example, a numerical figure of their total clientele who were frail or had a disability).

Some service providers described bed days or number of clients they assisted per day rather than the number their agency services annually. Anecdotal or non-numerical responses were excluded from the summary data below. Where service providers gave a range in their responses, for example, “*250 – 300 clients*”, the mid-point of this range was recorded. Also, some of the client number totals provided by some service providers may contain double counting of clients if they have been included as both frail elderly and as having a disability.

Regardless of these limitations, the large number of surveys collected and the consistency in findings provide strong evidence of the need for companion animal support services and the importance of companion animals for older people and people with disabilities.

It should be noted that most service providers do not have a formal means of capturing data relating to their clients’ companion animals via the usual methods of statistic tracking such as the Minimum Data Sets or assessment and intake forms/data bases. It is unlikely this kind of data is

recorded at all. (Australian Institute of Health and Welfare, 2008) Hence, respondents were asked for approximate numbers and estimates.

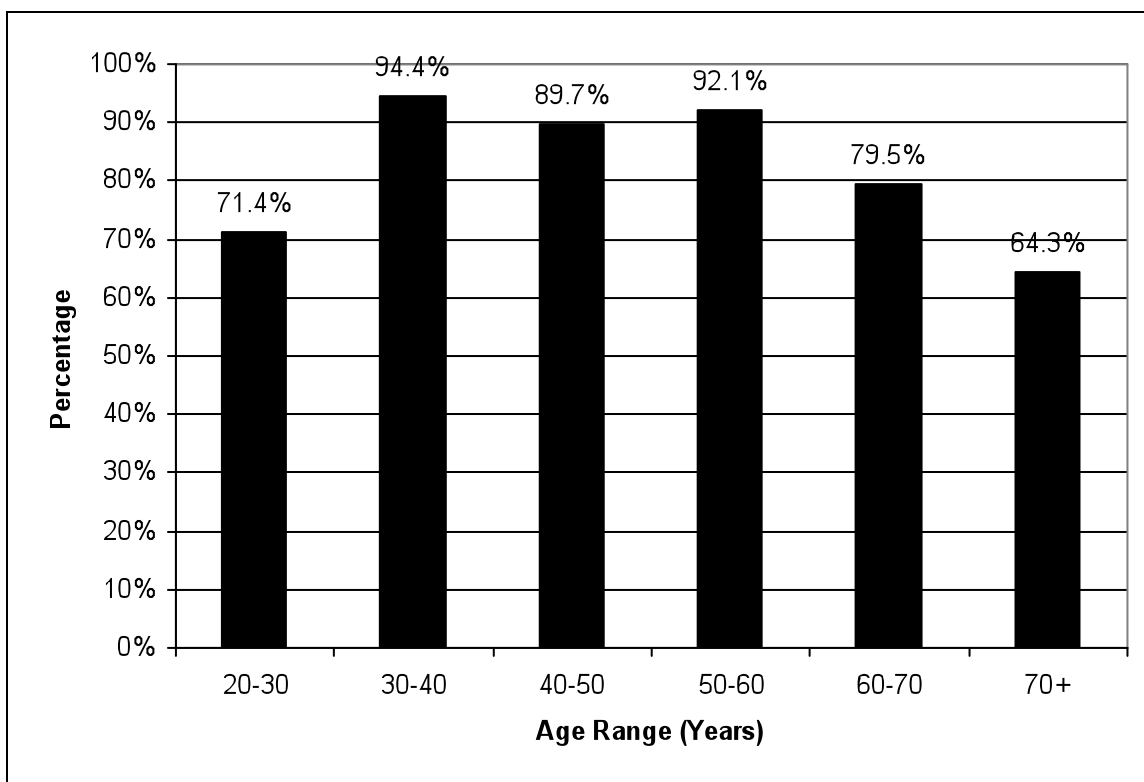
### 3. SERVICE USER SURVEY FINDINGS

The following analysis presents the findings from the Service User survey completed by 601 respondents. Service users are those who do or may use a service for the aged or disabled.

#### 3.1 Pet ownership

Four hundred and sixty-three (77%) respondents reported owning a pet. Figure 4 presents the proportion of pet ownership according to age. This illustrates that pet ownership remains high across age groups, although it is noted that in the youngest and oldest age groups (20-30 and 70+) there is a lower proportion of pet ownership. Although 70% of respondents over the age of 60 owned a pet, this declined from 80% in the 60-70 age group to 64% of those over 70 years.

**Figure 4: Pet ownership by age of respondent (n = 463)**



The animals requiring the highest amount of maintenance, namely dogs and cats, were the most commonly owned pets (52% and 36% respectively), although a large number of other pets were reported (some respondents reported having more than one type of pet):

- 301 dog owners
  - 211 cat owners
  - 35 bird owners
  - 22 fish owners
  - 9 rabbit owners
  - 6 chicken owners
  - 3 guinea pig owners
  - 3 horse owners
  - 2 alpaca owners
  - 2 tortoise owners
  - 1 ferret owner
  - 1 lizard owner
  - 1 duck owner
  - 1 hermit crab owner
- Forty-two percent of respondents who did not have pets stated they would like one. The two most common reasons why these respondents did not have a pet included household/residential care restrictions and regular travelling.
  - Forty-five percent of respondents who did not have a pet stated that “*looking after them*” was *not* a reason that prevented them from getting a pet.

### **3.2 Pets and respondents’ overall wellbeing**

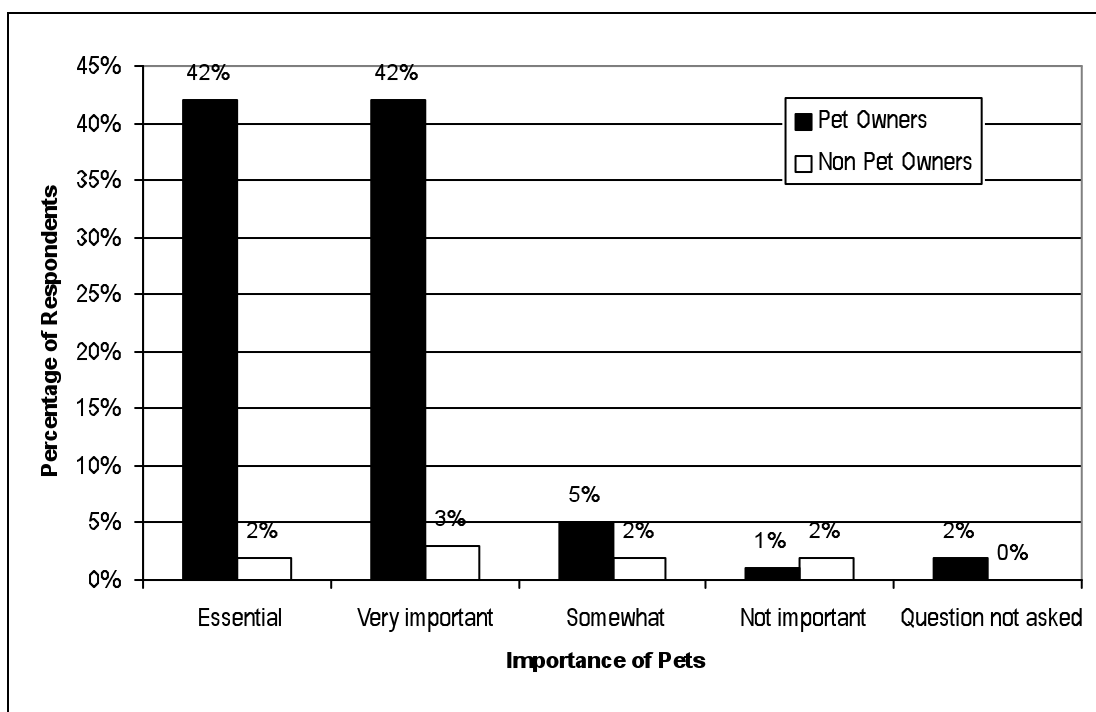
One of the primary questions in the survey focused on the sense of wellbeing created by the presence of pets.

- Figure 5 indicates that eighty-nine percent of respondents rated their pets as very important (45%, n = 227) or essential (44%, n = 222) to their overall wellbeing.

As would be expected, a larger proportion of non-pet owners rated pets as not important for human wellbeing.

- Ninety-seven percent of pet owners reported that their pets were a part of their family. When including respondents who did not own pets, the proportion who indicated that pets could be considered a part of the family dropped to 82%.
- Of the responses received to the general question of whether pets play a positive role in the community, almost all who responded to the question (pet owners and non pet owners) alike (96%, n = 398) agreed.

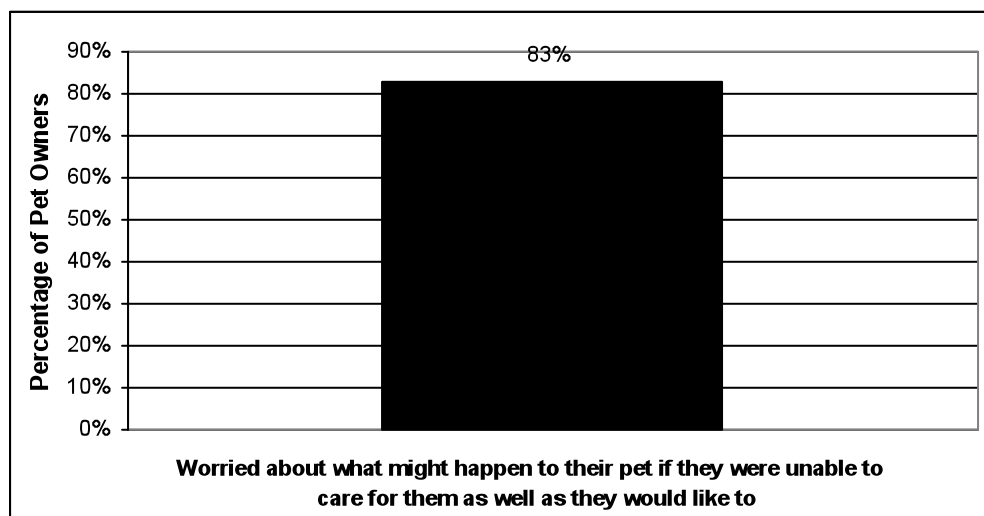
**Figure 5: Importance of pets for human wellbeing (n = 506)**



### 3.3 Need for a pet support program

- Eighty-three percent of pet owners stated that they worried about “*what might happen to their pet/s if they were unable to care for them as well as they would like to*” (See Figure 6). Moreover:
- Eighty-two percent of respondents over 60 years were concerned about “what might happen to their pet/s if they were unable to care for them”.

**Figure 6: Percentage of Pet Owners worried about “what might happen to their pet/s if they were unable to care for them as well as they would like to” (n = 421)**





- Eighty-three percent (n = 412) of all respondents who answered the question: “If there was a local low cost/free volunteer service available to help you care for your pet/s would you use it?” stated they would.

