Staff Views on the Involvement of Animals in Care Home Life: An Exploratory Study

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This qualitative study examined the views of one hundred and eight care staff working in fifteen care homes in the United Kingdom about the involvement of animals in the care practices of the home. The perceived benefits and difficulties of delivering person-centered and psychosocial care, including the involvement of animals were explored. The findings describe the main themes related to animal involvement elicited from staff. These include the benefits to residents’ well-being and the varying challenges that visiting and residential animals pose. The implications for practice are discussed and the need for clearer information for care home teams is identified.

Key words: care home, staff, animals, pets, person-centered care

There is a substantial worldwide increase in the number of people over the age of 60 years and this growth is predicted to continue to increase at a rate of about 2% a year, resulting in 2 billion people in this older age group by 2050 (United Nations, 2009). Ageing is associated with increasing physical and mental health care needs; for example, an estimated 35 million people worldwide are estimated to currently have dementia (World Health Organization, 2012). This increasing physical and mental frailty has increased the importance of care home settings in supporting people’s physical, psychological and social needs. In the United Kingdom (UK) the number of older people living in care homes is estimated to rise to 444,000 by 2017 (Laing & Buisson, 2007), with an estimated 250,000 of residents experiencing dementia (Knapp et al., 2007a).
model of person-centered care is a key concept of care for older people that embraces the principles and practices of self-determination around choice and control, inclusion and empowerment (Kitwood, 1997). However, the high level of unmet need and the provision of care to meet physical and mental health needs are matters for serious concern both in the UK (Bowers et al., 2009; National Audit Office Report, 2007) and internationally (Knapp, Comas-Herrera, Somani, & Banerjee, 2007b). There is growing evidence that increased social interaction and meaningful activities can improve both psychological and behavioural outcomes for older people—particularly those with dementia (Alzheimer’s Society, 2007). One strategy to achieve this is through interaction with animals; preliminary evidence suggests that this can be effective (Marx et al., 2010). The purpose of this study was to identify the perceptions of care home staff in the UK of the benefits and experience of including companion animals in care home life as a means of addressing person-centered practice and their perceptions of the barriers to doing so.

The Value of Companion Animals to Older People

The benefits of companion animals for human health are well established in terms of both physical (Freidmann, Thomas, & Eddy, 2000), psychological and social outcomes (Dawson & Campbell, 2005a). In the general population, cat and dog owners report that they consider these animals as family members who provide them with emotional support, unconditional love and companionship (Risley-Curtiss, Holley, & Wolf, 2006). In the UK, an inquiry into ‘Mental Health and Well-Being in Later Life’ (Age Concern and Mental Health Foundation, 2006) identified having animals as one of the important factors promoting well-being in older people. The estimates of animal ownership amongst older people in the UK varies, with studies suggesting ranges between a fifth and a third of the population (Murray, Browne, Roberts, Whitmarsh, Gruffydd-Jones, 2010; Westgarth et al., 2007). The reported proportions vary depending on the methodology of the studies, age categories reported and species of animal being investigated. However, all suggest animal owners are
significant proportion of the population and it is therefore surprising that the importance of animal ownership as not been systematically addressed by the care home sector.

Psychological and social benefits can be summarized as including long term companionship and a sense of feeling needed and loved, as well as practical care tasks that motivate people to engage in activities (Baun, Johnson, & McCabe, 2001; Dawson & Campbell, 2005b; Keil, 1998). Companion animals may be linked with memories of a deceased spouse, absent family members, or special personal memories (McNicholas & Murray, 2005) and thus have a role as an attachment figure providing an ongoing sense of familiarity and security for residents (Keil, 1998). Having animals 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). The loss of a companion animal can provoke reactions similar to those more commonly associated with the bereavement of a human relationship, the reactions to loss being proportionate to the importance and centrality of the animal to a person's life. The effects can include depression, disturbances to patterns of sleeping and eating, and onset of physical illnesses (Dawson & Campbell, 2005a; McNicholas & Collis, 1995). Despite the body of literature indicating that companion animals provide many of the emotional and psychological benefits associated with close human relationships (Cohen, 2002), there is limited provision for people to take their companion animals with them when they move into care home settings (Anchor Housing Trust, 1998; McNicholas, 2008).

