

## **Pets and older people in residential care**

A project funded by the Society for Companion Animal Studies (SCAS) and the Pet Food Manufacturers' Association (PFMA)

Researcher: June McNicholas, B.Sc., Ph.D

## Introduction

National Statistics (2005) indicate that there are currently approximately 11 million elderly adults living in the UK, representing 18.5% of the total population. This is estimated to rise to almost 14 million by 2026. According to figures collated by Age Concern in 2004, a majority of these will eventually require some form of residential care.

The importance of addressing the psychological and emotional needs of older people has been clearly acknowledged in the National Service Framework for Older People (Department of Health, 2001) which refers to the importance of promoting health, psychological well-being and active life in older age. In 2006 Age Concern and the Mental Health Foundation conducted an inquiry into 'Mental Health and Well-Being in Later Life', which identified having pets as one of the important factors promoting well-being in older people. Whilst pet ownership amongst the UK general population is estimated to be around 50%, this diminishes with age. Nevertheless, approximately one quarter of all people over retirement age own pets, i.e. at present there may be 2.75 million older people who own pets.

It is therefore surprising that the importance of pet ownership has been largely ignored when catering for the needs of older people requiring residential care or sheltered housing. In contrast, there exists a significant body of literature that documents the benefits of pets to older people. Pets can be central to an older person's life and provide many of the emotional and psychological benefits associated with close human relationships. These can be summarised as including a long term companionship which often replaces absent human relationships; a sense of feeling needed and loved; a central focus to daily routines which frequently involve self-care as well as pet-care; and an increased exercise and mobility. In addition, the relationship between an older person and a pet may be linked with memories of a deceased spouse, absent family members, or special personal memories ( McNicholas & Murray, 2005). Pet ownership is also associated with better adjustment to major stressful life events such as spousal bereavement and coping with major health problems in later life ( McNicholas & Collis, 2006).

Loss of a pet can provoke reactions similar to those more commonly associated with a bereavement of a human relationship, the reactions to loss being proportionate to the importance and centrality of the pet to a person's life (McNicholas & Collis, 1995). Reactions to pet loss can be severe enough to lead to depression, disturbances to patterns of sleeping and eating, and onset of physical illnesses. However, despite this, the loss of a pet is often trivialised by society. Doka (1989) categorised pet loss as one example of 'disenfranchised grief' i.e. where expressions of grief and mourning are not widely accepted or recognised within a society. This can lead to an unwillingness on the part of a pet owner to express his or her feelings to others regarding the loss of a pet. Thus, grief over pet loss may seem 'invisible' in many instances, including when older people have to part with pets in order to enter care.

This need for recognition of the importance of pet ownership to older people was investigated in an early study conducted in Coventry in 1991. This study examined the effects of enforced pet loss on older residents of a number of residential care homes which did not permit personal pets. It was found that there had been no investigation of pet ownership during any admission procedures, nor did any of the homes have any policy to deal with the issue of pet ownership. Thus, residents frequently had to give up personal pets in order to enter care, this being unknown to staff and managers. It was found that residents who had given up pets experienced a

number of physical and psychological difficulties on entering the home. These included greater difficulties in adjusting to the move; more problems in social integration with other residents; a higher incidence of sleep and appetite disturbance; significantly more likely to report health problems such as worsening of existing ailments or onset of new illness, and a greater use of medications. In addition, it was discovered that the majority of these residents had not disclosed their feelings to the staff of the residences, or to their doctor. Nor were staff aware that any apparent problems may have arisen from the loss of a valued pet (McNicholas, Morley & Collis 1993).

These findings highlight two complementary strands of relevant research within human-companion animal studies. One strand concentrates on the benefits that can be derived from pet ownership, whilst the other has focused on the distress and grief-like responses that can occur when a pet dies or for some other reason is lost to the owner. Rather surprisingly, in view of the practical implications, these two strands are seldom juxtaposed. The very sections of the pet-owning population who may derive greatest benefit from pet ownership, such as older people, are also the most likely to be especially vulnerable to the effects of pet loss should events such as a need for residential care force them to part with pets.

Although the Coventry study was small-scale, it prompted a very influential project commissioned by the Joseph Rowntree Foundation in 1993 to investigate the relationship between older people and their pets, and the possible distress caused should owners be forced to part with their pets when entering residential care.

The study revealed that few residential care facilities (less than 20%, and including Joseph Rowntree facilities) for older people had addressed the issue of pet ownership and formulated any policy to deal with prospective pet-owning residents. In contrast, over 30% of homes reported having experienced the need to deal with residents distressed at having to part with much-loved pets, many of which had to be euthanased when their owners entered residential care due to a 'no-pets policy' by homes, or by a 'restricted pets policy' where only birds or small caged animals were permitted. This figure may be even higher since, as stated earlier, many residents are reluctant to admit that their feelings of depression are due to the loss of a pet. Despite cats and dogs being the most widely kept pets, these were excluded by over half the homes in the Rowntree survey.

The Rowntree report also highlighted a paradox in views regarding the value of pet animals to people in residential care. On the one hand there seemed to be a widespread belief that personal pets were undesirable in residential homes; that they would involve risks to health, safety, or increase the work load on already busy staff. On the other hand, visiting pets such as those belonging to staff, or dogs brought to homes under the Pro-Dogs PAT (Pets As Therapy) dog scheme were welcomed with no perceived risk to the health, safety or well-being of staff or residents.

The willingness to permit visiting or communal pets stems from research that has focused on the benefits of having animals in homes: increase in reality orientation for older psychiatric patients, and promotion of interaction and verbalisation between residents and between staff and residents (Haughie, Milne & Elliott 1992). This has fostered a general, although often vague, belief amongst care staff that pets can serve some useful beneficial function to residents. However, this belief completely disregards the fundamental difference between a personal pet and contact with a visiting or communal pet. Nor does it take account the detrimental effects of losing a valued relationship. It is as though the mere presence of an animal is considered of value, not the special qualities of the individual relationship.

It was concluded that a general lack of knowledge and recognition of the importance of person-pet relationships, and mistaken beliefs concerning presumed difficulties of allowing pets into residential care, meant that many homes had not considered the benefits that residents may derive from being allowed to keep their own pets in the home.

The Rowntree report achieved significant success in gaining recognition of the issue of pet ownership amongst older people requiring residential care. However, it was apparent that many practices were 'fragile' in that they depended heavily on the views of individual managers of homes. Changes in managerial staff frequently resulted in changes of practices according to individual managers' sympathies and concerns over accommodating pets with their owners.

A summary of the main findings of the Rowntree report (1993) is attached ( Appendix 1).

The current project, funded by PFMA, seeks to re-visit the Rowntree survey to ascertain what changes may have occurred some 15 years after the first major investigation of pet ownership in older people entering residential care. Using the same locations of six major cities in the UK, and the same questionnaire methodology, the project examines the following

- a) recognition of the importance of pets to older people
- b) investigation of pet ownership in older people prior to entering care
- c) existence of a policy on pet ownership amongst people in care
- d) permission to take personal pets into care facilities
- e) assistance to pet owners if unable to take them into care facilities
- f) numbers of pets relinquished to shelters or presented to vets for euthanasia
- g) views of managers and care staff regarding admission of pets
- h) views of older people as to whether pets should be admitted
- i) concern for health risks/zoonoses if pets were admitted

Findings from the current PFMA funded research are compared with the earlier Rowntree project in order to examine changes, if any, in the policy and practice regarding older pet owners when entering care facilities.

## **Method**

Methodology adopted for this study was based on the original methodology designed for the Rowntree Foundation. In an attempt to estimate the scale of the problem of older people having to relinquish pets, questionnaires were sent to animal shelters and veterinary practices requesting information on numbers of animals encountered for either euthanasia or rehoming for the known reason that an older owner was entering care. Vets were also asked whether they assisted in suggesting alternatives to euthanasia; animal shelters were asked for information regarding whether such people's pets were ever refused, for what reason and how often, who referred the pets for rehoming, the effects on the owner, whether welfare centres kept owners informed of their pet, and/or whether the centres provided any counselling for the alleviation of distress ( Appendix 2, Appendix 3).