Of those with a disability:

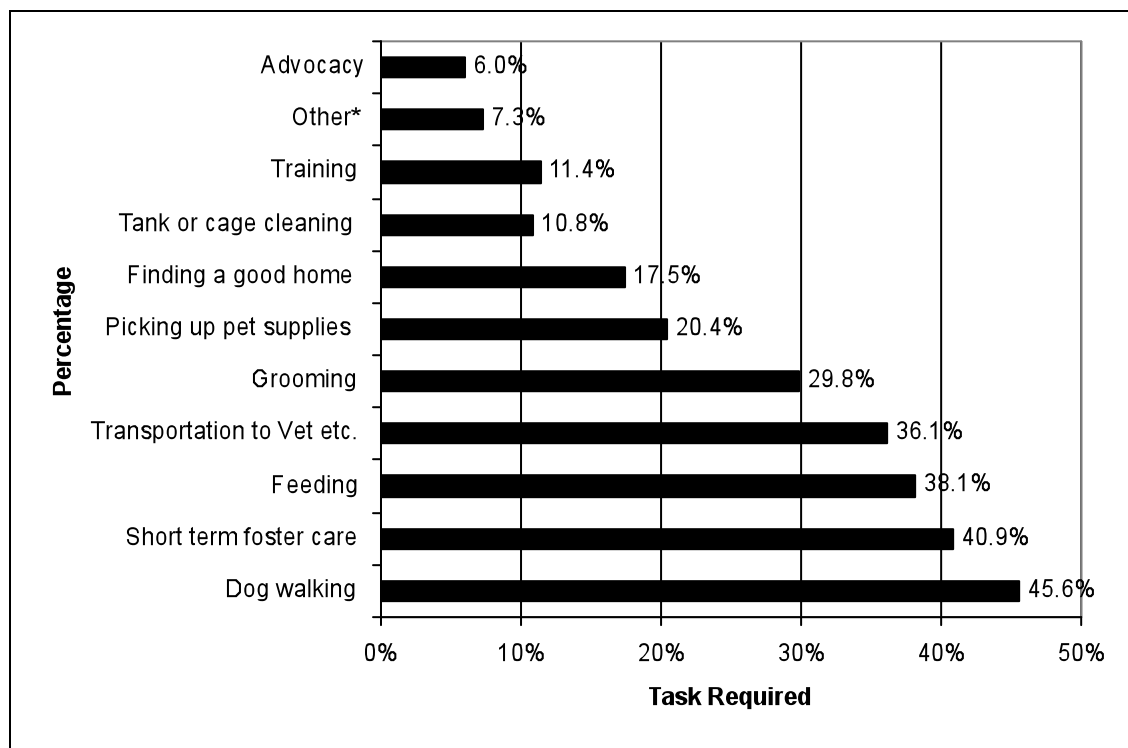
- Seventy-eight percent stated that they needed a low-cost pet support program to look after their pets.

To the question “Do you feel a low-cost pet support program (e.g. through the local council) for the aged and disabled is needed in your area?”:

- Seventy-six percent of respondents agreed. Interestingly, there were some geographic differences in response to this question with 81% of those from the Melbourne metropolitan area and the Melbourne surrounds believing this kind of program was required compared to 69% of those from regional Victoria.

Figure 7 indicates that dog walking, short-term foster care, feeding and transportation to the vet are the tasks most commonly requiring assistance by the pet owners in this survey.

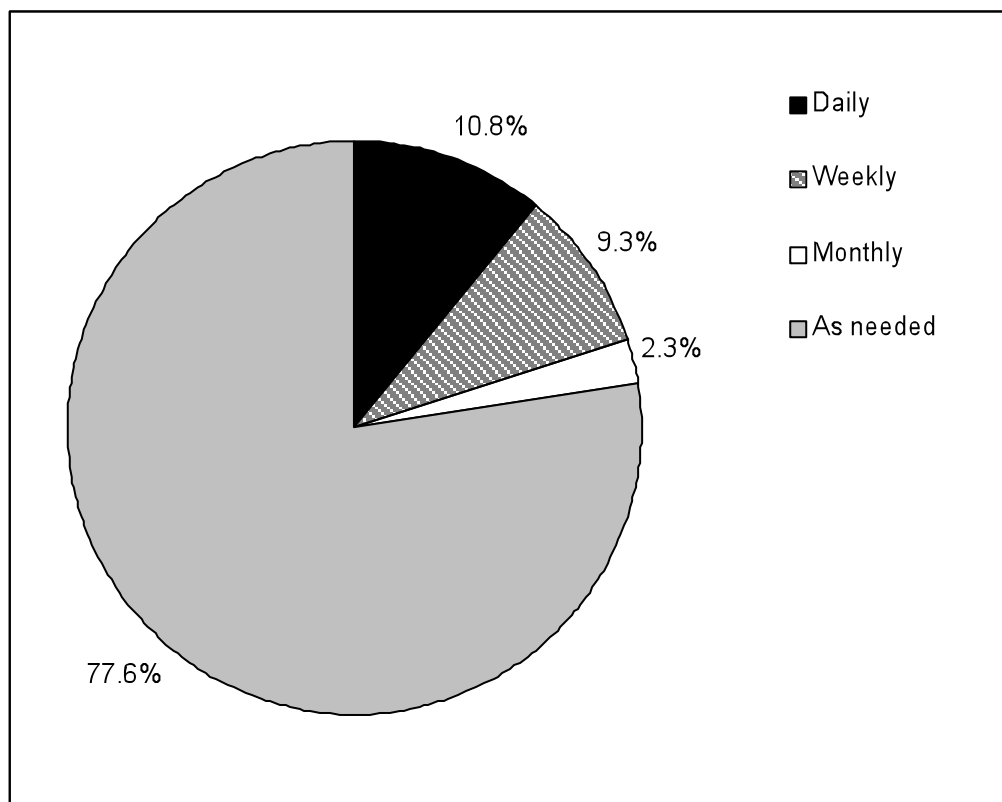
**Figure 7: Pet care service: Tasks required by pet owners (n = up to 487, with 5,308 responses to the tasks required)**



Note: “Other” tasks mainly included care during holidays and care when pet owner is unwell/unable to look after the pet.

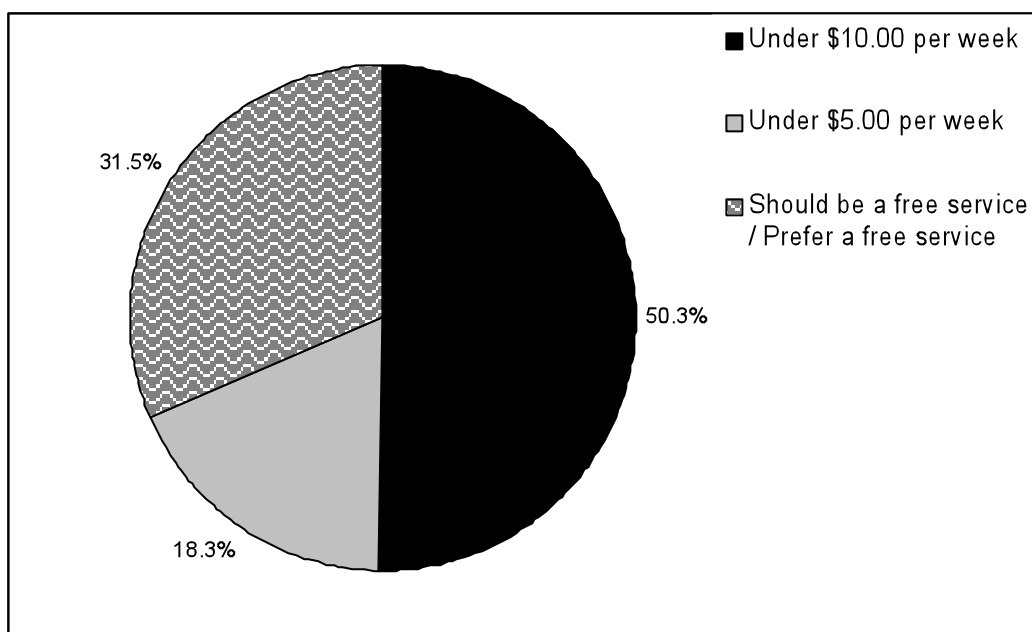
Of those respondents who indicated that they would need assistance with a pet support service (n = 388), Figure 8 indicates that the majority would require a pet support service on an “as-needed” basis (n = 301, 78%).

**Figure 8: Pet care frequency requirements of those respondents who stated they would need assistance (i.e. Daily, Weekly, Monthly or As Needed) (n = 388)**



- Fifty percent of respondents (n = 187) were willing to pay under \$10.00 per week for a pet support service.
- Thirty-one percent of respondents (n = 117) believed that a pet support service should be a free service (or that they would prefer a free service).
- Eighteen percent of respondents (n = 68) were willing to pay under \$5.00 per week for a pet support service (refer to Figure 9).

**Figure 9: Pet care service: Would you expect to pay for this service? (n = 372)**



Sixty-one percent of respondents (n = 255) stated that they would like to be contacted if a pet support service was established in their area. An even higher proportion of respondents (69%) with a disability stated that they would like to be contacted if a pet support service was established in their area.

## 4. SERVICE PROVIDER SURVEY FINDINGS

The following analysis summarises findings from the Service Provider survey completed by 78 service providers across 75 agencies.

In a number of questions requesting figures such as number of clients who have a pet, or number of requests for pet support services, a proportion of responses were not numeric (e.g. statements such as “*many*” were provided rather than a numerical response). There were also some respondents who were unable to give an answer to this question. These issues account for the absent data and the discrepancy between the 78 surveys and the number of valid responses.

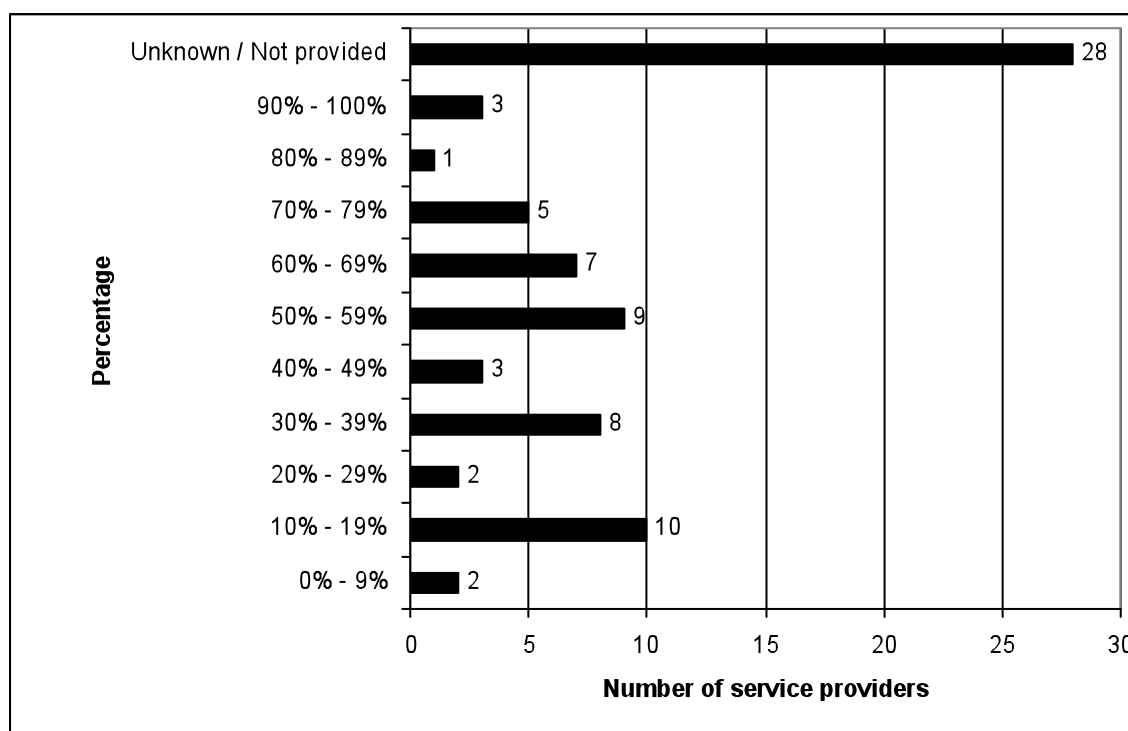
### 4.1 Number of clients who have a pet

Fifty of the 78 respondents estimated the number of clients they serviced who had a pet.

- A mean average of 44% of clients (median = 47%) resided with a pet.
- Across agencies, the range in percentages of clients who resided with a pet varied from 4% through to 100%.

Figure 10 provides a breakdown of percentages given by respondents.