**Therapeutic Benefits**

Animals introduced into nursing homes as home companions or as regular visitors have been shown to have positive effects, including reducing blood pressure, agitation, strain, tension and loneliness (Churchill, Safaoui, McCabe, & Baun, 1999). These forms of social contact have also proven beneficial in the treatment of behaviour problems in people with dementia (Zisselman, Rovner, Shmuely, & Ferrie, 1996). For example, the presence of a dog has been shown to decrease agitation and social isolation in people with Alzheimer's Disease (McCabe,
Baun, Speich, & Agrawal, 2002; Richeson, 2003; Sellers, 2006). It can also lead to greater alertness, increased non-verbal communication and interaction (Batson, McCabe, Baun, & Wilson, 1998; Libin & Cohen-Mansfield, 2004), improved engagement (Marx et al., 2010) and improved night time sleep (Toyama, 2007). Over time, interaction with a companion animal by people with Alzheimer’s Disease can lead to fewer episodes of verbal aggression and anxiety (Fritz, Farver, Hart, & Kass, 1996). A meta-analysis indicated that Animal Assisted Therapy (AAT) is associated with moderate effect sizes in improving outcomes for behavioural problems, emotional well being and medical difficulties (Nimer & Lundahl, 2007). Subsequent reviews of the literature that specifically focus on older adults, show that the most frequently reported benefits are increased social behaviour and decreased agitation (Filan & Llewellyn-Jones, 2006; Perkins, Bartlett, Travers, & Rand, 2008). Even the use of a fish tank in a dining area has been shown to reduce aggression and enhance the nutritional intake of care home residents with dementia (Edwards, 2004).

Opportunities for Interactions with Animals in Care Homes

In addition to the benefits of people having their own animals per se, the positive effect of interactions with animals has been well documented as outlined above. Some care homes have recognised these opportunities and have responded by providing communal animals for the home or allowing animals to visit residents (Baun & Johnson, 2010; Delta Society, 2003). Visiting animals may be companion animals of staff or family members or may be provided by invited programmes from accredited animal organisations such as Pets as Therapy (PAT) or Therapets in the UK and Pet Partners (formerly the Delta Society) in the USA, for example. There is also an increasing awareness of the benefits of the natural environment beyond animals. An example is the Eden Alternative (Thomas, 1996), which was developed as a philosophical and practical way to change the culture of long-term care facilities and reduce boredom, helplessness and loneliness of residents by systematically introducing animals, plants and children into
the care environment. Evaluation results have been mixed and, although qualitative improvements are reported, quantitative analysis does not show consistent improvements in cognition, immune or physical measures, functional status, survival or cost (Thoesen-Coleman et al., 2002). There may be a range of difficulties in implementing a whole system programme within a home, which are helpfully identified in a review of a three-year implementation of an Eden project (Sampsell, 2003). This review also identifies some positive outcomes of engagement and communication for residents and between staff groups.

Interest has also grown in engaging indirectly with animals such as birds, hedgehogs and squirrels, in their natural state, to provide visual interest and stimulation (Gilleard & Marshall, 2012). Farm animals and green-care farming schemes have also been developed for people with dementia in recent years to provide pleasure and meaningful work opportunities as well as links to seasonally-related activities and events (de Bruin, Oosting, Van der Zijpp, Ender-Slegers, & Schols, 2010).