Care facilities for older people ( private sector and those run by local authorities) were contacted in six major cities in the UK. These were situated in Cambridge,

Coventry, Birmingham, Manchester, Plymouth and York, and included residential/nursing homes and sheltered housing units. For the purposes of this report, the term 'care facilities' is used to cover all care facilities for older people, including sheltered housing complexes and residential nursing homes.

A questionnaire was sent to each home/facility requesting information on observations of distress at pet loss amongst clients having to part with pets when entering care; existence of formal policies on pet ownership within the care facility; investigation of pet ownership prior to admission; exclusion of particular pet species where some pets were permitted; help with rehoming pets amongst clients where pet ownership was not permitted; existence of visiting animals ( e.g. P.A.T. dogs) and/or communal pets. (Appendix 4)

Subsequent to receipt of the questionnaires to homes/ sheltered units, a sample of responses were selected for individual interview of managers, staff and, in some instances, residents, in order to provide qualitative information on the issue of pet ownership within care facilities for older people.

Focus groups comprising of older people (not presently in care) were also held in each of the six cities within the survey in order to assess feelings regarding the importance of pet ownership and whether these should be recognised by care facilities for older people.

## **Results**

### *The scale of the problem: responses from veterinary practices and animal shelters*

Estimates by Anchor Housing Association (1998) are that 140,000 pets are relinquished each year as a result of older pet owners entering care facilities which do not permit pets. Of this figure, approximately 38,000 pets are euthanased because they are unable to rehomed or they are taken to veterinary practices for elective euthanasia.

A nation-wide estimate of the numbers of pets relinquished/euthanased was beyond the remit of the PFMA survey. The original Rowntree study did not directly contact veterinary practices within the study areas. Instead, letters were placed in veterinary journals outlining the nature of the study and requesting responses from veterinary surgeons on the topic of euthanasia of pets owned by older people who were entering care. Responses suggested that most veterinary surgeons regularly encountered pets presented for euthanasia for the simple reason that their elderly owners were entering care facilities. Most vets responded that between 2 and 4 pets were presented each month for euthanasia. This was distressing for owners, vets and staff at the practice. The estimates from the Rowntree study were that 1500 pets each year were relinquished in the study areas due to older pet owners entering care facilities that prohibited the keeping of personal pets.

The current survey on behalf of PFMA contacted a sample of vets within the study area for numerical information on the number of pets presented to them for euthanasia for the known reason that their elderly owner was entering care facilities. A short questionnaire was sent to veterinary practices in the study areas ( Appendix 5). This also included a question whether vets gave information about procedures for

rehoming pets to avoid euthanasia of animals belonging to older owners entering care facilities.

The current PFMA study shows that more vets are prepared to refer owners to potential rehoming facilities to avoid euthanasia of healthy pets. Unfortunately, there is little information on whether those pets referred to animal shelters are accepted, rehomed or eventually euthanased.

Responses were received from 44 veterinary practices in the study areas.

All veterinary surgeons reported that they had been presented with pets for euthanasia for the known reason that an elderly owner was entering care facilities. The average number of pets presented for euthanasia for this reason was 2 pets per month.

Most vets were able to supply information on animal shelters that may take animals for rehoming, and willingly passed this information on to owners. These included Cats Protection, Dog Trust, Wood Green and Blue Cross, plus various smaller, local animal shelters. Wherever possible, vets attempted to avoid euthanasia of pets except when very elderly or infirm pets were involved and which would present a problem for satisfactory rehoming of that animal.

Vets and vet nurses also expressed a concern that pets presented for euthanasia were frequently brought into surgery by relatives of an elderly owner. A major concern was whether the owner was aware of this. Although most vets attempted to refer owners to animal shelters, it was unknown how many pets were accepted or satisfactorily rehomed, or how many were euthanased at the shelter.

Estimates of pets presented for euthanasia in the study areas examined for the PFMA survey exceed 1000 per year. However, this figure does not reflect pets presented for euthanasia when taken into surgery by relatives of an elderly owner where the reason for euthanasia is not given, nor does it reflect pets accepted by animal shelters but subsequently euthanased in the event of non-rehoming.

#### *Questionnaire to animal shelters*

A questionnaire was sent to animal shelters operating in the study areas (Appendix 6) to investigate the numbers of pets taken in as a known consequence of elderly owners entering residential care facilities. The questionnaire requested numbers of pets taken in by shelters for this reason; whether shelters thought the numbers were increasing, decreasing or remaining stable; whether shelters had to refuse pets of older pet owners; and reasons for any refusal.

The Rowntree Survey received 23 responses from animal shelters operating in the study areas. The PFMA survey received 20 responses from animal shelters in the same areas.

#### *Animals taken in for the known reason that older owners were entering residential care*

	<b>Rowntree survey 1993</b>	<b>PFMA survey 2006/7</b>
10+ animals per month	17%	11%
4-9 animals per month	26%	18%

1-3 animals per month	58%	63%
Less than 1 animal per month	-	8%

Responses appear to indicate an overall reduction in animals relinquished to animal shelters, but that there is still a steady number of pets, mostly cats and dogs, placed with them for the known reason that their owners were entering care facilities.

*Are the figures increasing, decreasing or remaining stable?*

	<b>Rowntree survey 1993</b>	<b>PFMA survey 2006/7</b>
Increasing	44%	32%
Decreasing	2%	5%
Stable	52%	62%

Figures suggest stability in numbers of animals relinquished to shelters with, perhaps, a minor decrease in numbers.

*Reasons for refusals to take in pets belonging to older owners entering care facilities*

Most shelters stated that they tried to take in all animals offered to them for rehoming, especially if belonging to older owners. However, over half of shelters from both the Rowntree and the PFMA surveys said that, on occasion, they were forced to refuse pets because of available space in their facilities. Other reasons for refusal included the age of the pet (older pets were frequently refused as they are most difficult to rehome); chronic health problems; and temperament problems.

*Distress caused at giving up a pet*

Most shelters said that the owners were very distressed at having to part with their pet. However, pets were often taken to shelter by people other than the owner, raising the question of whether the owner knew what arrangements were being made for their pet.

Only a minority of shelters offered counseling (or referral for counseling) to older owners giving up pets.

All shelters stated that they required owners to sign over legal ownership of the pet before starting procedures for rehoming. Owners were rarely reluctant to do so, although many showed visible signs of distress. Many had stated that they had visited their veterinary surgeon to ask for a health check on their pet prior to submitting it to the shelter in the hope that this would aid rehoming opportunities for their pet.

Most shelters did not pass on information to owners if their pet had been rehomed, although many owners wished for this information. Only 14% did so routinely with an additional 8% doing so if specifically requested by the owner and agreed to by the new adoptees. No shelters routinely passed on names or addresses of people adopting pets relinquished by older owners entering care.

*Comments from shelters*

Many shelter staff expressed the opinion that people going into residential care or sheltered housing should not have to give up pets, pointing out the distress this

caused to owners. Others said that they felt cats would cause few problems in a home whilst dogs belonging to older people were often old themselves and were unlikely to pose problems in homes. Several comments were that residential homes were supposed to be 'homes' for people, and for some people a home meant having their pet with them.

Most centres wanted wider awareness of issues relating to pet ownership (especially social and health benefits); how people could be helped to keep their pets with them; or who to contact for advice if the need arose. It was felt that little help was offered to people entering residential care, and that pets were often regarded as 'bits of furniture to be got rid of'.

In summary, many people entering residential care *do* have to give up valued pets. Animal welfare organisations report a steady number of pets being placed with them for rehoming because of this specific reason.