**Figure 10: Approximate percentage of clients who reside with a pet according to each service provider (n = 78)**



## 4.2 Client requests for pet support services

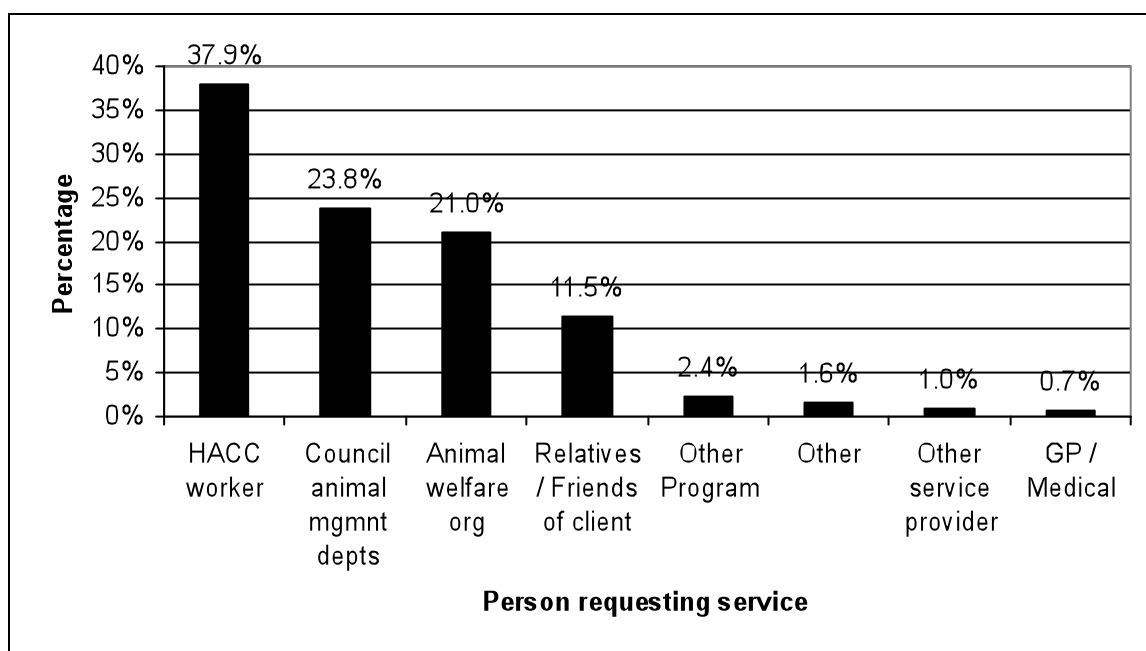
Service providers were asked to indicate approximately how many requests their service had received in the past 12 month period for pet support services. Requests could originate from HACC workers, clients or their relatives/friends, doctors/health professionals, other service providers, council animal management departments or animal welfare organisations. This data was not always routinely recorded by agencies so responses are, generally, estimations. Some providers stated that clients would be unlikely to approach their program with a pet support request, as clients were aware that pet support was not available. However, a small number of agencies were able to provide specific details, indicating that this data is routinely recorded at these agencies.

Of the 48 service providers who provided an estimate to this question:

- A total of 1,750 requests for pet support were reported for the past 12 months.
- The mean average number of requests per agency was 36, however, this figure was skewed by three well above-average responses of 805, 525 and 156 requests from three agencies. The median average figure was therefore only four requests. Ten services indicated they had received no requests for pet support services.

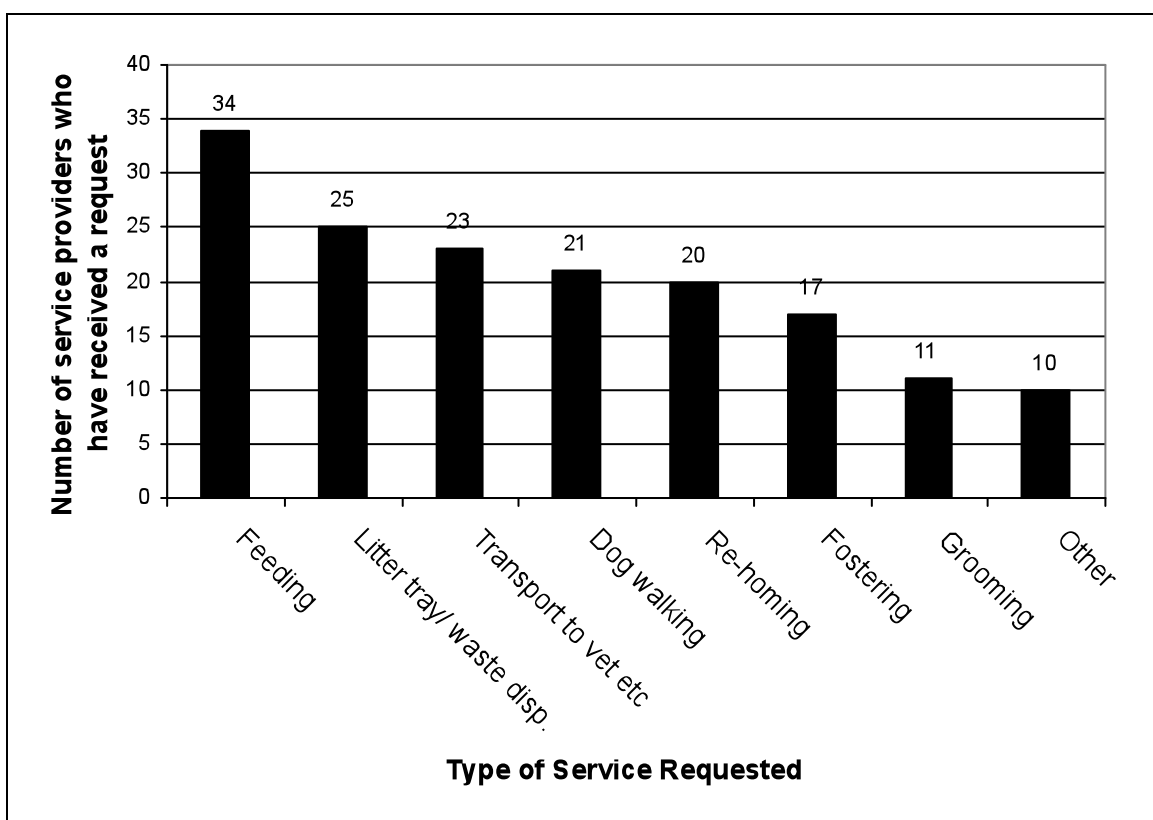
Figure 11 illustrates the number of requests for pet support services that were made by various parties. The majority of requests or enquiries were received from HACC workers (663 requests or 37% of the total requests), followed by Council Animal Management Departments (417 requests or 24% of the total requests) and Animal Welfare Organisations (368 requests or 21% of the total requests).

**Figure 11: Number of requests for pet support services in the past 12 months by person requesting (n = 1,750)**



Fifty-four service providers were able to indicate the types of pet support services requested. Figure 12 indicates the number of respondents who reported that a particular type of pet support was requested. Please note that this figure does not report number of requests, but number of respondents who have had at least one request for a particular pet support service. On average, respondents reported three different types of supports requested.

**Figure 12: Number of respondents reporting requests for specific types of pet support services (n = 161)**



Note: "Other" included services such as security regarding fences, support to pay veterinary bills and support to purchase another pet, agistment for a horse, and information on de-sexing concessions.

According to service providers, feeding, litter tray/waste disposal and transportation to the vet were the most commonly reported services requested. This contrasts with the Service User survey, which found the most commonly required assistance was for dog walking and short term foster care.

### ***4.3 Pet support services currently undertaken by the service***

There were 68 responses to the question relating to whether the respondents' agency currently provided pet support services to their clients.

- Forty-one respondents (60%) stated that their HACC workers did not cover pet needs as a part of their program. They indicated Occupational Health and Safety (OH&S) regulations as one of the foremost reasons for not providing these services.
- Only six service providers (9%) generally provide pet support services.
- Twenty-one service providers (31%) provide pet support in certain circumstances (e.g. if it was specifically requested by the service user).

Seventy respondents answered the question relating to the role their service plays in re-homing pets of clients who die or move into residential care.

- The majority (57%) said that they had not (as yet) played a role, either directly or indirectly, in the re-homing of pets. Their responses tended to indicate that re-homing was a task undertaken by their client, or their clients' family and friends. For example, one respondent stated: "Generally, (this is) a family responsibility".
- Some respondents indicated that they would be happy to assist with pet re-homing, but that this had not yet arisen as an issue for them. For example, another respondent stated: "We would if we had to".

The remaining 30 respondents (43%) indicated:

- That they had previously played a role, either directly or indirectly, in the re-homing of pets. An indirect role may, for example, include contacting an animal shelter, or providing other referrals to the client.
- The respondents who had previously assisted in pet re-homing tended to say that it happened only "occasionally" or "very rarely".

### ***4.4 Factors influencing pet ownership amongst clients***

This section presents responses to a number of survey questions regarding issues that service providers believe impact on pet ownership amongst service users. Responses were qualitative. The first of these questions explored responses to the statement:

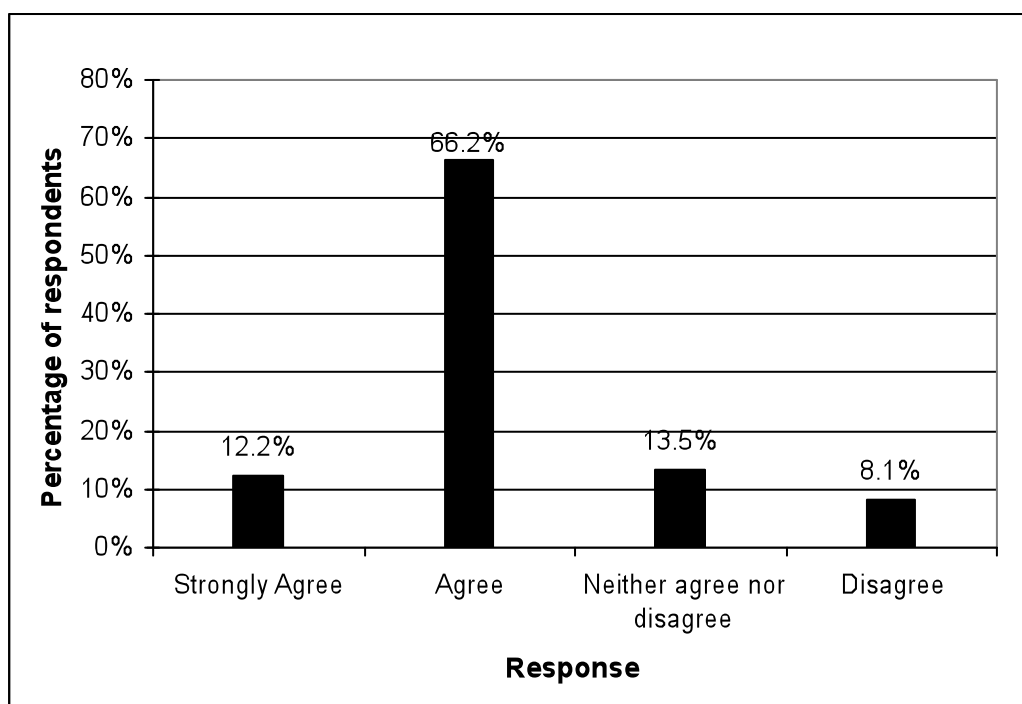
***"It is said that concerns about an inability to properly look after a pet prevent some elderly and disabled clients from getting one".***

Of the 74 responses;

- Fifty-eight respondents (78%) stated that the inability to properly look after a pet might prevent some elderly and disabled clients from obtaining a pet;

- Nine service providers (12%) strongly agreed to this question (based on analysis of their qualitative response by independent raters) (See Figure 13), emphasising factors such as their clients' physical incapability, as well as emotional aspects, such as fear or hesitation;
- However, six (8%) respondents disagreed, indicating that concerns about an inability to properly care for a pet did not prevent some elderly and disabled clients from obtaining an animal.
- The remainder of the respondents (14%) gave a neutral response, neither agreeing nor disagreeing with the statement.