**Commonly Reported Concerns**

Care homes which actively promote interaction with animals are not widespread in the UK. For example, a Scottish report on care homes entitled “Remember I’m still me” (Care Commission and Mental Welfare Commission, 2009) highlighted that about half of all residents never went outside their care home or had opportunity to interact with the natural environment—including animals—which is an almost everyday opportunity for the general population. There has been limited investigation into why this is the case and limited understanding of the reasons for this. One study by McNicholas (2008) of a mixture of residential and sheltered housing facilities, animal shelters, and veterinary practices suggested that the most common concerns about involving animals in the residential and sheltered housing care settings were about health and safety—disease transmission from animals to people, concern about allergies and the potential for accidents, such as falling over animals or bites and scratches. McNicholas also reported that some facilities expressed concern about how to introduce new animals and a lack of knowledge about animal suitability for the setting.
Earlier qualitative work by Fossey and Barrett (2006) in an acute mental health setting for older people explored staff and patients' views on the involvement of animals in mental health care provided on six acute mental health wards. The findings illustrated that the majority of both older patients, with and without dementia, and the staff caring for them supported the involvement of a diverse range of animals on the wards. The concerns which were expressed had two main themes. First, the impact animals might have on others on the wards who didn't like animals, rather than interviewees themselves. Second, the potential additional work for staff in meeting the welfare needs of the animals involved. These two studies involve diverse care settings and reveal a number of positive views and also concerns which may be applicable to long-term care homes. However, there is a lack of published enquiry about staff's perceptions of the inclusion of animals in care homes specifically, and whether the views and experience of staff are similar to those in the other settings is unknown.

Study Purpose

This exploratory study focused specifically on the perception of staff working in care homes in the UK, with a remit of providing a home for life in a group setting for people with a range of physical, mental and cognitive needs. The issues in this setting may be similar to other care contexts, but may also present some specific challenges, such as enabling choice for long-term residents residing in their homes, rather than those in short-term treatment settings. This staff group is predominantly without formal professional care qualifications and deliver individual care to residents based on care plans developed by qualified nursing staff (Bowers, 2008; Korczyk, 2004). Given the potential benefits of involving animals in these settings and incorporating them into person-centered care plans, the aims of this study were: (a) to identify the perceived advantages of involving animals in the life of the care home; (b) to identify staff concerns regarding the inclusion of animals; (c) to identify factors that facilitate their presence; and (d) to identify barriers to their inclusion. Improving our understanding of the pertinent issues for care staff may enable researchers and practitioners to develop more tailored guidance and support for care staff involved in this approach.
Method

Participants and Data Collection

Focus groups were conducted with care home staff as part of a wider National Institute of Health Research (NIHR) funded study aiming to develop and evaluate a psychosocial intervention for people with dementia in care homes. Participants in the focus groups were asked to discuss their work with residents, perceptions of residents' quality of life, and their attitudes toward, and experiences of, social activities and pleasant events within the home. This incorporated an in-depth discussion of the perceived advantages and disadvantages of involving animals in the everyday life of the care home.

A total of fifteen focus groups were conducted with 108 members of care home staff (see Tables 1 & 2). The fifteen care homes in the study varied in location, provider type and registered care categories and were typical of the ethnic diversity of staff employed in the UK (Luff, Ferreira, & Meyer, 2011), allowing a range of attitudes and experiences to be explored. Of the fifteen care homes, seven were located in Oxfordshire and Buckinghamshire and eight were located in Greater London. Half of the locations were in a large city, and the others were equally divided between small provincial towns and rural locations. Three of the providers were government-funded local authorities, nine of the providers were private care companies and three of the providers were voluntary organizations/charities in the "not-for-profit" sector. Purposive sampling was conducted in consultation with the care home managers to identify care staff with a range of professional roles, pay grades, and length of employment within the care homes. Invitation letters including information about the focus group were distributed to potential participants and, wherever possible, the researcher met with staff to explain the purpose of and arrangements for the focus group discussion. The invitation letter included the researcher's contact details, and potential participants were encouraged to contact the researcher if they had any queries or would like to discuss the study further. Managers were then asked to collect a list within an agreed time frame of staff members who were willing to take part. The average group size across care homes was seven, although this ranged from three to sixteen. Careful consideration was given
to how the focus group could be scheduled in a way that was likely to maximize attendance and minimize any disruption to the home. However, staffing numbers and time pressures within the home occasionally placed limits on the number of individuals able to participate. Each focus group discussion was conducted within the care home and lasted approximately one hour.