In annual terms the number of pets, usually cats and dogs, requiring rehoming because owners cannot take them into residential homes/sheltered housing may be between 1000 - 1500 for the six areas in the survey alone. This is based on the animal welfare shelters' own monthly figures, and does not include pets which were originally welfare boarding cases but later required rehoming because the owner was unable to reclaim it. Nor does the figure include pets that were not taken to rehoming centres but were euthanased by veterinary surgeons.

#### *Questionnaires to homes*

A questionnaire was sent to residential care facilities in the six study areas ( local authority and privately run). A total of 234 responses were received from homes/facilities for older people. This compared favourably with the 276 responses received in the Rowntree study across the same locations.

An 'at a glance' table of findings is given below, followed by a discussion of each questionnaire item.

<b>Questionnaire item</b>	<b>Rowntree 1993</b>	<b>PFMA 2006/7</b>
Observed distress at pet loss	34%	39%
Written policy on pet ownership	20%	35%
Investigation of pet ownership prior to entry	48% ( <i>see below</i> )	24%
Homes 'always' permitting pets	27%	29%
Help given to rehome pets	36% ( <i>see below</i> )	26%
Permitting own pet to visit	46%	34%
Permitting other visiting pets (e.g. P.A.T dogs)	79%	56%
Presence of a 'communal pet'	59%	62%

### Clients noticeably affected by separation from or loss of a pet.

The original Rowntree survey in 1993 indicated that over one third (34%) of entrants to care facilities showed noticeable symptoms of distress following pet loss/pet separation. The current survey reports this has increased to 39%. In reality, the figure for both studies may be higher since many older people do not disclose their feelings about loss of a pet, nor do staff always investigate underlying causes of distress, depression or inability to adjust to new surroundings.

### Homes having a written statement of policy on pet ownership

In the 1993 Rowntree study only one fifth of care facilities for older people had any formal, written policy relating to pet ownership amongst their clientele. The current survey shows this has increased to 35%. This may be due to the success of the original Rowntree survey and the several other studies it prompted, including surveys by Age Concern, Pathway and Anchor Housing, all of whom adopted the Rowntree guidelines for policy making on the matter of pets and older people.

However, despite a welcome increase in formal policy on pets, this needs to be treated with some caution. It was apparent from responses that many managers 'assumed' there was a policy or that someone, somewhere, had addressed the issue and that a policy of some sort existed. In fact, only 19% of responses to the current PFMA study were able supply copies of a formal policy statement on the admission or refusal of pets into care facilities for older people. This suggests that the situation may not be significantly improved since 1993 Rowntree study.

Where pro-pets policies existed, policy statements were clear and often sympathetic to pet owners. Anchor Housing Association issues a booklet 'Don't leave a friend behind' as advice for pet owners entering their care establishments. Birmingham City Council permits pet ownership in all its sheltered housing. Two other associations which operate a no-pets policy issue a letter to potential residents advising of their policy with advice on how to contact facilities which do permit pets.

Although such measures are to be welcomed as an improvement, it still remains that up to 65% of care facilities do not have a formal policy on pets.

### Homes having to take formal decisions on individual cases(s) regarding pet ownership.

Where no formal policy existed many homes nevertheless had to address the issue of whether to permit pets in individual cases. The Rowntree study reported that 56% of homes responding to the question stated that they had at some time had to reach a formal decision on dealing with a pet owner entering care. The current study shows this figure to be rather lower at 36% although in most cases the outcome was favourable to a pet owner providing he/she could adequately care for the pet.

A significant development since the Rowntree study appears to be the formation of Residents' Committees which frequently make decisions on matters of relevance to people within the care facility. Many managers responding to the current survey gave accounts of pet ownership being an item debated by residents to form policy for that particular home/sheltered complex. In most cases outcomes were favourable with the proviso that residents owning pets should be capable of caring for them and ensuring that no nuisance was occasioned to other non-pet-owning residents. Although such

moves are welcome, it could be argued that such decisions are impermanent, subject to change, and, although flexible, may be fragile and dependent on the composition of the committee of the time. This was a major criticism in the original Rowntree report where managers/officers in charge were responsible for decisions on pet ownership. It was found that high staff turn-over resulted in frequent changes in 'policy', often to the detriment of pet owners.

#### Investigation of pet ownership prior to entry

In the Rowntree study, 48% of care facilities stated that they always investigated pet ownership amongst potential residents prior to their entry. The current survey found only 29% of homes said they always investigated pet ownership prior to entry. Although this appears to suggest a significant decline it should be noted that the figures obtained by the Rowntree study were possibly inflated as random telephone calls to approximately 10% of the homes that stated that they always investigated pet ownership were found to have selected that response because they 'assumed' that someone must have investigated, although they were unable to verify whom. In many cases, it transpired that no-one had addressed the potential problem of pet ownership in applicants seeking admission to care facilities. The relatively high figure reported in the Rowntree study should therefore be viewed as unreliable.

However, the current study suggests where pet ownership is investigated prior to entry this appears to be done more effectively than before. For example, several homes now have pro-forma letters which invite prospective entrants to discuss pet ownership if they feel it important. Not all homes issuing such invitations allow pets but at least they recognise that pet ownership can be an important factor in decision making for potential clients. However, only 24% of homes said they helped in rehoming pets if it could not be accommodated within the home. Although this is a slight improvement on figures obtained from the 1993 Rowntree Survey (18% helped in rehoming pets), it indicates a continuing lack of understanding of older people's need to know their pets are adequately cared for should the need for rehoming occur.

#### Homes permitting personal pets

Although 20% of homes in the Rowntree study and 22% of homes in the current study stated that they 'always' permitted personal pets, closer examination of responses revealed that many of these homes prohibited cats and/or dogs despite these being the most popularly kept pet species and, arguably, the sort of pets with which owners are most likely to have closest bonds. A full break-down of figures is listed below

<u>Frequencies of response patterns on permitting pets</u>	<u>Rowntree</u>	<u>PFMA</u>
'Always' permit pets - cats and/or dogs permitted	20%	22%
'Always' permit pets - cats and/or dogs <i>not</i> permitted	4%	6%
'Sometimes' permit pets - cats and/or dogs permitted	32%	34%
'Sometimes' permit pets - cats and/or dogs <i>not</i> permitted	16%	7%
'Never' permit pets	20%	27%
Non response to question	9%	4%

It can be seen that few major changes appear to have occurred since 1993. Although there seems to an increase in numbers of homes who 'sometimes' permit pets being

more willing to accept cats and dogs, this is countered by an increase in homes which never permit pets of any kind.

In addition, it should be stressed that these figures represent only those homes responding to the survey. Homes that did not respond may well be even less favourably inclined to admit cats or dogs or any pets.

Sheltered housing complexes were the most likely to admit cats and dogs, providing they were well-behaved, did not cause a nuisance to other residents, and the owner could adequately care for them. However, residential homes that permitted pets tended to be most tolerant of pets of all kinds (including admission of 'exotics' such as reptiles and 'unusual' pets, and even in some cases extending to larger animals such as goats and donkeys where facilities allowed). Such homes were also less likely to enforce a 'one pet' rule whereby a potential resident can only take one pet into care facilities when they move in.

Indeed, the 'one pet' rule is an issue frequently overlooked by homes, even those with pro-pet policies. Many people own more than one pet, maybe a pair of cats or a cat and a dog. The 'one pet' rule forces a choice between pets which can be very distressing for owners. Whilst it can be appreciated that homes do not want to be over-run with pets and needs to impose some limit on pets, it is questionable whether a person who can adequately look after one pet is incapable of looking after two. In practice, older people requiring care are not owners of large numbers of pets. The most found in the PFMA survey was three cats. Therefore fears of being 'over-run' are probably groundless.

#### Help with rehoming pets

If, for whatever reason, a person could not take his/her pet into a home, few homes are active in helping to find alternatives to euthanasia. 64% of homes in the Rowntree survey and 74% of homes in the PFMA survey did **not** routinely help pet owners find alternative care for their pet. However, of the 27% of homes in the PFMA survey who did offer help, this was found to be of great use to potential residents, and often included lists of local shelters, local contacts etc well in advance of a person's decision to take up residence. Although comparison of the figures from the two studies suggest a decrease in help to rehome pets, the responses from the Rowntree study may be inflated since, as with responses to the item on investigation of pet ownership prior to entry, it is apparent that many managers assumed that help had been offered where applicable prior to any application for entry to the care facility.