**Figure 13: Level of agreement with the statement: "It is said that concerns about an inability to properly look after a pet prevent some elderly and disabled clients from getting one" (n = 74)**



Respondents were also asked to comment on whether they agreed with the statement:

***"After the death of an existing pet, some ageing clients are reluctant to get another pet because they worry that they will not be able to take care of a pet properly".***

- Fifty-six of the 72 responses to this question (78%) indicated agreement with the statement (based on analysis of their qualitative response by independent raters) (See Figure 14).

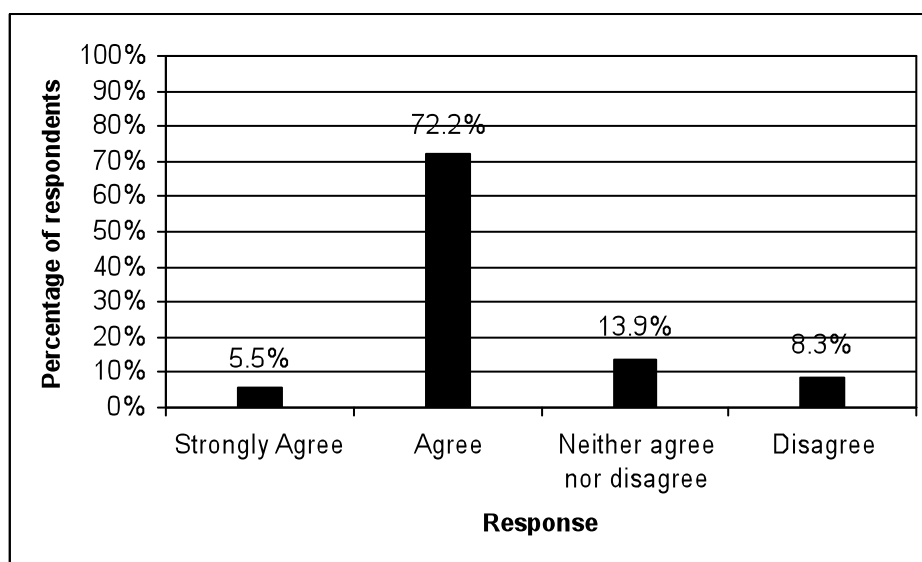


Some of the concerns raised included physical inability to care for a pet and concerns about falls hazards (particularly risk of tripping over a dog).

- Respondents also indicated that older clients were concerned about what might happen to their pets if they passed away or moved into an aged care facility.
- A minor proportion of respondents (8%) disagreed, and some observed that many clients obtain another pet almost straight away.

According to one service provider: "due to [the clients'] social isolation and mistreatment from others in the community, a pet can be their only trustworthy friend."

**Figure 14: Level of agreement with the statement "After the death of an existing pet, some ageing clients are reluctant to get another pet because they worry that they will not be able to take care of a pet properly" (n = 72)**



Seventy-two respondents answered the question of whether costs were a significant factor in a clients' decision to have a pet. Interestingly, a clear dichotomy was perceptible.

- While 28 service providers (39%) agreed that cost was a significant factor in clients' decision to have a pet;
- Thirty-one (43%) disagreed, claiming that the companionship their clients receive was generally given a higher priority than cost.
- The main concern regarding expenses was the high cost of veterinary services.
- Thirteen respondents (18%) neither agreed nor disagreed that costs were a significant factor.

## 4.5 Influence of pets on client wellbeing

Respondents were asked the question:

***“Do you feel any of your isolated clients would enjoy a better quality of life with the company of a pet?”***

Of the 76 responses received;

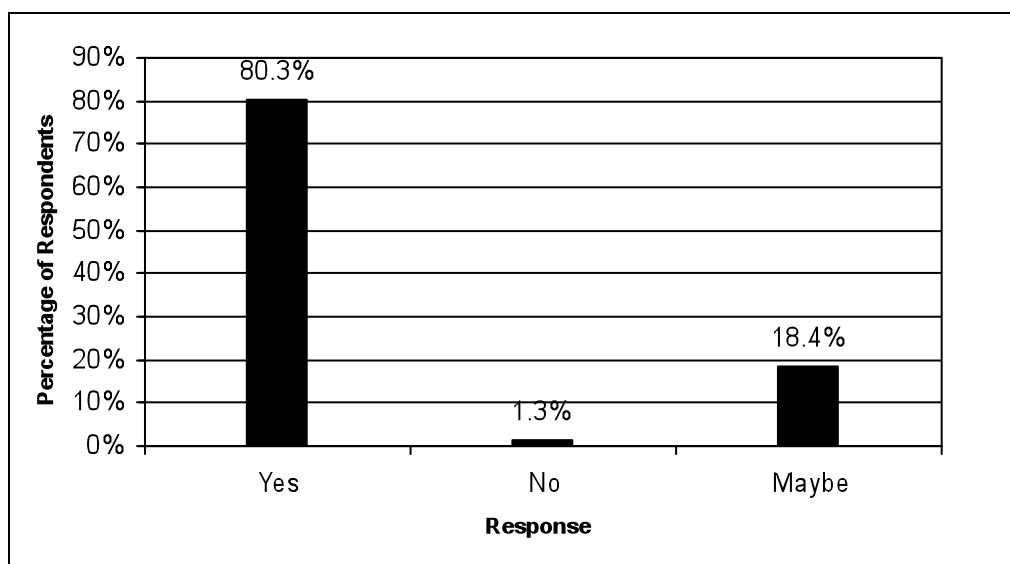
- Sixty-one respondents (80%) agreed with this statement (based on analysis of their qualitative response by independent raters) (See Figure 15).

One respondent explained:

*“Absolutely. I have a client aged 86 who had a 15-year-old cat that died. The client’s husband had died 10 years earlier and her son lives in Canada. The client was afraid that she might not live much longer but did want a pet. At the time, she was grieving for her cat and was quite depressed. I encouraged her to get another cat and from my observation, this has been a Godsend. The client is much happier, animate and once again has a purpose in life.”*

From the responses received, it was clear that respondents believed that the influence of pets on quality of life was positive but was also coloured by individual circumstances and attitudes towards pets. Only one respondent did not believe that clients’ quality of life would be improved with a pet due to concerns about safety hazards.

**Figure 15: Level of agreement with the statement “Do you feel any of your isolated clients would enjoy a better quality of life with the company of a pet?” (n = 76)**



Respondents were also asked about whether pets were a positive influence on quality of life or a liability.

Supporting the findings above:

- Most respondents (62%) indicated that pets had a positive impact on quality of life (based on analysis of their qualitative response by independent raters). One participant claimed:

*"My experience indicates that quality of life is vastly improved with a pet for those who are elderly and living alone. Many patients have spoken about the way their pet "believes they are human" and the clients' report that they speak to them as though they are. "I tell my dog (or cat) all my worries" is a phrase I often hear. There has been some interesting work done on young male psychiatric patients who live on the streets who have a dog and how their dog is often their only friend or contact".*

- Only nine respondents (12%) viewed pets as a possible liability to older people often on the basis that clients in need of permanent care put themselves (and sometimes their pets) at risk by refusing this care because they would not leave their pet but not because of the pet *per se*.
- A further 17 service providers (23%) had observed both positive and negative differences to the quality of life and well being of clients who have a companion animal.

The following comment from one respondent was fairly representative:

*"I think there's truth in both points of view. However, I don't think pets are the liability; it is the absence of alternative arrangements, or the inability of residential accommodation to accept pets that is the liability. Some retirement villages and hostels do accept pets which is wonderful and in these situations the ownership of pets is not a liability because the owners are not restricted by these considerations if they are contemplating a move."*

Sixty respondents answered the question relating to client bereavement following the loss of a pet. Other respondents were unable to answer this question. For example, one respondent suggested that "it depends on family/friends support". The majority of respondents reported that;

- Bereavement over the loss of a pet severely (58%) or significantly (38%) impacted their clients (based on analysis of their qualitative response by independent raters) (See Figure 16).

Some of the responses to this question included:

*"Lengthy grieving process, sometimes years, particularly if the client has also lost their spouse. Often the pet is the last link to the deceased spouse."*

*"Often clients suffer the same grief and loss issues they would if they lost a human family member."*

*"Clients are extremely affected by the loss of a pet and I feel we need to know how to address this issue. At present it isn't recognised enough".*

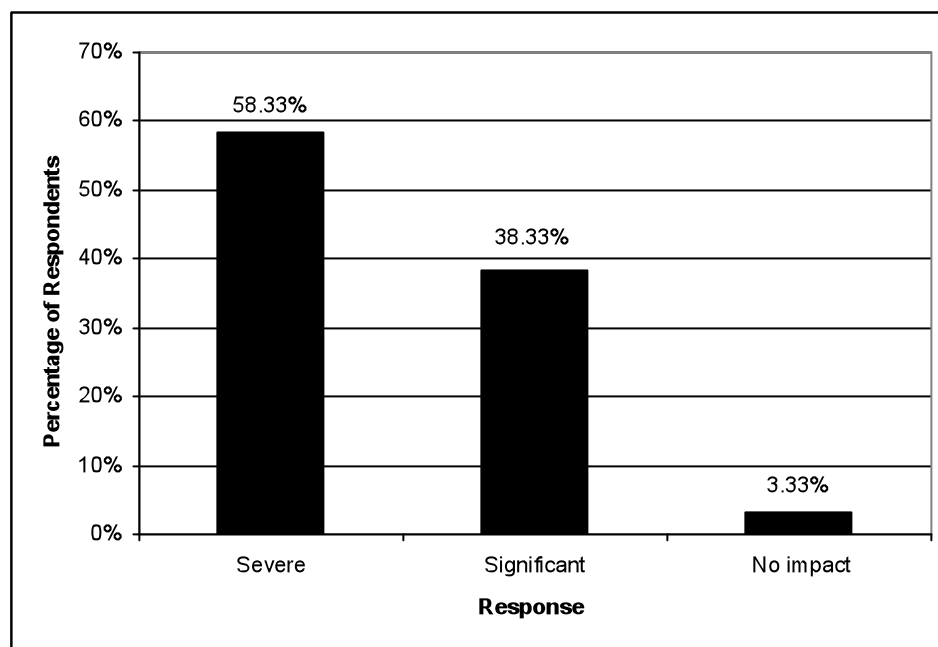
*"Clients can be very distressed over the loss of their pet and companion and often seek emotional support from our staff who are often their only contact."*

*"The biggest factor is loneliness followed by reduced activity and then health decline follows."*

*"...often hear that they hope that they pass away before their pet."*

Only two respondents thought that bereavement over the loss of pet did not impact their clients (3%). One of these respondents stated, "It really hasn't come up as problem – not reported".

**Figure 16: How does client bereavement over the loss of a pet impact your client? (n = 60)**

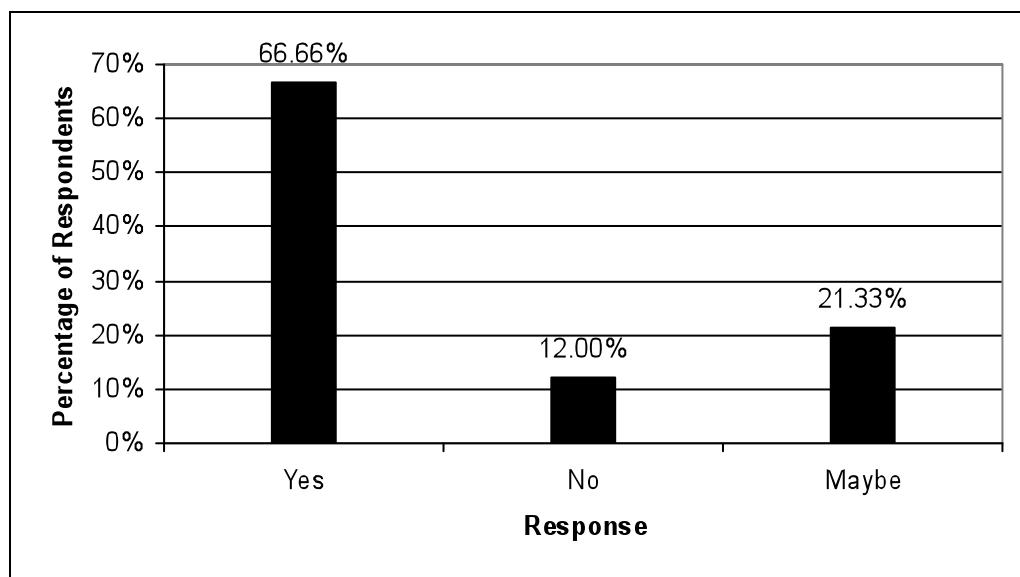


#### ***4.6 Benefits of having a pet support program***

- Two-thirds of service providers (50 of the 75 responses) stated that the inclusion of a pet support program within their overall service delivery would be helpful to their clients (based on analysis of their qualitative response by independent raters) (See Figure 17).
- A number of respondents were looking at incorporating a pet support program in their social support program to encourage physical activity with their client.