Table 1. Care Home / Participant Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care home provider</strong></td>
<td></td>
</tr>
<tr>
<td>Local authority</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Private care company</td>
<td>9 (60%)</td>
</tr>
<tr>
<td>Voluntary organisations / charities</td>
<td>3 (20%)</td>
</tr>
<tr>
<td><strong>Location of care home</strong></td>
<td></td>
</tr>
<tr>
<td>Greater London</td>
<td>8 (53%)</td>
</tr>
<tr>
<td>Oxfordshire / Buckinghamshire</td>
<td>7 (47%)</td>
</tr>
<tr>
<td><strong>Participants per professional group</strong></td>
<td></td>
</tr>
<tr>
<td>Activities co-ordinator</td>
<td>11 (10%)</td>
</tr>
<tr>
<td>Care assistant / support worker</td>
<td>51 (47%)</td>
</tr>
<tr>
<td>Senior care assistant / senior support worker</td>
<td>23 (21%)</td>
</tr>
<tr>
<td>Registered General Nurse</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>Deputy Manager</td>
<td>5 (5%)</td>
</tr>
<tr>
<td>Manager</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (9%)</td>
</tr>
</tbody>
</table>

Focus groups were considered appropriate as they stimulate discussion and involve group processes that can help people to explore and clarify their views. We recognize the risk of less dominant members of staff feeling inhibited in a group discussion, yet we were keen to gain insight into the dynamics and decision making processes of the team (Kitzinger, 1995). Efforts were made to encourage participation across the group and to challenge apparent areas of consensus. The initial topic guide was devised by the authors, one who is an experienced qualitative researcher and the other who is a clinical psychologist with training and experience in animal-assisted interventions. The guide focused on the perceived benefits
and difficulties associated with animals living at or visiting the care home. Some of the topic questions relating to companion animals are shown in the Addendum. The groups drew upon past and present experiences of a wide range of animals, including dogs, cats, birds, rabbits, fish, and farmyard animals. Data collection became progressively focussed, and emerging themes were tested out in subsequent discussion groups, e.g., the pleasure that staff derived from bringing their own animals into the care home (Willig, 2001). The focus groups were audio recorded and transcribed verbatim.

Table 2. Care home Staff Ethnicity and First Language

<table>
<thead>
<tr>
<th>Care home</th>
<th>First language (%)</th>
<th>Ethnicity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>English</td>
<td>Other</td>
</tr>
<tr>
<td>1</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>6</td>
<td>-</td>
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<tr>
<td>7</td>
<td>-</td>
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<tr>
<td>8</td>
<td>9</td>
<td>91</td>
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<tr>
<td>9</td>
<td>11</td>
<td>89</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
<td>97</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>92</td>
</tr>
<tr>
<td>12</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>13</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>14</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>15</td>
<td>71</td>
<td>29</td>
</tr>
</tbody>
</table>

Information was subsequently collected from managers or senior care team members about whether policies existed around the involvement of animals in each home and the types of activity that were currently undertaken. Thirteen of the fifteen homes supplied information. This is summarized in Table 3.
Table 3. Summary of Animal-related Policies and Activities in Care Homes