#### Allowing a resident's own pet to visit

Regardless of whether a home had helped in rehoming a pet, many were, or would be, willing for a person's own pet to visit them at the home. Of homes for older people in the Rowntree survey, 46% said that they would always permit a person's pet to visit. The PFMA survey showed rather fewer homes prepared to permit personal pets to visit, this figure being only 34%.

Main reasons given for not permitting visits from personal pets included risks of disease, fears of poor behaviour, and resulting distress on the part of the previous pet owners. Conversely, homes that did permit such visits reported benefits such as

the owner's happiness that the pet was healthy and well cared for, and that such visits were often enjoyed by other residents.

#### Visits from other animals, such as PAT dogs, staff pets etc

Well-behaved pets ( but not personal pets of residents) were largely welcomed as visitors to homes, even in homes which prohibited keeping of personal pets. These included P.A.T. ( Pets as Therapy) approved animals and pets owned by staff. This may be due to 'folk belief' that pet contact is 'good' for people, coupled with the knowledge that the pet concerned is well-behaved and healthy.

In the Rowntree study it was found that 79% of homes were always willing to permit visits from PAT dogs and/or staff pets. In the PFMA study, this was only 56%, perhaps explainable through increased concerns for zoonotic diseases such as MRSA and Clostridium Difficile that had received substantial media coverage since the original Rowntree study. As one manager stated, it is easy to exclude animals from homes and, in doing, allay fears that risks to health may be averted through prohibiting contact with animals.

Homes that did permit pet visits did not perceive increased risks to health through contact with pet animals, providing they were healthy and under the control of handlers. Nor did they report any problems experienced through allowing animals to visit.

#### Presence of a 'home pet' or 'communal pet'

Many care facilities for older people have a 'communal pet' i.e. an animal living in the facilities which is not owned by any resident. This animal may be a cat or dog owned by a manager or member of staff and permitted to live in the facility and interact with residents. Alternatively, communal pets may take the form of aquaria or aviaries which are maintained by staff and residents. In many cases the presence of a communal pet is used as part of an explanation for refusing entry of personal pets in that any desired contact with animals is maintained through the communal pet.

Although often genuinely believed to be a benefit to older people (as indeed they may be), communal pets are unlikely to be able to compensate for the loss of a personal pet. As stated earlier, pet ownership is likely to involve a close emotional relationship with one or more particular animals built up over time and encompassing aspects of mutual affection; memories of lifestyle prior to entry to the care facility, including joint ownership with a deceased spouse and/or memories of other family members; and a supportive role played by the pet at times of distress. Although communal pets may be a means through which residents are able to maintain an enjoyable contact with animals, they are very unlikely to be play the same valued role as that provided by a personal pet.

In the Joseph Rowntree study, 59% of care facilities had a communal pet. In the current study this had increased slightly to 62%, although fewer facilities kept cats or dogs as communal pets. Reasons given for keeping communal pets were often centred on a manager's own liking for pets and his/her own understanding of benefits of pets to older people, although this latter was frequently based on 'folk theory' or, at best, anecdotal reports of benefits of contact with pet species. There was little evidence that any managers were aware of findings from scientific studies into the ways in which *personal* pets could provide physical, social, emotional or

psychological benefits to their owners. Some managers were, however, aware of what their own feelings might be at the loss of their own pet but were not always able to fully relate these to potential feelings of residents.

Reasons for not keeping communal pets of were again often based on concerns for health and hygiene. Common fears were that animals may cause accidents ( tripping over a cat or dog was most cited) or that pets in the home would increase risks of illness, allergies, or unpleasant presence of fleas and other parasites. Other concerns were that some residents may welcome pets whilst others would object and this may cause conflict amongst residents.

### ***Interviews with managers/care staff***

From among responses to the questionnaire, 20 homes were selected for interview. Officers in charge, care staff and residents (where possible) were interviewed. In addition to face-to-face interviews, a further 12 homes were contacted by telephone. In these instances only management or care staff were questioned.

Interviews with managers and staff took the form of informal semi-structured interview schedules to assess knowledge of the benefits of pet ownership, recognition of the applicability to their client population, recognition of the effects of pet loss, investigation of pet ownership prior to entry, and knowledge and use of resources that could help alleviate the effects of pet loss. We also requested details of specific instances that had been encountered relating to pet ownership or pet loss amongst residents, and other views or comment not directly addressed in the study.

Most of the management and care staff interviews were very similar in content, so a broad overview of the main findings is presented.

### ***Interviews: Managers and care staff***

All managers and staff responded that they did consider that some people may be severely affected by pet loss, often citing personal experience of a pet and/or pet loss as a source of this consideration. Only four of the managers had any detailed knowledge of research in the area of pet-person relationships, obtained from a nursing journal and from courses attended where the lecturer had had a personal interest. Several other managers and some care staff 'had heard' that stroking pets was associated with a lowering of blood pressure, but were unaware of other research. None had talked with other professionals or other homes about pet loss or pet ownership, although many were able to recount experiences from working in other homes. Most believed that the majority of homes/sheltered housing complexes did not allow pets, leading those that did permit pets to consider themselves as unusual, and those that did not permit pets to consider themselves as 'in line' with others in their field.

Despite the universal belief that some people could be affected by pet loss and that this should be considered by all homes, the responses differed when asked about the applicability of pets to managers and staff's own client group. Whilst the majority of managers and staff said it should be applicable to their clients, there was some feeling that people with learning difficulties or with degenerative dementia would not be able to identify with pets or would not miss them because 'they probably weren't theirs anyway'. Equally, two managers expressed the view that older people did not need to be bothered with the trouble of pets at their time of life, and that they

'probably got over it quickly' even if they had given up a pet because 'it is a time of life when there are lots of losses'.

The majority of responses indicated that, in theory, the issue of pet loss was applicable to all homes; what could be termed 'practical problems' influenced most respondents' assessment of the role in their homes.

Managers and staff were requested to consider how a person might feel, or how they would act if upset at losing a pet, and whether staff would be aware of the possible cause. Most responses were prefaced with 'I don't really know' but then went on to state that loss of a pet could be like losing a 'friend', a 'family member' or be 'like a bereavement'. Most staff then described the symptoms of a bereavement, such as crying, being withdrawn, not wanting to eat, and needing attention. Some staff recounted specific incidents they had encountered, some of these are presented at the end of the study. However, all staff said that if they encountered these responses in a resident they would be aware that something was wrong but would not think of pet loss unless specifically informed that the resident had lost a pet. Any such observation in a resident was more likely to be attributed to physical illness or generalised anxiety.

This led the interviews to the subject of investigation of pet ownership prior to a resident's entry. Although the results from the questionnaire had been encouraging, with between a half and one third of homes stating that they routinely undertook this investigation, few were able to say with any certainty that this was actually carried out. Most said they assumed it was but were unable to identify who might do this or at what stage of the admission procedure. The remainder stated that they were reasonably certain that the investigation never took place.

However, all managers and staff said that it would be desirable to investigate pet ownership and very easy to perform, being only one or two additional questions in a routine assessment and admission procedure.

Interviewees were asked if they had ever been given information about pets of people about to enter care. Only staff in homes permitting pets had encountered this. One manager said that she was regularly given advance warning from a sympathetic geriatrician in the area who actively referred pet owners to her home. She had also been contacted by a clergyman anxious that his parishioner would not have to part with her pet when leaving hospital. Strangely, there was only one incident of a resident's family volunteering information in enough time for the home to make arrangements to accommodate the pet. The most common contact with relatives regarding pet ownership was information that a pet had been destroyed. Some staff felt resentful of this since they felt that they would have to cope with any resulting problems. Social workers were seen as a reliable source of such information should it be relevant, although interviewees were unable to be certain that social workers always possessed this knowledge.