- Only 12% (n = 9) of service providers disagreed that pet support programs would be helpful to clients, citing a lack of demand, operational planning and resources.
- A further 16 respondents (21%) stated they might consider such a program. Generally, funding was a limiting factor.

**Figure 17: Do you feel the inclusion of a pet support program within your overall service delivery would be helpful to clients? (n = 75)**



Service providers were also asked:

***"If the opportunity, resources and support were provided would you establish a pet support program?"***

- Thirty-three of the 68 responses to this question (49%) indicated that this would occur (based on analysis of their qualitative response by independent raters) (See Figure 18).
- Respondents generally indicated that both clients and staff could benefit from this program.
- A further one-third of service providers (32%, n = 22) indicated that they would like further investigation and discussions, such as requiring assessment officers to collect supportive data. Two of the comments received included:

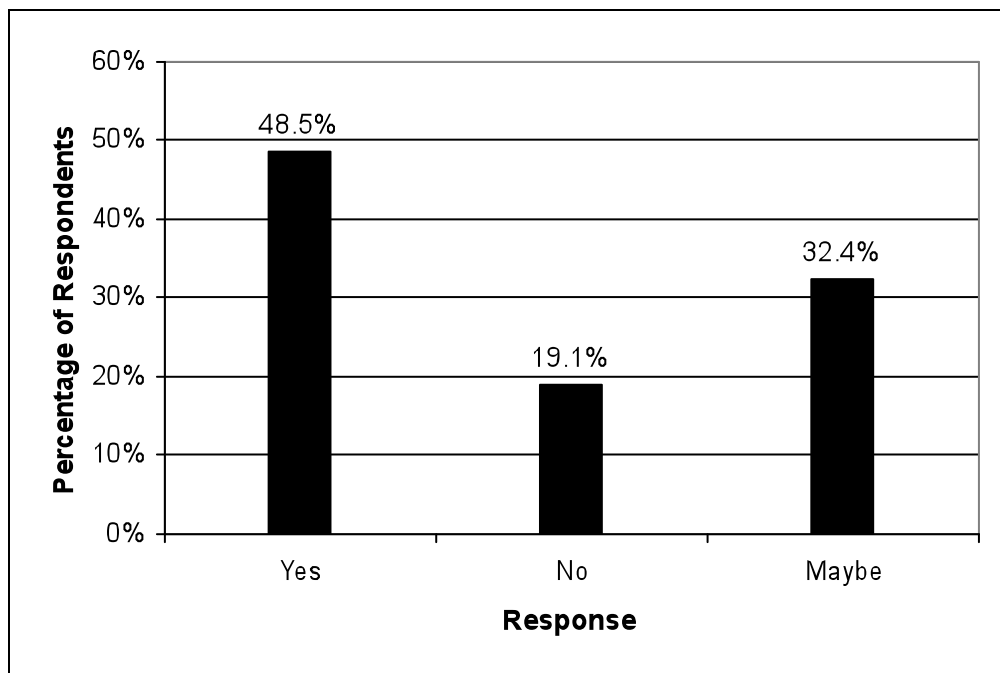
*"This would need to be discussed with our team but I believe it could be a great adjunct to the program if something like this was established".*

*"While this can be an integral part of a client's wellbeing it is not necessarily something that should be introduced into an already under-resourced HACC*

*program if other services would be impacted on. It would be great to see accessible and affordable pet supports by appropriately trained staff introduced into the spectrum of services available to assist people to remain independently in their home as long as possible.”*

- Only one-fifth of service providers (19%, n = 13) stated that they would not consider establishing a pet support program due to factors such as OH&S limitations.

**Figure 18: If the opportunity, resources and support came along would you establish a pet support program within your overall program? (n = 68)**



## 5. DISCUSSION AND SUMMARY

There has been considerable medical and social research establishing conclusively the positive influence of companion animals on the emotional, physical, social health and well being of older people and people with disabilities. The results of this research project further those findings.

Of the 601 respondents who completed the Service User Survey:

- Sixty-nine percent resided in privately owned accommodation;
- Over 70% were over the age of 50; and
- Seventy-seven percent had a pet.

This sample, therefore, contained a higher proportion of pet owners than the general Australian population, which is around 63% (Australian Companion Animal Council, 2006). This was a predictable result as it is likely that people with pets would be more inclined to respond to a survey regarding pet services in the sector.

Reflecting previous research that has highlighted the general importance of pets, the SUS found that in this sample of older people and people with disabilities:

- Over 90% of people with pets felt that their pet was part of their family, and either “very important” or “essential” to their wellbeing; and
- The majority of respondents were concerned about what would happen to their pet if they were unable to care for their pet as well as they would like.

Also reflecting this concern is the finding that:

- Eighty-three percent of pet owners would use a local low cost or free volunteer service to help care for their pet/s if such a service was available;
- At least one-third of respondents reported needing assistance with dog walking, short term foster care, feeding, and transportation to the vet; and
- While most respondents would only need the service on an “as needed” basis, 11% would use the service daily, and a further 9% would use it weekly.

The Service Provider Survey was completed by 78 service providers, who provide services to over 83,000 aged and disability clients across Victoria.

Estimates provided from service providers indicated that:

- Approximately 44% of their clients had a pet/s. This is a roughly similar ratio to the general Australian population of 63% (Australian Companion Animal Council, 2006); and
- Around 40% of service providers indicated that they provided some pet support to their clients some of the time, with most of these pet support services on an as needed/occasional basis.

While the majority of clients were concerned about what would happen to their pets in the event of permanent separation, the majority of services stated that they were generally not involved in the re-homing of pets (for example, when the client went into permanent care or passed away), even though they acknowledged this was a major concern of many clients.

Rather, pet re-homing was a task generally undertaken by the clients' family, or occasionally by individual service provider workers. The fact that most service providers are not providing a pet re-homing service may be due to uncertainty about their role and lack of time, resources and networks, rather than there being no need for re-homing.

In total, these services reported receiving 1,750 requests for pet support services. Most requests came from direct service workers in a position to become more familiar with the needs of clients than intake and assessment workers, but council animal management departments and animal welfare organisations were also involved and, to a lesser extent, relatives and friends of clients.

The most common pet support service requests (according to service providers) were for feeding, litter tray and waste disposal, transportation to veterinary clinics and dog walking. These are the sorts of tasks made difficult for some older and disabled clients due to poor mobility and physical decline.

A number of respondents pointed out that their service did not have a formal means to record requests for pet support, and other respondents indicated that their clients did not request pet support services because they knew or assumed they were not available, not because they did not require assistance.

Some service providers indicated that lack of pet support services, in particular, and concerns about ably caring for a pet were factors leading to reduced rates of pet ownership amongst their older clients, as opposed to a general disinclination to have a pet. This is consistent with the Service User Survey findings, which found that older clients were generally concerned about getting or keeping a pet in case they were no longer able to care for them due to declining health, residential care placement or death.

While 43% of service providers disagreed that pet maintenance costs were an issue, 39% felt that the costs associated with keeping a pet were a concern for clients, but also indicated that the benefits of having a pet outweighed concerns about costs both from their own and their clients' point of view. Indeed, some respondents indicated that their clients made personal sacrifices in order to fund their pet, such was their importance. This is consistent with the findings of the service user survey, which found that the majority of respondents were willing to pay a fee to a volunteer based pet support service.

Interestingly, when a concern was associated with a pet (such as the resistance of the client to go into respite, hospital or permanent care if there was no-one to care for their pet), service providers rarely characterised the pet as the problem, but rather the lack of support companion animal services available to tide the client over.



A few service providers identified potential risks such as falls hazards and skin damage (from jumping dogs) with pets. Well-meaning relatives and friends giving clients inappropriate pets (such as young, lively dogs) were also highlighted as a problem.

On the question of including pet support services as an additional option for clients, approximately half of the service providers indicated they would establish a program if support and resources were available - an important consideration given that the HACC programs who do provide pet support (as distinct from the HACC funded pet support programs) do so from their general allocation of Social Support funds with no specific priority for pet support (Petlink, 2008). As one large regional service provider put it:

*"Pet support programs have operated within the HACC programs in an "unofficial" way for many years and it can only be a positive move to have this promoted as an independent part of our programs"*

A third of respondents wanted to further investigate the need for this type of program within their service. In other words, approximately two thirds of the service providers, by implication, had some level of awareness about either a gap in or need for companion animal support as a complement to their existing suite of services.

## **5.1. Conclusion and Recommendations**

This study has found that actual and potential users of HACC value their relationship with their pets. Aged and disability service providers believe that companion animals play an important role in clients' lives in the key areas of companionship, health and well-being. Companion animals were perceived as offering a significant contribution to the quality of life of a large proportion of those in the HACC target group in ways that, while not entirely measurable, were well demonstrated by the respondents.

Given the success of the existing programs, the persuasive evidence pertaining to the benefits of companion animals and the cost savings of volunteer delivered services, while companion animal support services are regarded as a low priority, an excellent opportunity to further quality of life and independence for older people and people with disabilities is not being fully utilized.

Nevertheless, the fact that approximately 40% of service providers in this study report their agencies deliver some sort of pet support some of the time suggests a conspicuous service need significant enough to warrant a serious evaluation of current HACC (and aged and disability services) program scope. The current Review of Social Support and Respite would be a good starting place.

Furthermore, given that a significant proportion of service providers in this research represented HACC services, it would be reasonable to assert that HACC is inadvertently funding a fair degree of pet support but in a way that is disorganised, poorly planned and integrated, hard to identify, and, by implication, unlikely to be cost efficient.

The need for free or appropriately priced companion animal support services was strongly indicated. Funding agencies and service providers would do well to consider a well planned and delivered response to the need for pet support as a permanent option within their service models. If the existing programs are exemplars, then companion animal support programs could be structured as an addition to an established service rather than needing to be built from the ground up.

Possibilities could include:

- A program built on or incorporated into established infrastructure such as existing aged and disability services; or
- As a partnership with, for example, one or more local government municipalities or community-based volunteer organisations.

At the very least, it is entirely appropriate that the issue of companion animal support be included as a recommendation in the current HACC Review of Social Support and Respite and more widely recognised within the sector.

Moreover, the service philosophy of HACC and the sector supporting people living at home is geared towards promoting independent living for as long as possible. This includes the Positive Ageing Project – a partnership with local government (funded by the Office of Senior Victorians) to increase access to opportunities which promote health, fitness and well being for older people.

The HACC program states that it will be directed toward assisting:

*“The target population comprising persons living in the community who, in the absence of basic maintenance and support services provided or to be provided, within the scope of the Program, are at risk of premature or inappropriate long term residential care”* (Department of Human Services, 2003).

Further, that it aims to:

- Provide a comprehensive, co-ordinated and integrated range of basic maintenance and support services for frail aged people, people with disability and their carers.
- Support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing inappropriate admission to long term residential care.
- Provide flexible, timely services that respond to the needs of consumers (Department of Human Services, 2003).