<table>
<thead>
<tr>
<th>Area of enquiry</th>
<th># of homes (N=13)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homes with a written policy about animals</td>
<td>4</td>
<td>One of these related only to need for visiting dogs to be vaccinated.</td>
</tr>
<tr>
<td>Homes allowing residents to bring a companion animal with them when they move in</td>
<td>7</td>
<td>All 7 homes assessed whether resident could provide the care themselves and restricted the species but this varied between homes. The range included birds, fish, cats.</td>
</tr>
<tr>
<td>Homes allowing residents to adopt a personal companion animal once they are established in the home / or their original companion animal dies</td>
<td>3</td>
<td>Based on an individually derived assessment of resident’s ability to look after an animal or agreement of staff / family involvement to support animal care.</td>
</tr>
<tr>
<td>Homes that have arrangements for pet loss support</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Homes that have staff with specific knowledge of animal care needs</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Homes allowing family companion animals to visit</td>
<td>13</td>
<td>Five homes specified that the location of visits was restricted to the public lounge only. No homes had specific arrangements to facilitate the visits or systems to monitor number of visitors.</td>
</tr>
<tr>
<td>Homes in which staff are allowed to bring their companion animals into the home to visit</td>
<td>6</td>
<td>Of the 6 homes all permitted staff companion dogs but had restrictions – 2 homes allowed this by arrangement on a staff’s work day, 3 allowed this by arrangement on staff’s non-work days and 1 home only allowed the proprietor to bring his or her dog.</td>
</tr>
<tr>
<td>Homes with organised animal visitors by a recognised organisation (e.g., pets as therapy [PAT])</td>
<td>7</td>
<td>6 homes had a visiting dog at regular intervals ranging from weekly to monthly 1 home had occasional “events” and had a falconry display at the home.</td>
</tr>
<tr>
<td>Homes with communal animals living in the home</td>
<td>8</td>
<td>5 homes kept birds 3 homes kept fish 1 had rabbits and chickens 1 had a fishpond 2 encouraged watching wildlife (squirrels &amp; rabbits) as an activity</td>
</tr>
<tr>
<td>Homes with animals connected with but living outside the home for residents to visit/observe</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Home undertakes visits to animals off-site</td>
<td>3</td>
<td>2 homes had visited a local farm 1 home had visited a zoo</td>
</tr>
</tbody>
</table>
Strengths and Limitations of the Study

The sample size of this study is large for a qualitative study and we explored a wide range of views among staff in a mixture of rural and urban care home settings. Attitudes toward animals vary among cultures and countries (Risley-Curtiss et al., 2006), as does the provision of care homes for older people (Testad et al., 2010) and the model of involving animals in health care services (Haubenhofer & Kirchengast, 2006), so the findings may have limited applicability across diverse cultural settings. However, participating staff were representative of different roles within care provision (Table 1) and from several different cultural backgrounds (Table 2), consistent with the workforce profile within care homes in the UK (Luff et al., 2011). Staff selection for involvement in groups was not dependent upon demographic background of participants.

Although demographic information, including ethnicity, gender and first language, was not collected specifically from focus group attendees, this was collected at a whole home level, as part of the wider study, as shown in Table 2, demonstrating the diversity of ethnicities and languages spoken within the participating care homes. Care staff were identified in consultation with the care home manager using a purposive sampling strategy, based upon staff role, pay grades, and length of employment within the care home. The cultural differences in views on the involvement of animals in care homes was not focused on as a topic for analysis for this study. Whilst the authors recognize that this would be a valuable area for future research, this was beyond the scope of the current review. However, given that the care homes, backgrounds, and staffing mix resemble those in the national profile, we suggest that the views and experiences explored within this study may have wider relevance beyond the context of this research and may be applicable to similar care home contexts within the UK.

Analysis

The focus group data were subjected to thematic analysis (Braun & Clarke, 2006). The two authors read each transcript repeatedly to immerse themselves in the data; they then independently separated the data into meaningful fragments and emerging themes were identified and labelled with codes.
The constant comparison method was used (Glaser, 1978) to delineate similarities and differences between the codes and to develop higher level categories and subcategories. Coding strategies were compared and any differences in interpretation were discussed until a consensus was reached. Theoretical memos were used to record ideas about themes and their relationships as the data collection and analysis progressed.

In reporting the findings, the selection of quotations are labelled by group ID number. All quotations have been made anonymous, group participants have been labelled as “person A, B, C” etc. where there is group conversation, and the names of any participants referred to in the content of conversation have been changed to maintain confidentiality.

Results

Three key themes emerged across the focus group discussions. These themes related to the perceived benefits of interacting with animals in care homes, staff attitudes towards animals visiting care homes, and specific issues around residents having personal or communal animals living within care homes.