When asked how they would cope with a resident who was affected by pet loss, staff responded that they would try to be sympathetic and give time to talk about the pet. However, they acknowledged that this could only be done if they were aware of the loss in the first place. Key workers, social workers and managers were considered to be the most likely people for a resident to be able to discuss feelings with, or, if this was not helping, a GP or social worker. There was no knowledge of 'helplines' run by SCAS or other bodies which give advice to people suffering from pet loss, although all staff said they would consider using them, usually as soon as pet loss was realised, and were anxious for information.

Assistance in rehoming pets was rare. Most staff and managers were willing to help but said that in most cases action had already been taken before they were involved in the care of the resident. Nearly all stated their willingness to make contact with any organisation they thought could help re-home a pet if this would make things easier for the resident. Unfortunately, the majority were unable to think of organisations that could offer assistance or advice in rehoming matters. It was striking that the first organisation mentioned as a possible helping agency was the PDSA which does not re-home, but offers free veterinary services to people on low income. There was little or no awareness of local animal welfare shelters, even though they appeared in the locality's Yellow Pages directory, or of national organisations such as The Blue Cross and Wood Green animal shelters. Again, there was willingness to help, but little knowledge of what to do.

All interviewees felt there was a role for homes with a policy of prohibiting pets. This was seen as desirable in the interests of free choice for homes, and for staff and residents who do not wish to have contact with animals. A balance of homes permitting pets and not permitting pets was seen as an ideal. Particular reasons forwarded for adopting a no-pets rule included wishes of residents, chronically ill residents, where there could be risk of infection or pets causing falls, and where animals could be at risk from residents or from the home's location e.g near a main road.

Visiting pets were almost universally seen as acceptable whether these were a resident's own pet that had been re-homed, visitors' pets, pets belonging to staff or scheduled visits from PAT dogs. Very few restrictions were placed on such visits providing the animal was well-behaved, kept away from kitchens and eating areas, and owners observed commonsense rules such as not allowing the pet to be in contact with people who did not want to meet it, and avoided mealtimes or late night visits.

When questioned about policy, most managers and staff felt that a more formal procedure would clarify options open to them, and identify sources of advice. Many said that they wished they had some document to which to refer if or when the situation arose, instead of having to 'muddle through'. Even those homes possessing a policy, or having policy imposed on them from a higher source, felt that it was inadequate and seldom communicated. In fact, no-one could think of an appropriate person to refer to if a problem arose!

However, whilst policy was regarded as desirable, nearly all homes were opposed to any form of legislation being imposed on them as attempted in parts of the USA. It was feared that a right of pet ownership would be highly undesirable, infringing the rights of others who did not want contact with animals, making it difficult for staff to cope, and a possible source of distress to animals if owned by people who were unable to care for them adequately. Some flexibility was seen as extremely important, and most saw the solution in sympathetic policy that could be adjusted to the residents' needs, accompanied by recommended practices and sources of advice.

Although it was anticipated that there would be differences between managers and care staff in their attitudes to permitting pets in homes, this was not found to be the case. However, there were instances where staff thought that management held different views. For example, some staff *believed* that managers were not willing to accept pets or play any part in recognising their importance to residents. Equally managers occasionally identified staff as probably unsympathetic to pet ownership or

unwilling to accept any additional work this might involve. In fact the views of management and staff were remarkably similar during interviews, with the majority agreeing that more should be done to deal with pet ownership amongst potential residents. Both management and staff frequently thought that other agencies such as Social Services department, or Environmental Health departments would not allow pet ownership to be considered.

### *Residents*

Eighteen residents volunteered to speak to the interviewer.

Few residents were aware whether pets were formally permitted or not permitted in the home in which they resided, although they were able to state whether anyone in the home owned a pet. Of those interviewed, 12 owned pets themselves in the home (cats, small dogs, caged birds a guinea pig, pet rat and a rabbit). Apart from the rabbit, each of the pets shared the owner's room. The cats had relatively free range of the home, with the dogs accompanying the owner on a leash when moving around the residence.

Seven of the pet owners said that they had owned their current pets prior to entry, and that they would not have considered moving without their pets. Three had owned pets which had accompanied them into the home but had since been replaced. The remaining two had acquired pets after entry.

Most residents were willing to have pets in the residence where they lived, even if they did not personally wish to own them, providing the pets did not cause a nuisance. Possible sources of nuisance suggested were noise, damage to property or gardens and dog or cat hairs in lounges or other peoples' rooms. There was no mention of disease or danger to safety. Most residents thought that people should be able to decide for themselves if they wanted a pet, and should be permitted to do so providing they were capable of looking after it. They did, however, think that residents and staff should be consulted.

Some personal likes and dislikes were apparent, one resident saying that he would not accept a cat in the residence at all, and two others saying that *small* dogs would be acceptable but they would be nervous of large dogs until they got to know it.

Of the non-owners, 3 said they would like a pet of their own, but were concerned that they would pre-decease it, or would need help to care for it. Most residents held staff in high esteem and, whilst sure that they would assist in pet care, were reluctant to add to their work load. In homes that already had pets, residents often helped with their care.

It was unexpected that residents often appeared indifferent to visiting animals or to resident communal pets. On the subject of visiting pets, such as PAT dogs, many said that they enjoyed the visits while they occurred but didn't attach any great importance to them. Three residents saw them as a source of amusement, not because of the animals' presence but because of the expectations of the people involved. "We are supposed to pat them, you know, to do us good", as one resident said with a twinkle in her eye. Another said that the *handlers* enjoyed bringing the dogs and the *dogs* enjoyed it!

Whilst a communal pet would be treated affectionately by most residents, there was often an absence of any real feeling toward it. This was apparently because it did not

belong to anyone in particular and residents did not have any responsibilities for its care and well-being. There was no evidence of residents forming any sort of individual relationship with communal pets.

*Summary of reasons for pro-pets/anti-pets practices from managers, care staff and residents*

1. Where formal policy (e.g. by Local Authorities or Housing Associations) does not exist, the decision to consider pet ownership amongst residents is usually undertaken by the home manager. If he/she owns or has owned pets it is likely to be recognised as part of other peoples' chosen lifestyle.
2. Most homes permitting pets see themselves as 'unusual' in their geographical area.
3. Pets are regarded as important aspects of the daily life within the home.
4. Owners and non-owners enjoy the pets. Even minor disagreements between residents are often seen as resulting from relatively good natured 'teasing'.
5. Personal pets are frequently recognised as more important than communal pets.
6. More work is expected of staff but this is minimal, usually confined to feeding the cats, letting the dog into the garden, shopping for food.
7. Homes sympathetic to pet ownership often absorbed costs incurred, such as vet fees for vaccination or worming. None had considered insurance against vet fees.
8. These homes were more likely to know how to handle the death of a pet, and the reactions from all residents - not just the owner.
9. Most homes gave examples of how pets contributed to the happiness of the residents. For example, as conversation topics, as companions, as an object for concern over its well-being, as part of their chosen lifestyle, and as sources of amusing events.
10. Many homes had to be prepared to stand against opposition from Council departments, especially Environmental Health Officers. They expressed the opinion that they were judged as offending in some way and had to show firmly that their practices were sound. It was felt that this deterred all but the most enthusiastic of potential pet-permitting homes.
11. The number of people wishing to own pets remains relatively stable. Permitting one to own a personal pet does not result in a flood of requests. Nor had any homes been requested to allow any 'unusual' pets, such as exotic species.
12. 'Ninety-nine percent' of problems are minor and easily solved. e.g. introduction of a new pet to existing pets and residents.
13. Incoming pets rarely have behavioural problems.
14. Some homes started with strong feelings against personal pets but, through particular individual cases (however reluctantly received at first), realised that the effect on the home and residents was substantially more beneficial than disallowing pets. Such homes then continued to permit pets.