Furthermore, the integration of the recent Active Service Model (ASM) which provides a new perspective on client care within HACC, and aged and disability and human services generally, is intended to strengthen existing practice and build quality improvement. The defining characteristic of the ASM is that the starting point for all clients is a focus on their strengths rather than their

deficits, and that all clients have some capacity to improve. The overall aim is to improve functional independence, quality of life and social participation. Key components of the ASM include:

- Emphasis on capacity building or restorative care to maintain or promote a client's capacity to live as independently as possible.
- Emphasis on a holistic "person centred" approach to care which promotes clients' wellness and active participation in decisions about care.
- Provision of more timely, flexible and targeted services capable of maximising the client's independence (Department of Human Services, 2008).

The following has already been stated but it's worth repeating that data from the Service User Survey shows that pets are valued as family members by 97% of respondents; considered as either "essential" or "very important" to overall wellbeing by 84% of respondents; and that 83% of respondents are worried about what might happen to their pet if they were unable to look after it as well as they would like to.

Thus, it would be reasonable to conclude that firstly, the means to maintain, support and enable the relationship between service users and their companion animals may be a high priority to service users actual and potential and, secondly, that practical acknowledgement of the benefits to service users of companion animals by providing integrated companion animal support options is a legitimate if not primary consideration in holistic and person-centred assessment and is entirely consistent with the objectives of the HACC service model, the Positive Ageing Project and the Active Service Model.

The positive pet person relationship in the aged and disabled sector is a valuable link that must now be not only recognised but acted upon by the government, health and community care sectors.

## **Key Recommendations:**

1. Aged and disability funding agencies consider the collection of data via intake and assessment materials and data sets, etc., pertaining to information profiling the needs of the companion animals associated with their clients.
2. The HACC Review of Social Support and Respite taking place in 2008 consider the evidence pertaining to the benefits of companion animals to the HACC target population with a view to including companion animal support as a program option
3. The core funding agencies in the aged and disability sector consider the evidence pertaining to the benefits of companion animals to their target populations with a view to including companion animal support as a care option.

**Lynn Fitzpatrick, May 2008, Melbourne, Australia.**

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## 8. APPENDICES

### **Appendix 1: Service Provider Comments**

Following is a selection of comments made by service providers in response to questions in the survey.

**Q. 11. It is said that concerns about an inability to properly look after a pet prevent some elderly and disabled clients from getting pet. What is your impression on this?**

*Don't believe this is a factor as some people clearly don't have the capacity to look after pets but still have them.*

*Agree. Feel they miss out on the companionship provided by pets – as long as pet is suitable to their circumstances.*

*Agree to some extent. I certainly think that if services were available to assist in ongoing support of pets it would provide more opportunities to have animals as companions.*

*I agree. If we had a service to cater to the needs of the animal we would have a lot more happy people and pets.*

*Because there are no regular services available to low income frail and disabled pet owners this is a fair statement and certainly applies to this area.*

*Yes, when going to hospital, etc., clients are worried about their animals which greatly effects decision about leaving the house.*

*Yes, most clients feel they need extra assistance and monetary resources to have a pet.*

*In some cases this might be true, however, I believe that everyone should have some sort of access to interaction with an animal even if they do not do the majority of the caring role due to disability or age... e.g.: client with mobility difficulty had puppy walkers take the dog for a walk..*

*Definitely. Sad that many people who would benefit from a pet cannot properly afford one.*

**Q. 12. After the death of an existing pet some ageing clients are reluctant to get another pet because they worry that they will not be able to take care of a pet properly. What are your observations?**

*Often don't replace because of grief, sometimes the responsibility and fate of pet should they go is a concern*

*Emotionally it can and does take a toll, however, the successes are those clients who choose the new pet themselves rather than others buying what they think the client needs Communal pets especially for those living in close proximity, i.e.: units, is also common – shared cats and dogs*

*visiting from unit to unit does appear to fill a void for some clients who no longer have a pet yet has the benefit for the pet if "owner" is away and contributions to food!*

*I agree with this but I have also seen a new pet give someone a new lease of life*

*I have found this in several cases in 2004. One of our heart failure patients who also has other health problems became severely depressed at the death of her beloved dog (who had to be put down after a long illness). She would benefit greatly from having another dog and we talked about the "adopt a dog scheme" at length. She, however, felt that she may need readmission to hospital or may become more debilitated and was worried that being divorced with no children and living alone that there would be no one to care for her dog in her absence.*

**Q. 13. Is the cost of keeping a pet a significant factor in clients' decision to have a pet?**

*I don't think many clients consider costs... they seem to care more about companionship*

*This does have an impact and I have found that some people will go without so they can provide for their animals or they allow their pets to become pregnant as it's too costly to have them de-sexed.*

*Sometimes clients will reduce costs on their food intake and/or budget to be able to cover the cost of pet foods.*

*No. In fact, it is the one cost which will usually take priority over their own needs. We even provide some clients with larger meals as we know that a portion is given to the dog.*

*Not from my observations. It's not unusual to see the pet in better condition than the client! I think the local vet services are accommodating to clients' needs*

*Cost is a part of it but available help when required is a large factor.*

*No. Continuing care was more of an issue, especially dog walking/exercise if further decrease in health or medical treatment and/or hospital admissions are likely.*

*No. The care involved is the greater reason.*

**Q. 14. Do you feel any of your isolated clients would enjoy a better quality of life with the company of a pet?**

*I do. We have a number of clients who live in remote rural areas & their pets are often their only company some days*

*Some may benefit. If a pet was introduced into the lives (of isolated people) they may become really close and it may help bring them out into the community eventually*



*I'm sure a pet would make a difference to isolated clients and have witnessed this with my own 88 year old mother who has a companion pet and wouldn't be without her.*

*In some instances, not all, as it can be another stressor for them.*

*Many clients have limited family living close by and are quite isolated due to mobility issues. A pet would be great company but stress or caring for it, costs and where it would go if they were in hospital, etc. impacts on their decision to have a pet.*

*Yes... I have seen transformation in isolated people's lives when they have got a pet. We have one chap on service who has chooks (chickens) and they are his life.*

*Yes. A lot of clients enjoy having another living thing in the house. Many clients say they only enjoy living to look after their animal.*

*Yes, it definitely would. If only for the emotional aspects of having a pet and the flow on health benefits of feeling happy/content but they also have higher levels of activity and so have the health benefits of activity.*

*An elderly gentleman recently bereaved moved into a block of units, isolated himself from neighbours, declined invites to socialise. Neighbour's cat started to visit, broke the ice, now takes cat out on scooter and has strong relations and support base with all neighbours in block.*

*Yes. I feel it would assist the client group. An example: a man's wife died. He stated that he wished he'd died as he missed her so much. He said he had to go on, though, as his wife had a dog (which he had never bonded with) and he needed to look after and walk the dog. He and the dog are now good friends.*

*Yes, however services to support the pet are required so that the pet does not become another task for already busy and stressed carers. Pets also provide carers who have had to relinquish care of the patient comfort, company, meaning and something else to focus on after spending so much time of the day on caring tasks.*

*I have seen situations where elderly clients are forced to surrender their pets... due to an inability to care for them in the home. This leads to a great amount of distress for the individual (compounded no doubt by a big sense of their own frailty. The distress is nearly a form of grief, especially if the pet has been a child or spouse replacement or link. We have seen several clients who spend days looking at photos of their pets.*

*Absolutely. I have a client aged 86 who had a 5 year old cat who died. The client's husband had died 10 years earlier and her son lives in Canada. The client was afraid that she might not live much longer but did want a pet. At the time she was grieving for her cat and was quite depressed. I encouraged her to get another cat and from my observation this has been a godsend. The client is much happier, animate and once again has a purpose in life.*

*I firmly believe that isolated clients would enjoy a better quality of life with a pet. There is much published research to indicate this. Anecdotally, throughout our program we have seen patients "do" better post-cardiac event if they have a pet. Their "mood" appears better.*

*Experience in other LGA's [Local Government Areas] shapes my belief that companion animals provide a hugely positive impact on quality of life of older clients.*

*My experience indicates that quality of life is vastly improved with a pet for those who are elderly and living alone. Many patients have spoken about the way their pet "believes they are human" and the clients report that they speak to them as though they are. "I tell my dog (or cat) all my worries", is a phrase I often hear. There has been some interesting work done on young male psychiatric patients who live on the streets who have a dog and how their dog is often their only friend or contact. To have a pet and be responsible for it makes clients feel needed.*

*I would agree pets definitely enhance quality of life of elderly and disabled people. I have found in the past that a precipitating factor in an aged person seeking hostel accommodation, feeling unable to remain at home, has been after the loss of a loved pet. Perhaps the cost would be much less, both psychologically and financially for the individual and the community if assistance was provided in order for the client to have a pet at home.*

**Q. 15. Do you feel the inclusion of a pet support program within your overall service delivery would be helpful to clients?**

*It is felt that the majority of clients who access HACC programs would benefit immensely from the introduction of this program*

*Yes because it makes our service more holistic and recognises that animals are of huge importance to the elderly and often their main companion. We consider our clients lives are difficult enough without grieving over the loss of an animal. We consider that an aspect of our duty of care re: looking after clients' well being is to facilitate companionship be that animal or human.*

*Yes. Support for the pet once the owner goes into residential care; support for the owner when sick or during hospital stays; opportunity to have resources to support pet staying with owner if owner cannot care for pet ,i.e.: walking, feeding, etc.*

*Yes, this is the case. We recently had a widowed client whose 10 year old dog passed away and at review assessment she was saying how much she missed her dog and how this was the first time she ever remembers being lonely. When we asked if she would get another she said if she was more able to look after one she would but couldn't keep up with a younger dog so wasn't getting one.*

*We are looking at incorporating a pet walking program in the social support program – firstly to encourage physical activity with the client. Barriers that some people face is that they can no longer safely use rollator/support cane whilst having the dogs on a lead. Volunteer had dog*

*person and can still come out for a walk for whatever distance. Or, goes to the park and sits and waits whilst the volunteer takes dog for a walk – an outing they would normally not have.*

*A pet support program could become a valuable part of our program and may encourage clients who have been reluctant to get a pet, especially if they know they will have support.*

*Yes. The reasons many aged people or people with disabilities choose not to have a pet include cost, worry about who will care for the pet if they are transferred to inpatient services in a hospital, inability to properly exercise the pet or properly groom it.*

*Only if sufficiently resourced.*

*Good if Local Government did this! and supported.*

*Would require some sampling to be done by assessment officers to collect relevant data but in theory would love to.*

*While this can be an integral part of a client's well being it is not necessarily something that should be introduced into an already under-resourced HACC program if other services would be impacted on. It would be great to see accessible and affordable pet supports by appropriately trained staff introduced into the spectrum of services available to assist people to remain independently in their home as long as possible.*

*I would be happy to look at anything that improved the lives of any of our clients. Even though demand has not been great for assistance so far, this type of program may encourage more people to enjoy the delights of a pet.*

**Q. 16. How does bereavement over the loss of a pet impact your clients?**

*My experience is when a client loses a pet the main concern is not "How to care for the animal" but "Who will care for it when I die?", "How will I know it will be cared for the way I care for it?" , "Will they hurt them?". The most recent comment from my own mother last week (after her companion of 16 years died) was "You wonder what was it all for, it hurts so much." So, fear of the pain of loss is still fresh. The elderly don't cope with the death of anything as well as a younger person. For the elderly the beloved pet is their life and focus every day.*

*Often clients suffer the same grief and loss issues they would if they lost a human family member. We have grief & loss counselling if required – this has not occurred as yet.*

*If a client is isolated from family or has limited social connections, they can become depressed by the loss of a pet, as it is maybe the loss of the closest relationship they may have.*

*The biggest factor is loneliness followed by reduced activity and then health decline follows significantly.*

*Often it is the pets that link them to their loved ones, another sense of loss, loss of companionship, house becomes lonelier. Often hear that they hope they pass away before their pet. Recently a gentleman lost his beloved dog – sole companion for the past 12 years. Although an ill man himself, once his mate had gone he too had passed away within the month. I would imagine this wouldn't be uncommon.*