Benefits of Animals

There was a consensus across all of the fifteen focus groups that having contact with animals conferred important benefits to some residents. Staff spoke with certainty about the pleasure that individuals derived from interacting with a wide range of animals, often recounting their surprise at the positive response that this elicited in residents in advanced, as well as earlier stages of dementia. Participants in group 11 illustrate this:

Person A: “Do you know what I find very good is when Gill comes in with the dogs.”

Person B: “A certain resident hadn’t been speaking and you should have seen the difference in this person with this dog. It was unbelievable ... she was feeding the dog.”
A third of the groups drew parallels between the presence of animals and the presence of children. There was a strong feeling that both children and animals had a positive effect on the emotional state of residents as shown by comments in group 7. "Oh yes, they love animals. ... And if anyone comes in who brings children they love children, you know they love that... . Babies and animals, they love it."

In three quarters of the groups, the presence of animals was positively regarded as a way of promoting interaction by giving opportunities to residents to communicate not only with the animal itself, but by helping staff in their delivery of person-centered care and being a talking point with which to engage with residents and visitors. It was evident that the presence of some animals, for example "visiting owls" in one home, could act as a form of activity that could be enjoyed together.

Two thirds of the groups commented on the opportunities for meaningful activity and occupation by interacting with and caring for animals, including feeding or cleaning activities as shown by individuals in Group 10.

And they go and feed the fish. We have one customer who goes every morning and feeds them. Yeah, he feeds the fish in the pond ... and others come and talk to Joey. (Laughs) 'Oh hello, Joey, are you a good boy?' You know. Yeah, it's really nice.

Staff also recognised that spending time with animals allowed some residents to maintain an interest or attachment that had long been an important part of their lives. For example from Group 2:

They enjoyed it, because some of them have always had animals. I've always had animals, I mean I have always had a dog, and I think if I ever got old and got put in a care home I wouldn't go unless they let me have my dog.

Other identified benefits included the sensory pleasure gained through stroking and petting animals and the visual stimulation that some animals can provide, as described in
Group 5:

I was just thinking obviously whatever the activity is, it might be suitable for obviously some of them, whether it's just stroking something like the PAT dog or whatever or whether it's something visual or ... we have the home cat as well. She's allowed to roam anywhere and lays on the beds and they love it, it's a talking point.

One person in Group 8 noted that, "They're fond of the fish. They like the colourfulness, they like the colours of the fish and they go on and see what fish we have there. Yeah they are aware of them."

There was also a propensity among staff in half the homes to suggest bringing their own animals into the home that demonstrated a wish to share further experiences of this sort. One participant in Group 6 shared:

I brought my dog in, ... and they liked that. And she just sat her on their laps because she is little isn't she? She's cute isn't she? I'm biased. But no, I remember Glen, when I sat her on her lap, and she was so excited, although she can't speak.

Animal Visitors

The vast majority of staff expressed enthusiasm about the idea of animals visiting the home. Staff provided examples of positive experiences involving a wide range of visiting animals, including PAT dogs, a "zoo" of exotic animals such as snakes, an "animal farm" involving chicks that hatched in an incubator and were then returned to the farm, falconry and owls, and staff's own animals and family companion animals. As will be discussed, visiting animals were considered to provide the majority of benefits outlined above while presenting few major difficulties to residents or staff.

Benefits without the bother. Including visiting animals in the life of the care home was identified as preferable to communal or personal companion animals in the majority of focus group discussions. In the first instance, the former was regarded as less time consuming for staff.
I'm quite happy with people bringing pets in, it's just as long as they take them out again ... because it's almost like having another resident or two in the home when you have pets in the home ... you've got their whole care plan. (Group 14)

Another perceived advantage was that volunteers, paid employees from outside the care home or relatives would assume responsibility for the behaviour and care of the animal for the duration of the visit.

**Suitability of the animals.** Although there was enthusiasm for visiting animals, the suitability of the animal for the home remained a key consideration for all groups. PAT dogs were praised in this respect for the animal's predictable, friendly and calm temperament. Controlled behaviour was considered a valuable asset in the care home context, as demonstrated in a conversation in Group 2.