15. In two cases, residents instigated a change in policy. In one instance a lady was somewhat grudgingly permitted to bring her dog, although she was told she would not be permitted to replace it when it died. However, the residents missed it so much when it did die that they formed a petition to the home manager to permit a replacement. This resulted in two dogs being adopted from the local animal shelter by two individual residents, although nearly all residents played some part in the animals' care. In another case, residents in a home that did not permit pets heard that a nearby home did allow pets. At a residents meeting it was decided to apply to the management for permission to be granted to three residents who very much wished to own pets. The residents themselves undertook to request permission and advice from the Environmental Health department and local veterinary surgeons. With the subsequent information they presented their case to management who, 'with reservation' agreed to the adoption of two cats and a small dog from a local shelter with the aid of a veterinary nurse. This incident was recounted by management who now approve of the decision and 'can't remember why there was any objection'.

Responses from less enthusiastic homes reflected many of the concerns over potential problems. It is interesting to note that many of the perceived problems are mirror images of those encountered, and often solved, by homes that do permit pets.

The main features of these responses were as follows.

1. Homes not permitting pets frequently reported that they had never thought of the matter and would not know how to care for the animals, implying that the managers were not pet owners themselves.
2. Concern was expressed over the possibility that they would be 'overrun' by pets if all residents had one.
3. Dirt, possible transmission of disease, noise, aggression, and allergies were forwarded as reasons for regarding pets as undesirable. Particular reference was made to MRSA and Clostridium Difficile as 'super-bugs' which may be transmitted by animals.
4. Worries that owners would be incapable, or would become incapable, of looking after pets, and that this would result in an intolerable burden to staff.
5. Fear of nuisance to non-pet-owning residents.
6. Belief that a 'communal pet' such as a cat or budgie was sufficient.
7. Anticipation of difficulties in permitting more than one pet due to perceived likelihood of territorial aggression between animals.
8. Assumption that 'it would not be allowed' by Council departments, or direct discouragement by them.
9. Belief that other residents' families would object.
10. There were some specific instances of experiments in permitting pet ownership that had not been successful. In one case a dog had been admitted to a residential home with its owner. Whilst the owner remained relatively healthy, the dog deteriorated rapidly, becoming very unpredictable in its temperament. Managers had

to make the difficult decision to persuade the owner to have it euthanased. The resulting upset caused this particular home to believe it was best to 'make a clean break' with pets before owners went into care. Other cases included illness of the pet resulting in large veterinary fees which the owner could not meet, major disagreements between residents, especially regarding jealousy where an owner thought his cat was being 'stolen' by another resident; and death of the owner forcing a decision of what to do with the pet.

### *Social workers*

In addition to interviews with managers and care staff, telephone contact was made with six social workers concerned with the placement of people in residential care.

All said that they tried to make the transition to care as easy as possible and if pet ownership was an issue they were willing to try to resolve the matter as sensitively as they could. However, they expressed a concern that it was often difficult to find out if homes were willing to accept pets, and half the social workers were not aware of help or advice they would obtain on rehoming.

All social workers said that they agreed that pet ownership amongst potential residents was an important issue that should be addressed. However, four were unclear whether it was part of a formal assessment of a person's needs. The most common scenario was for relatives or neighbours to say that they would see to the cat/dog, this being all the social worker heard of it. Pet-owning social workers were most likely to investigate, although one said that she had never done so. Others suspected that only if a pet was evident would the question of its future be discussed.

All were of the opinion that many instances of pet ownership were overlooked or that relatives took the matter into hand and did not inform resident or social worker of the outcome, meaning that no available information was able to be discussed with the home.

Two social workers recounted instances where people being considered for care would not proceed with arrangements unless they could take their pets. One was a mentally confused elderly woman who worried incessantly about her dog each time she was in a respite care unit. Although seemingly unaware of her surroundings, she never forgot she had a dog somewhere and often tried to look for it. When she later required full-time care, it was decided that the dog should go with her. This was not only to help her settle but because she was considered to cause more work for the staff if she was deprived of her pet. Another case involved a cat owner who refused to part with his cat. According to the social worker, it was very difficult to find a home willing to accommodate both resident and cat, although this was eventually achieved.

In summary, interviews revealed that the majority of managers, staff and social workers believed that pet ownership amongst potential residents was an issue of considerable importance, and that this was not being recognised or dealt with adequately. Significantly, there was often a misunderstanding between people in these roles as to the beliefs, attitudes and practices held by others. For example, managers and care staff frequently saw the social worker as the person who would investigate pet ownership, whilst social workers often assumed that managers would receive direct information from residents or their families. Also many social workers believed that homes with no explicit pets policy would not accommodate residents with pets, whereas homes often said they would be willing if asked to do so. The high

turnover of staff in homes and among social workers probably exacerbates this mismatch of beliefs.

### *Focus groups*

Focus groups of older people were held in each of the cities within the survey. Groups consisted of 10+ people aged 60+ years. Focus questions were those of the importance of pets to older people, and whether older people should give up pets if they needed to enter any form of residential care.

Responses from all groups indicated that older people recognised that pets could be extremely important and that, wherever possible (subject to ability to care for pets) people should not have to part with pets when they needed to enter care facilities or sheltered housing.

The majority of participants said that they would be understanding of pet ownership in any care facility provided the pet was cared for adequately and that no nuisance was occasioned by the pet.

A selection of comments are listed below

*How important do you think pets are to older people? Should they have to give up pets if they need to go into care?*

'People who go into care may have lost their partner, their health, a lot of their possessions, in fact most of their way of life. Why should they have to lose a pet as well?'

'Pets are more than possessions, they are friends and family'.

'Pets are part of me, my husband and my former life'. Having my dog with me cushioned the blow of having to move. It made things a bit more normal for me.  
(Lady living in sheltered housing)

'My pets ARE my home. I've had dogs and cats all my life. I couldn't do without them around me'

'Everyone needs affection. When families move away and you're left on your own, a pet gives you company and affection'

'My life would be meaningless without my dog. My whole life goes round him – feeding him, walking him, playing with him. What I do if he wasn't there?'

*Do you think pets could be a health risk or a problem in homes or sheltered housing?*

'Pets wouldn't' be a nuisance if they were well-behaved and well cared for'

'I've never liked animals much and I've never wanted a pet, but I can understand people who do. I'd have no objection to healthy, well-behaved animals'

'I don't think pets are a particular health risk. If people don't catch things from pets in their own home, why should they catch things anywhere else?'

'Pets would have to be kept healthy and be well-behaved, and not cause noise or mess'

'I've caught colds, 'flu and shingles from people – I've never caught anything from an animal!'

'I'm not an animal person and I don't think I'd want animals too near me, but if there were rules about where pets could and couldn't go, and people stick to those rules, there shouldn't be a problem.'

'Some people really need their pets, others aren't that way inclined. We can't live eachothers' lives for them'. It all comes down to having the choice, doesn't it? We should be able to choose what we want to do with our lives.'

'Falls? Most of us can still move fast enough if we need to! If there were people who were unsteady on their feet, just make sure the animals aren't around'. I know everyone's worried about health and safety rules, and being sued and whatever, but if we were all wrapped in cotton wool things would probably still happen. If everything that was a possible risk was banned, we might as well all climb into our boxes now!'

#### *Other points raised in focus groups*

'I worry what might happen if I suddenly become ill and have to go into a home. I'd want to take my cats with me if I could, but I wouldn't know to find anywhere that would let me'

' I don't think you (referring to lady making above comment) would be allowed to take more than one cat. Don't places just let you take one pet?'

' What happens if you have more than one pet, then? If you have a cat and a dog, or two cats, or a dog and a budgie? How could you choose?'

' That must be difficult (referring to above comment). Surely if you can keep a dog, you can care for a cat as well.'

' I don't think you can have another pet when yours dies. I think you can only take the pet you have, not get another one. That's a shame for people who love animals'.