*Clients who lose a pet feel the loss very deeply. They have often had the pet for many years and are unable to fill the void left in their lives.*

*Whilst we have not undertaken any research into this, anecdotally, we see the depression that the loss of a loved pet can bring about particularly when the patient is already coping with a major health issue. We had a female cardiac patient last year who became significantly depressed after the loss of her beloved dog and companion of many years who had to be put down. She ceased attending our program, became even more isolated and mourned the loss deeply for several weeks. Gradually she was able to resume contact with friends (not those who said: "It's just a dog."!!!) and began slowly to re integrate with life. Several of our elderly patients have spoken about the impact of the loss of their companions and best friends (their dog) and how depressed they became.*

**Q. 18. Research confirms that companion animals make a positive difference to the quality of life and well being of elderly and disabled clients. However, some say that pets are a liability to older people. What is your experience?**

*Pets can be of enormous benefit to elderly clients but when it comes to the client having to go into care, the parting can be quite traumatic.*

*Mainly positive. Negatives are when pet is ill or dies and the impact on the client. Often a high needs client who should be in residential care will not leave their pet to go into care*

*If older people are supported in providing the care for the pet that they're physically unable to, then pets make a valuable contribution to a person's life*

*Both. Most people experience very positive quality of life influences. Some older frail people have had falls as a result of a pet's behaviour, e.g.: around legs. I have known of pets who have reminded owners that it's time to eat and therefore this has reminded the person to eat.*

*I think there's truth in both points of view. However, I don't think pets are the liability; it is the absence of alternative arrangements, or the inability of residential accommodation to accept pets - that is the liability. Some retirement villages and hostels do accept pets which is wonderful and in these situations the ownership of pets is not a liability because the owners are not restricted by these considerations if they are contemplating a move.*

*We have incidents where people defer appropriately going into residential care because they are unable to take their pet. Pets can be a liability if people have some cognitive loss re: training and managing. Pets can be a trip hazard and cause problems with skin tears when they jump.*

*Pets can be an added burden to carers who are already extremely busy and stressed in caring for a family member or friend. Pets are a comfort when issues such as vet costs and support with daily pet care tasks have been planned for and met through informal or formal support networks.*

*Pets are often close companions to HACC clients and aid to reduce the feeling of isolation, however, when the client is no longer able to look after the animal it can become a liability to the client and affect their decision making processes, often putting the well being of the animal over their own*

*We have had a few occasions where the client was in need of permanent care and they have refused because they had pet/s and would not leave them at all. Due to this they were putting themselves and the pets at risk.*

*I think probably both. If you have problems caring for yourself you will also have problems caring for a pet. I believe there is a level of incapacity which would make it harder for older people. Also, if people no longer drive or have family who could assist a sick animal could be problematic.*

*My experience about pets for clients is all positive. However, I must add that sometimes carers and family members buy pets and expect clients' to live with and sometimes care for the pets, without much client input or care for client needs (or need not to have a pet). I have found this scenario to be destructive and have a negative impact.*

## **General Comments**

*Our (volunteer pet support) program is still in its formative stages and to date we have not publicised it broadly due to competing priorities and time constraints. The current arrangements are working really well and have made a huge difference to our clients' lives, to the dogs' health (some pets had not been walked for over a year) and to the dog walker/volunteer who is often someone who loves dogs but is not allowed to have one. It's a successful program all round and we look forward to it becoming a thriving, bigger program.*

*Pet support programs have operated within the HACC programs in an "unofficial" way for many years and it can only be a positive move to have this promoted as an independent part of our programs.*

*I feel at present there is a real gap in sociality and understanding of the needs of the clients for responsible pet ownership. I think education and supports need to be identified. Pets are a huge part of life and become part of the family let's cater for ALL the family.*

*Having a pet myself and witnessing my mother with her pet I know what a difference a pet can make to one's quality of life. For elderly people dogs are a great companion and also offer security, particularly if living alone. However, the tasks associated with caring for a pet particularly for those with limited mobility can prevent pet ownership from occurring. The ongoing expense associated with a pet can also impact on the decision to own one.*

*Family and carers in particular know that some clients refuse hospitalisation due to pets and can have poor health outcomes because of this. If hospitalised the client will push to go home and sometimes this can be too soon.*

*Pets are a huge part of many clients' lives. One PAG (Planned Activity Group) in our shire has 18 clients and all own at least one dog.*

*I have worked in community for approx. 17 years and this lack of support for people and their pets has always been an issue in my experience. I have witnessed the positive health benefits of owning a pet (mental and physical) for owners and those who live in close proximity, particularly those in Office of Housing high-rise. There are great concerns re: unintentional neglect of pets when people become physically or mentally unwell. There is also the grief and worry they experience with regard to their pet when they go into a home or hospital and those in the vast majority of cases where there is no one to adopt or take care of the pet.*

*A client lost her "beloved", now interred at Melton cemetery. As case manager, I used to take her once a month to see her "beloved". It was an all-day event. She grew her own flowers. The day began at 9AM with packing the car and flowers, a lunch of sandwiches and apples for both of us! A tape player with Elvis and Jim Reeves albums, cat food and water and the cat in a cage. At the cemetery she set up the tape recorder and played the tunes; the cat came out of the cage on a leash and we lunched beside her "beloved". She said the three of them did everything together. When her "beloved" knew he was dying all three travelled to Melton to select their plots. The cat died two years later from old age and on her death they will be interred beside her "beloved". Terrific planning for a lady with a long, chronic history of mental illness.*

## ***Appendix 2: Participating Service Providers***

### **HACC –LOCAL GOVERNMENT (in alphabetical order)**

Ararat Rural City Council  
Ballarat City Council  
Banyule City Council  
Bass Coast Shire Council  
Bendigo Health (HACC)  
Borough of Queenscliffe  
Central Goldfields Shire Council  
City of Benalla  
City of Casey  
City of Glen Eira  
City of Greater Dandenong  
City of Greater Dandenong  
City of Greater Geelong  
City of Kingston  
City of Knox  
City of Manningham  
City of Maribyrnong  
City of Maroondah  
City of Melbourne  
City of Monash  
City of Monash Shire Council  
City of Whitehorse  
City of Yarra  
Colac Otway Shire  
Frankston City Council  
Gannawarra Shire Council  
Glenelg Shire Council  
Greater Shepparton City Council  
Hepburn Shire Council  
Hindmarsh Shire Council  
Hobson's Bay City Council  
Hume City Council  
Indigo Shire Council  
La Trobe City Council  
Loddon Shire Council  
Mansfield Shire Council  
Maroondah City Council  
MECWA Cardinia Care – Shire of Cardinia  
Melton Shire Council  
Mildura Rural City Council  
Mitchell Shire

Moonee Valley City Council Volunteer Program  
 Moreland City Council  
 Mount Alexander Shire Council  
 Nillumbik Shire Council  
 Northern Grampians Shire Council  
 Orbost Community Health – Far East Gippsland (HACC)  
 Rural City of Wangaratta  
 Shire of Campaspe  
 Shire of Yarra Ranges  
 Southern Grampians Shire Council  
 Stonnington City Council  
 Strathbogie Shire  
 Swan Hill Rural City Council  
 Warrnambool City Council  
 West Wimmera Shire Council  
 Whittlesea City Council  
 Wodonga  
 Wyndham City Council

## **COMMUNITY & ALLIED HEALTH**

ACAS - Bundoora Extended Care Centre (Northern region)  
 ACAS - St Georges, Boroondara, Sth Darebin and Yarra municipalities  
 ACAS Outer East - Angliss Hospital  
 ACAS Ovens and King Community Health Service – Wodonga, Toowong and Indigo Shires  
 Austin Health Case Management Program  
 Bayside Community Options  
 Bendigo Health (HACC for Greater Bendigo Shire)  
 Benetas Community Care Eastern – Lilydale (Lawrence Lee)  
 Caulfield General Medical Centre - Aged Care (slow stream rehabilitation)  
 Caulfield General Medical Centre – Southern (Rehabilitation In Patient Services)  
 Caulfield General Medical Centre – Stonnington, Glen Eira, Port Phillip  
 Central Gippsland Health Service, Wellington Shire  
 Dandenong Community Rehabilitation Centre  
 Dianella Community Health (Finchley Support Service)  
 Eastern and Northern Metropolitan regions  
 Jewish Care – Victoria, Keshet Community Services  
 Kingston Centre – Southern Region – Acute Rehabilitation Program  
 Melbourne City Mission ABI Community Access Program  
 Merri Outreach Support Service – Northern Region  
 Moreland Community Health Service (Nth Metro Region)  
 North Western Aged Persons Mental Health Program (Nth West Region)  
 Older Persons High Rise Support Program - Kensington  
 RDNS Cities of Casey and Cardinia  
 RDNS Springvale Centre  
 RSPCA – Donor Relations Program



Stonnington Community Care  
Wintringham – Community Aged Care Packages program

## ***Appendix 3: Service Provider Survey Questions***

(1) The name of your organization and the region it covers.

(2) Describe your program within the organization

(3) Your position

***Please note: the questions following ask for approximate not exact numbers. A rough estimate is enough.***

(4) Approximately how many aged and disabled clients do you assist? Please provide separate numbers if possible

(5) Approximately what proportion of your clients reside in:

- ☐ public housing,
- ☐ other supported accommodation
- ☐ in private accommodation?

(6) Approximately how many of your clients reside with a pet?

(7) In the past 12 months approximately how many requests or enquiries have you or your staff received or are aware of for pet support services to clients from: (please state)

- *HACC workers*
- *Relatives/friends of clients*
- *Doctors or other medical personnel*
- *Other program personnel*
- *Other service providers in the sector*
- *Council Animal Management Departments*
- *Animal Welfare organisations*
- *Other*

(8) Which services have been requested? (please state)

- *Feeding*
- *Litter tray and waste disposal*
- *Dog walking*
- *Transport to vet, etc.*
- *Fostering*
- *Re-homing of pets*
- *Grooming*
- *Training*
- *Other*

(9) How do you respond to these enquiries?

(10) Do your HACC workers cover pet needs such as the above as part of the program anyway?

- (11) It's said that concerns about an inability to properly look after a pet prevent some elderly and disabled clients from getting a pet. What is your impression on this?
- (12) After the death of an existing pet, some ageing clients are reluctant to get another pet because they worry that they will not be able to take care of a pet properly. What are your observations?
- (13) In regard to clients in Q.9 & 10 above, is the cost of keeping a pet a significant factor in clients' decision to have a pet?
- (14) Do you feel any of your isolated clients would enjoy a better quality of life with the company of a pet? Do you have any examples you could give (no names are required)?
- (15) Do you feel the inclusion of a pet support program within your overall service delivery would be helpful to clients? If so could you explain why?
- (16) How does client bereavement over the loss of a pet impact your clients?
- (17) Do you play any role in re homing, etc., the pets of clients who die or move to a nursing home?
- (18) Research confirms that companion animals make a positive difference to the quality of life and well being of elderly and disabled clients. However, some also say the opposite, that pets are a liability to older people. What's your experience?
- (19) Is social isolation among the aged and disabled at home increasing in your region?
- (20) If the opportunity, resources and support came along would you establish a pet support program within your overall program?
- (21) Any other comments or suggestions?