Person A: “It is interaction and it’s all been professionally done where the dogs have special…”

Person B: “Well, training, and they’ve watched it respond to people to see whether it is aggressive or would it mind having its ear pulled. It’s got to be very calm, it’s got to be a passive dog that will put up with anything and it’s a lovely little, is it a King Charles?”

In eight of the fifteen groups, staff expressed a wish to bring their own animals to the home. However, there was also recognition that both their own companion animals and colleagues' animals were not assessed for suitability and as such may not meet the standards that staff considered necessary for safe visiting. This was evident in a discussion in Group 4 about a colleague’s young dog.

Person A: “She’s huge, yeah, and I think because she’s still a puppy, and she bounds around like a little donkey, bless her.”

Person B: “Grabbing all their toys.”
Person C: "Yeah and their skin's so fragile, as well, that if she does jump up, you know."

Person A: "I'm frightened she's going to knock them over because she just comes bounding over. ... She's quite intimidating ... She's not trained."

Similar issues were raised with regards to family animals visiting. It was felt that there was a lack of clarity about who could visit, and a lack of assessment of the animal's suitability, which could give rise to problems. For example, in Group 1, a situation with a previous resident was discussed, "... her husband used to bring the dog in, didn't he? all the time until it started weeing on the floor."

Ease of access and clarity of procedures. For some staff, the perceived benefits of animals were offset by uncertainty or apparent difficulties in coordinating the visits. Participants often appeared confused about how best to contact and arrange for therapy dogs to visit, how to increase the frequency of visits and, in some instances, uncertainty about the regularity with which dogs currently visit the home. This reflected a lack of clarity about policy and practice that often seemed to exist between "the home" and visitors and staff with animals. Staff thought this confusion extended to families, who were sometimes unaware that they could visit with animals unless they had asked specifically. Some staff groups were unsure about who needed to give permission for visits. There was a general lack of awareness about when and where in the care home visits could take place and who was responsible for monitoring this.

Staff added that there were significant financial costs attached to arranging certain animal visits (e.g., the zoo, animal farm) that could be prohibitive. Conversely, bringing in one's own animal represented a comparatively cheap option that was easily arranged.

Health and well-being. The potential negative impact of an animal's presence on people's health was occasionally recognised. For example, staff in Group 9 discussed the need to address the allergies and preferences of certain residents who did not wish to have contact with animals. However, the majority of participants in this group were confident that these
considerations could be managed and they were able to provide examples of where this had been achieved.

There was one lady, I think she's still here. I don't remember, we couldn't take the dog down that end because she had an allergy. So that was fine, you know, so you just accommodate for that, you know, so there's no problem.

**Animals as Residents**

Animals as residents emerged as a contentious topic, which on occasion led to heated discussions around the feasibility of animals living within the home. There were no residents with their own companion animals living in any of the care homes at the time of the research, although three of groups could identify previous residents who had brought a cat with them on admission. Two thirds of the homes currently had communal animals including cats, fish, chickens, birds, and rabbits. As previously discussed, staff identified therapeutic benefits to spending time with animals and recognized that having animals had been a major part of some residents' lives, which was therefore important for continued well-being. However, there was also widespread concern about the implications of resident animals for "health and safety," staff workload, and the impact on other residents within the home. Some staff in each of the groups challenged these views and suggested that these issues could be circumvented with a degree of leadership, planning, and commitment among the care team.

**Uncertainty about policy.** A common argument was that home policy prevented personal or communal animals living within the home. However, further exploration of their understanding of care home policy revealed uncertainty about its existence and details. Staff themselves began to question what might underpin the widespread assumption that including animals was not be possible. For example, in Group 4 staff thought there were risks of keeping fish, but were unclear about what these were.

Person A: "I don't know what it is about fish though with Health & Safety."
Person B: “I think if they put their hand in it and try and eat the fish.”

Person A: “Yeah, something like that, I heard from somebody, I don’t know.”

It was striking that concerns about “health and safety” were frequently cited in all the groups, yet were poorly defined. This was often presented as a default response that negated the need to consider the topic further. In addition to the uncertainty about policies, there was also a lack of clarity and identifiable leadership in developing this work. Most groups suggested that decisions were at the manager’s discretion, but only Group 1 was able to elaborate upon how this might work in practice.