#### **Comments on the study: Recommendations**

##### **The fundamental question has to be 'Why has relatively progress been made between the times of the Rowntree Study and the PFMA Study?'**

##### *Lack of knowledge of the importance of pets to older people.*

A major reason for lack of progress appears to a general lack of knowledge of the significance of the Human Companion Animal Bond (HCAB) amongst policy makers, managers of care facilities and care staff in general. Although there have been numerous studies highlighting the importance of pets to older people, and the benefits they may confer, it is questionable how much of these findings reach the attention of the personnel involved in the care of older people. Even where findings have been published in journals that focus on the care of the elderly, any effects may be comparatively short lived due to rapid turnover of staff in care facilities.

Where formal policies do exist, these are often left to the interpretation or implementation of managers and senior care staff. The level of knowledge of the

importance of the HCAB, and the potential distress of pet loss, will heavily influence decision making with regard to pets in the facility.

### *Recommendations*

The issue of the importance of pets to older people requires to be kept 'live'. Previous studies have brought about beneficial effects but only for as long as staff aware of these findings remain in post. Possible solutions for maintaining interest and awareness of the issue include:-

- Updated summaries of studies to be submitted for publication in journals such as Community Care, Care Weekly and other journals which are directed at personnel involved in the care of older people.
- More detailed summaries/meta-analyses of studies to be submitted for publication in academic/professional journals aimed at policy makers, social workers, geriatricians, and other health workers. Most journals of this nature welcome comprehensive review articles for peer review.
- Greatest lasting effects would be achieved through inclusion of lectures/reading material relation to the HCAB in the training of health workers and policy makers. Many degree courses and training programmes have requested information on this topic but, to date, there is little structured material with which to supply them. This is unfortunate as it is widely held that information obtained during student training is likely to be retained and implemented throughout professional practice. Provision of reading material, lecture notes or sponsorship of visiting guest lectures could be a useful way of supplying valuable information on the significance of the HCAB to various sections of the community.

### *Recognition of the importance of the HCAB*

In addition to the need to elevate levels of knowledge of the HCAB, it is also necessary to ensure that policy makers, managers and care staff *recognise* that this information is applicable to their clients. Several responses to the PFMA survey were that pet ownership did not apply to a particular facility because it cared for 'the very elderly', 'elderly confused', 'frail elderly' or, sometimes, just that the facility was 'residential care rather than sheltered housing'. It is questionable whether any of these descriptions should automatically exclude pet ownership, although they are clearly regarded as doing so. Accommodating pets in facilities for older people requiring extra care may require some measures additional to those required for pets in, say, sheltered housing, but it is achievable and may confer special benefits to such populations. For example, pets have been found to be of particular benefit in encouraging 'reality orientation' in confused patients.

A particularly important element associated to the recognition of applicability of the importance of the HCAB in populations such as the above is that of the effects of pet loss. Research has demonstrated that enforced pet loss may be associated with increased social withdrawal, depression and exacerbation of existing health problems. Also, it should not be overlooked that a pet may have been even more central to the life of a very old or infirm owner, or one whose social contact with other people has been curtailed by illness or disability. The effects of pet loss may therefore be even more severe in these populations. With such factors in mind, such care facilities for these classes of older people should be encouraged to investigate the possibilities of retaining pet ownership rather than automatically dismissing the issue as impossible to implement.

## *Recommendations*

The most effective way of demonstrating that pets can be successfully accommodated in care facilities for older people with special care requirements is through examples of how this has been achieved. Examples of measures that can be taken to support an owner in caring for his/her pet should be given, together with the benefits derived, problems encountered and these were overcome. Case studies from peer homes could have a major impact on changing the views of those who are unwilling or fearful of considering pets in their care facilities. The PFMA study did reveal useful examples or case studies where this has occurred, perhaps as a consequence of random sampling. However, it would not be difficult to locate facilities willing to offer advice based on their own experiences.

Whilst it is fully recognised that pet ownership is unlikely to be possible in all care facilities, this should not result in disregarding the possible effects of pet loss. Efforts should be made to discover whether a pet is owned prior to entry and, where possible, to help the owner make satisfactory arrangements for the pet if rehoming is necessary. Sympathetic handling of the situation, together with understanding of the feelings of loss or guilt that may be felt, will greatly help an owner to come to terms with the loss.

### *Concerns about admitting pets/implementing a workable policy*

Most homes are not unsympathetic to pet ownership, but have particular fears or worries relating to admitting pets. The most common concerns are listed below together with some recommendations.

#### *a) Concerns for health and safety.*

This was the greatest concern expressed by care facilities, and centred on fears that animals could be a possible source of disease, allergies or accidents.

### *MRSA and Clostridium Difficile*

Transmission of MRSA was a major concern, although staff knew little of the disease or its mode of transmission. Despite the fact that MRSA has been only been found in a few individual animals ( and none living in care homes) and that the transmission appeared in each case to be from human to animals, the extensive media coverage of MRSA appears to have remained firmly in the minds of staff as a major danger.

Similar concerns were expressed regarding the 'new super-bug', Clostridium Difficile, widely discussed in the media at the time of the interviews conducted for the PFMA study. There appears to be no reported cases of C.Difficile in animals. Rather the fears expressed appear to be due to media reports comparing C.Difficile with MRSA

A recommended solution to these fears is the production of literature that clearly outlines the true risks of MRSA and C.Difficile. Much of the concern surrounding animals as sources of infection are groundless. Indeed, human-human transmission is much more likely, and animals can be routinely tested for MRSA. However, it is clear that care facilities are very worried about these diseases, sufficiently so to prohibit pet ownership or even visiting pets, and that staff would benefit from accurate information as to the nature of the diseases and its prevention. Although this topic could be dealt with in a more general set of guidelines on the prevention of zoonoses, it would appear that the seriousness with which MRSA and C. Difficile is

regarded suggests that would be preferable that separate document be produced. Information could also be submitted for publication in care journals with an invitation to access full details on a website or by obtaining the document in hard copy.

*Allergies; transmission of internal and external parasites; fungal disease.*

Other health concerns raised in the course of the study included allergies to pet dander (principally for sufferers of asthma and allergic rhinitis); and the transmission of internal parasites such as gastrointestinal worms (e.g. toxocara, tapeworm); external parasites such as fleas and ticks; and fungal infection such as ringworm.

Whilst care is needed to safeguard asthma sufferers from exposure to pet dander in such quantities as to cause reactions, it is nevertheless possible for successful management of both the problem and pet ownership. Research conducted at the University of Virginia suggest that simple measures can be taken to reduce exposure to indoor allergens to within tolerance thresholds and so avoid reaction. Such measures include

- Removing furnishings and objects that harbour allergens by replacing carpets and upholstered furniture with hard flooring and leather/PVC type covered furniture; changing fabric curtains for solid blinds. This is especially important in bedrooms and living areas..
- Opening windows for one hour a day is highly effective for removing cat allergen.
- Avoiding woollen clothes which harbour up to 10 times more allergens than many close woven cotton or synthetic fabrics.
- Vacuuming thoroughly and using an air filter.
- Using zippered plastic covers for mattresses and cushions.

Pet-specific recommendations for all family members to follow include:

- Making sure the pet is brushed daily outside the house.
- Weekly bathing of the pet.
- Application of grooming products to minimise dander.
- Checking the pet's diet as simple dietary changes can reduce hair loss.
- Reducing the pet's access to living areas and prohibiting it from the sufferer's bedroom.
- Moving the any litter trays and pet beds away from any areas of air filtration vents and air conditioning.
- Avoiding kissing and hugging the pet, and ensuring hands are washed after touching the pet.

By taking such measures it has been suggested that symptoms can be reduced by up to 95% (Platt-Mills, 2002)

### *Parasite control*

Control of internal and external parasites can be achieved through preventive measures including regular worming and flea/tick preventions advised by a veterinary surgeon.