## **Appendix 4: Service User Survey**

1. Do you have a pet? ☐ Yes ☐ No  
(To Q. 3)
2. If so what kind of pet/s do you have? \_\_\_\_\_  
(To Q. 5)
3. If not would you like a pet? ☐ Yes ☐ No  
(To Q 4) (To Q 12.)
4. Does concern about looking after a pet stop you from getting one?  
☐ Yes ☐ No ☐ Other \_\_\_\_\_  
(To Q. 12)
5. Do you consider your pet/s part of your family? ☐ Yes ☐ No
6. How important is your pet to your overall well being?  
☐ Essential ☐ Very important ☐ Somewhat ☐ Not important
7. Do you worry about what might happen to your pet/s if you were unable to care for them as well as you would like to? ☐ Yes ☐ No
8. If there was a local, volunteer service available to help you care for your pets would you use it? ☐ Yes ☐ No
9. Tasks required:  
☐ Dog walking  
☐ Grooming  
☐ Transportation to vet, etc.  
☐ Feeding  
☐ Tank or cage cleaning  
☐ Picking up pet supplies  
☐ Short-term foster care of your pet  
☐ Finding a good home for your pet  
☐ Training  
☐ Advocacy  
☐ Other \_\_\_\_\_
10. What would you expect to pay for this service?  
☐ Under \$10.00 per week  
☐ Under \$5.00 per week  
☐ Should be a free service
11. Would you need assistance:  
☐ Daily ☐ Weekly ☐ Monthly ☐ As needed

12. Do you feel a low-cost pet support program (for example, through the local council) for the aged and disabled is needed in your area?  
☐ Yes ☐ No ☐ Don't know
13. Do you feel pets play a positive role in the community? ☐ Yes ☐ No
14. Do you have a disability? (optional) ☐ Yes ☐ No
15. Do you receive HACC services? For example, Meals On wheels, Home Help, etc  
☐ Yes ☐ No
16. Your age range:  
☐ 20-30  
☐ 30-40  
☐ 40-50  
☐ 50-60  
☐ 60-70  
☐ 70-80  
☐ 80 plus
17. Would you like to be contacted if a pet support service is established in your area?  
☐ Yes ☐ No
18. Any other comments?

## **Appendix 5: Service User Comments**

Hundreds of letters, emails and comments were received in response to public notices about the research. Those from outside Victoria were not included in the statistics but are included here for interest. Some have been edited for the sake of brevity. Names used with permission. Where areas are not included comment was received by email

*Daisy, my Staffie-cross- Bullie is now eight and a half and she is still the light of my life. I was diagnosed with rheumatoid arthritis in 2000 and she is so very gentle and also protective of me. I can honestly say that without her I would probably be dead.*

Linda

*I am 61 years old and on a disability pension. I live alone in one way; on the other hand I have 2 dogs and a cat; have no human family here and the animals are sometimes the only reason I have to get up in the mornings, they bring me such love and joy, don't know what I would do without them.*

Win

*I am 75 years old and got my toy Poodle, Tobi, some eight months after my husband died... He follows me everywhere and sleeps on my bed and sits on a chair with me...I am so happy to have this dog –we love each other. I come home to a joyful greeting instead of a sad and lonely house. It would be wonderful if elderly people could have the same companionship that Toby and I enjoy.*

Berry

*I purchased a little Terrier in Nov. 1995 and suffered a stroke in 1996. Some one was looking after me that Nov. day. I have had 10 years of love, devotion and tender care all that time. Benji made myself get up and walk him, talk and take pride in my self again. He is my other self. I struggle to pay his grooming and vet fees but nothing is too good for him for he is my friend. PS: He makes rotten coffee.*

Barbara

*I know how important it is to have pets! My husband is 59 and he absolutely dotes on our 3 dogs and 3 cats. Sometimes I complain about how much we spend on food but he keeps saying they give far more in return. My husband was diagnosed with extremely high blood pressure a few years ago and we made a decision to move to Tasmania. Many times I find him snuggled up with one of the kittens and he just loves it when they sit on his newspaper when he is reading it. His health has dramatically improved and he is a kind and caring man ...instead of being an executive with an attitude!*

Kay

*My husband and I have had cats for the last twenty years or more and now have just one. It is said that cats are independent but I am sure ours couldn't live without us. When my husband or I go to hospital he doesn't seem to be able to settle down in the evening and wanders around quite a bit. We wouldn't be without him. He is one of the family and we worry about him as we once did our children, maybe he is a replacement? Margaret*

*I'm 53 years old and on a disability pension and a lovely old stray now called "Stayer" has adopted me. I haven't owned a cat before and the last animal I had was when I was nine so it was quite a shock for me at first but he's trained me well. No one knows how old he is but he means the world to me, he's given me so much love and trust I just can't believe it at times. My next door neighbour, Mabel, has just turned 100 and she loves my cat. She lost her cat when she was in her late seventies so Stayer has brought her much joy as well.*

Janette, Tugun, QLD

*I know my animals have a direct effect on my depression, because some people with depression lie in bed half the day as they can't face the day. Since I know my animals and birds need me it helps me to get up and plan my day and I have them to look forward to. Our animals love us unconditionally and I enjoy their affection and devotion more than most people! Having a peaceful day at home with them means it is far more likely to be stress free! Stress leads to anxiety and anxiety nearly always leads to depression!*

Patrea

*My husband and I are in our late fifties and early sixties and we have a beautiful pet cat. Actually, this is our second cat in about 28 years. You see, we lost our babies, were not able to adopt or foster due to our age (over 30). Anyhow, to cut it short, we adopted a most beautiful white Persian/Abby cross and she lived to nearly 17 years. After awhile we could not bear it on our own any longer and adopted Mubutu and she is the Queen of our household. We take her for walks, she gardens with us, eats with us, sleeps with us at the foot of the bed and is generally adored. If either of us is not the best she will keep watch. She makes us a family and our house a home. In the words of the song she is "so nice to come home to".*

Adrienne, Brisbane

*I would like to introduce "Poppy", she is my beautiful grey and white moggie and my constant companion. We live alone in a small unit and I am very disabled by severe osteo-arthritis in both knees. Poppy sleeps on my bed and I find this very comforting.*

Marguerite, Sandgate, QLD

*I am on a disability pension. I have heart disease, arthritis, diabetes, depression, back and neck problems and I am also just getting over a broken knee cap which was splinted for 9 weeks. I have a four year old, miniature, longhair Chihuahua, Buffy, who is my constant companion. When I go out she greets me enthusiastically upon my return, she sleeps snuggled against me. I would be so lost without her. She is my constant companion and with her I never feel alone.*

Lynn

*Pets provide companionship, affection and sometimes a structure or purpose in the lives of many people. They also assist elderly people maintain good mental health. If however, there are times of ill-health and hospital admission is required the care of the pet can be a great source of worry and concern. A (pet support) service could be invaluable.*

Ann

*I am 58 years old and have a severe hearing disability. I live with two adorable cats – Jessie and Annie. They are a constant source of aid to me – by their actions they let me know when the*

*phone rings, when someone comes, etc. They seem to know when I am "down"; when I can sleep in, when I have to get up early, etc. They provide companionship and we have communication "of sorts". They tell me what they want in their own way; and listen to me when I need someone to listen. When I occasionally have to go away, I usually put them in a cattery. I do not go away too often as this is expensive. I do not like to think too much about what will happen to them if something happens to me.*

Maureen, Leopold, VIC

*At the moment I am having trouble with osteo-arthritis, particularly in my knee. I am a little wary of walking (my dog) Daisy and would love it if the council were to participate in the Pet Support Survey. We all grow old but that should not deprive us of the joy, comfort and other benefits we gain from ownership of our pets. Eventually the results will benefit each and every one of us, except those who have found the fountain of youth. Many of my friends haven't replaced their pets fearing they will not be able to give them the proper care and attention or the fear that they will pre deacease their pet.*

Ross, Point Cook, VIC

*I had one dog only until Christmas Day when a small, tan and white Foxy dog jumped into my arms. I think he was sent for a reason. Called him Pee Wee. He piddles often.*

Barbara, Wendouree, VIC

*My wife is ill and we are unable to afford kennels so are not able to take holidays or a break. As we get older our pet dog has become a draw back to us getting away together because we love him so much we don't want to lose him or give him away. He is 14 years old.*

Keith, Berwick, VIC

*I am 64 and my husband is 74. Early last year we lost our Shi-Tzu, Chan, to cancer and said we would not have any more pets. However, we purchased two puppies and have not looked back. Our two girls make such a difference to our lives. It is just wonderful to be greeted on coming home as though you have been gone for hours. They greet everyone in the same manner and are so friendly. We are very happy that we made the move to purchase them and they really make a difference to our lives.*

Robyn

*I am 50, have a cat (as well as hubby and two sons!) but probably of more interest to you is the fact I also have the care of my elderly Mum – nearly 90 – who is physically disabled and who also is as great an animal lover as I am. Animals have always played an important role in our lives – we have never been without a pet of some kind. I firmly believe animals can play an important role in the lives of elderly and/or disabled people – sometimes a lot better than any drugs or counselling sessions.*

Kim

*My husband died very suddenly three years ago and it was very traumatic and distressing. My children bought me a Labrador puppy on the first Christmas after his death and this helped me tremendously. Since then I have adopted another dog and the two of them live with me providing wonderful companionship, affection and happiness to my life. Sue*



*I'm 55 years old and at times vulnerable to social isolation. My greatest source of comfort is my two Jack Russell terriers. One of the things I often fear is what will happen to my dogs if I get sick?*

*Many a time I've had to stay overnight in hospital, which isn't too bad, but recently I had to have a hip operation and knew I would be away for awhile. I was frantic worrying about my dogs as we don't have any pet minding services here. The only option is kennels which are too impersonal and too expensive for many people on low incomes. ...I honestly believe that someone in the health sector should consider this issue and come up with an appropriate solution...A community based service, may be a viable solution – possibly government funded if possible...Pets are very important to a lot of people... This is a real health issue one that has been sadly neglected for a long time.*

Jill, Maryborough, VIC

*I am a profoundly deaf woman 65 years (young!). Was widowed 6 years ago. My dear late husband was born profoundly deaf and mute and only had sight in his right eye.... During our 28 years together we always had a dog....Unable to have children, tried to adopt but were classified as "handicapped" and this really upset us. Never mind, we decided to get a pup. When my husband dies Cap was really upset and then realized that Col wasn't coming home. Eventually Cap passed away in 2004 and I grieved for him for weeks and weeks. After Christmas a friend landed in with a Shi Tzu/Fox Terrier puppy. I cried and named her Jessie. My health was down a bit and all my friends said I must have a dog! Now my health is the best it's been for sometime. To have Jessie is the BEST therapy for a lonely person.*

Helen, Batemans Bay, NSW

*Peppi was Daddy's darling boy – a Toy poodle full of love and devotion. Dr Bruce Ford, my husband and Peppi's dad was the medical director of Caulfield Rehabilitation Hospital and was an incomplete quadriplegic as the result of a birth injury. From the first moment Peppi who knew who was his special person and he rarely left his side or his lap. If Bruce got into trouble or called out, Peppi would run to me and say: "help, help!" He was a worrier as far as dad was concerned and would jump about and shout until every last detail of the rescue was completed to his satisfaction.*

*Bruce died in his own bed with Peppi cuddling him. As a mark of respect for his achievements in rehabilitation in Victoria, Caulfield Hospital allowed his ashes to be buried under a camphor laurel in the hospital front garden with a large brass plaque. We were given permission for a small brass Peppi memorial plaque to be added to his dad's rock in recognition of the amazing relationship. Peppi is the only dog in Australia to have a memorial plaque outside a major public hospital.*

Barbara Ford, VIC

*My dear dad died in June 2004 leaving my 75 year old mother on her own. They had been together since she was 17. Nine days later mum had a slight stroke. After that she lost interest in everything- was quite happy to just give up. It was really a difficult time for all involved. We decided to get her a dog. She went to the RSPCA and selected a dog called Duncan. Mum decided to leave his name Duncan because Slim Dusty's song "Duncan" had been one of dad's favourites. Within a few days it was obvious they were made for each other. Duncan seemed to sense that mum was fragile and not once has he knocked her over or tripped her up. Mum now*

*has someone with her 24/7. Mum now has a reason to be motivated in the morning and a responsibility. I dread to think of what would have become of mum without Duncan. Just as she was his saviour, I believe Duncan was her saviour.*

*Rhonda, ACT.*

*I had two dogs. One died 18 months ago. I have tried since then to get another. I recognize how important my dog is to my survival - I expect I will suicide when she dies as my isolation is complete.*

*Barbara, VIC*