Clear guidelines are needed to help care staff recognise that this is a simple matter of responsible pet husbandry and need not prove difficult, time-consuming or expensive. Guidelines should also include information on actual risks of contracting parasites from animals. For example, toxoplasmosis is widely believed to be *directly* contracted from cats. Although cats are indeed a vital link in the transmission of toxoplasmosis, the adult pet cat is very little risk to its owner. This is because cats are usually only a source of potential infection when they are kittens or very young adults and have been out on their first hunting expedition where they have caught and ingested the parasite from an infected bird or rodent. The cat will then shed infectious oocysts in its faeces for a very short period only, usually about 14 days. Thereafter the cat is extremely unlikely to pose a risk unless it becomes ill with a serious illness such as feline leukaemia or feline immunodeficiency virus. A study reported in the British Medical Journal concluded that greater risk for toxoplasmosis lay in gardening where soil was contaminated by cats carrying the oocysts, and through eating raw or under-cooked meat products. The article stated that 'Contact with cats is not a risk factor' (Cook et al, 2000).

External parasites such as fleas and ticks are unpleasant but there is preventive treatment available. However, guidelines should include how to routinely inspect a pet's coat for signs of parasites (e.g. what to look for, placing flea dirt on damp tissue to examine for blood residue etc.). Many veterinary products now combine control of internal and external parasites in one medication which, regularly administered, will ensure the pet is free from parasites.

Regular inspection of a pet's coat will also reveal any signs of ringworm or other skin problems that require veterinary attention.

### *Falls, bites and scratches*

Animals in care facilities are often seen as potential causes of injury, including tripping over them, being bitten or being scratched. Neither the Rowntree study nor the PFMA study received any reports of such injuries occasioned by residents in facilities that permitted personal pets, communal pets or visiting pets. However, this is not to say that these cannot occur. Any guidelines produced should provide information on correct leashing of dogs in communal areas, particularly where there may be people with limited mobility, and restricted access for pets on stairways and corridors unless supervised.

No reports have been received on personal pets causing bites or scratches, but it would be recommended that all pets considered for admission to a care facility be assessed for sound temperament prior to entry.

### *Formulating/implementing workable policy*

As stated earlier, many homes/care facilities for the care of the elderly are not unsympathetic to the importance of pets to their clientele. Opposition to permitting personal pets is often a result of not knowing how to formulate or implement a workable policy, and whether any policy would be acceptable to Social Services Departments, Environmental Health Departments, or to their existing residents and

their families. Additional concerns are that the facility may be 'over-run' with pets, and fears about the future of pets if an owner dies, or costs of veterinary care should a pet become ill and the owner unable to meet costs of treatment.

In these instances, guidelines would be best comprised of reports from homes that have already met these problems and successfully resolved them. Examples of workable practices are numerous, together with informal practices that effectively deal with 'surrogate' pet care if an owner becomes ill or dies. Guidelines could also include details of pet health insurance policies that would effectively remove worries of veterinary costs should an animal become ill, or details of organisations which offer free/reduced treatment for owners on low income.

Examples of 'good practice' where pets have been successfully accommodated into a home/care facility should be freely available to enable other establishments to adopt measures that enable their residents to retain their pets as a part of their own, preferred lifestyle. Most homes are sympathetic to the idea that older people should not be judged on what they can no longer maintain, but on what they should be encouraged to retain. Pet ownership is one of these aspects.

Other concerns about implementing policy include addressing the following questions raised:-

*How do you introduce a new pet in a facility that already has existing pets?*

In practice, this has rarely been a problem according to reports from both the Rowntree and PFMA studies. However, as it is a concern widely expressed by care establishments, some advice should be readily available. It is recommended that guidelines be produced with the help of an animal behaviourist to aid care facilities in the introduction of a new owner/new pet into a facility that already has resident pets.

*How can we decide if someone's pet is suitable to live in our care facility?*

Any pet under consideration for entry to a care facility with its owner should be assessed for health and temperament. This should involve consultations with veterinary surgeons and possibly animal behaviourists to ensure that any pet entering a care facility is of sound temperament and has no unmanageable health problems.

*Couldn't we be over-run with pets if we allow one person to bring their pet?*

Current statistics suggest that less than one in four older people own pets. Not all will wish to take their pet into care with them, as many will have friends or family who will adopt their pet. The Rowntree and PFMA studies suggest that less than 25% of older pet owners will wish to take their pets into care facilities. In addition, many older people have older pets, accustomed to living with older people, and who are unlikely to present behavioural problems.

*What if the owner dies or becomes too ill to care for their pet?*

This is an enduring fear on the part of care facilities. It is recommended that, prior to entry, the owner states what provision will be made for their pet should they (the owner) become unable to care for the pet. In practice, many pets in care facilities are 'adopted' by another person in the same facility who has helped care for the pet. In other instances, the care of the pet is absorbed by the home/care facility since pets are often a source of pleasure for other residents. However, it would be prudent to

request pet owners to state, prior to entry, what their wishes were should they no longer be able to care for their pets.

*What is the pet becomes ill and requires expensive veterinary treatment?*

Again, this is a worry for care facilities. Owners should demonstrate that they are able to meet costs of any required veterinary treatment required. Owners on low income may be eligible for treatment provided by PDSA or The Blue Cross or RSPCA veterinary clinics. Others may benefit from health insurance for their pets which cover veterinary costs, less a fixed excess fee.

*Whose responsibility is it is to maintain pet health?*

The owners should be responsible for the care of the pet. However, it should be recognised that support from care staff may be required. Dates of worming, flea treatments, vaccination and health checks should be recorded to ensure these are carried out at the appropriate times. Staff should also support owners in the care of the pet, where necessary, in feeding and exercise routines.

### **Building a model of good practice**

From a priori considerations backed up by the findings of part 2 of the study, it was possible to formulate a five stage model of procedures that all homes should consider in order to deal effectively with the potentially sensitive matter of pet ownership amongst potential residents.

*It is important to note that this is as applicable to homes not permitting pets as it is to homes already willing to accept some or all pets. A balanced choice between homes allowing pets and homes that do not wish to do so is desirable, but there is still much that homes not permitting pets should do to assist the pet owner who, for whatever reason, is faced with parting from their pet.*

*1. Knowledge* - all personnel involved in the formulation or implementation of policy should have some awareness of the importance that pets can assume in the lives of many people, the benefits that may be enjoyed, and the possible effects on the owner if that relationship is ended. This is primarily concerned with understanding the relationship that can exist between pet and owner.

*2. Recognition and acceptance* - along with awareness on a general level of the importance of pets in peoples' lives, it is important that staff also apply this knowledge and accept that it may be relevant to the potential residents with whom they will be dealing. There is a need to recognise when a person may become distressed if separated from a pet, and to be aware of what signs could indicate that a person is grieving for a lost pet.

*3. Investigation of pet ownership prior to entry* - management and staff need to know in advance if pet ownership is an issue for any particular resident so that they can deal with it in the most effective way possible. Routine investigation is therefore vital.

*4. Avoid or ameliorate pet loss* - Whether or not the policy is to permit pets, instances of pet loss will probably be encountered. There should be procedures in place to minimise distress.

*5. Adoption of measures to maintain pet ownership* - If, the decision is made to allow pets to accompany their owners into the home, procedures need to be in place to

ensure smooth integration of pets into the home and to establish basic rules for hygiene and pet health.

Some of the recommendations produced as guidelines following the Rowntree report may still be of value to homes wishing to consider adopting a pro-pets policy. These are attached as Appendix 7.

## **Conclusion**

Growing older may mean a need to cope with many losses. However, growing older should not mean an emphasis on those losses. In far too many instances care for older people concentrates on what a person cannot do, rather than what he/she can still perform and what he/she still wishes to maintain, whether this be hobbies, interests, or pet ownership. Indeed, at whatever age, a person still has wishes, desires and preferences on how to lead their life. Wherever possible these should be retained and supported. Psychological and physical health in later life depends on maintaining and supporting activities and lifestyles that are important to older people. Pet ownership is one such important element in a lifestyle that can promote health, happiness and general well-being.

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