I think they can say on their [pre-admission] assessment whether they have any animals and if they’re assessed as house animals and stuff like that, they can sort out that they bring their animals in. Like the lady had a cat. Dogs are a bit … I think they would be slightly different because obviously they need walking and stuff. But yeah, that’s all up to [the manager] really.

This group also thought the involvement of relatives was key to successful inclusion of animals, both to supporting any program and to avoid misunderstandings.

Someone phoned the [Animal Rescue Centre] about it, saying something like they have got a cat and it’s not right that they have a cat in a care home, stuff like that. I think it was another resident’s family saw this cat and didn’t agree with it.

The lack of written policies relating to animals’ inclusion in the homes was confirmed by the information supplied by managers (Table 3). Less than a third of homes had any kind of written policy, and although half the homes reported that, in principle, pre-admission assessments were possible to allow residents to bring their companion, none of the homes reported having staff who had any specific knowledge of animal
care needs, so assessments relied on the views of the assessing manager. All of the homes which supplied information allowed family animals to visit, with a third limiting this to the public lounge and others having no guidance about how to arrange or conduct visits. Half the homes allowed visits from recognized organizations, but less than half of these had any home policy relating to this.

**Planning and extra work.** There was agreement that the inclusion of communal animals within the care home required a responsible approach. The focus groups highlighted a need for planning and discussion with staff ahead of implementation, with clarity about job roles or engagement of professional services to provide animal care. “You do not do anything until you’ve thought out every aspect of it. You do not come along and say that I am going to do this until you have thought out every single aspect of that.” (Group 11)

Another prominent theme across the focus groups was that some participants disliked or were apprehensive about the additional work that caring for communal animals could entail. Staff listed obligations such as feeding, cleaning and exercising animals, which were often seen to involve unpleasant jobs such as going outside in the cold or removing animal droppings from fish tanks or cages.

You get agency staff, do they know? Are they going to be told that the chickens have got to be fed outside? When there is a thick snow on the ground like that, and they can’t go out there, who’s going to feed them? (Group 11)

As a consequence, the suitability of an animal was primarily assessed in terms of the level of care that it required. Animals perceived as having clean habits or those that were perceived to be “low maintenance,” such as caged birds or cats, were considered preferable in this context.

**Enthusiasm and individual responsibility.** In the absence of clear policies, the inclusion of animals as residents was largely dependent on the enthusiasm and responsibility of individual staff members. This was a priority for some, in particular those staff members who had their own animals and fully appreciated the pleasure that they could confer. Successful involvement
of animals was identified where individual staff members volunteered to provide the necessary care themselves. A small number of focus groups also described occasions where even though there was some role definition, the responsibility was shared among the staff team.

Moderator in Group 5: “Who cares for the cat?”
Person A: “We all do.”

Person B: “Yes, she spots the uniform and that’s it, she wants feeding.”

Person C: “… I always have to take it to the vet.”

However, the potential for animal neglect was seen to arise when staff were reluctant to assume this responsibility, as described in Group 14.

The rabbits were a whole issue weren’t they? ... because they were outside, so you had to get residents outside and take them inside and staff had to go and clean them, and clean the cage and only certain staff would do it and [mimicking a colleague] ‘I don’t really like rabbits,’ so those things, so it became a bit of a problem ... and then once, some time they had forgotten, and they weren’t fed.

Some of these staff argued that caring for animals was “not their job” and could in fact distract from the care of residents. Participants joked that resident animals required their own care plan and as such placed unreasonable demands on their time. In these instances, animals were only considered an option in the home if the resident or a relative was able to provide the necessary care themselves. The information supplied by managers (Table 3) confirmed that none of the staff were employed with specific knowledge of animal care and may suggest that animal-related activities and support for animal care is not formalized as a priority in organizational thinking.

Resident choice. One issue that was frequently raised across the focus groups was the negative impact that communal animals could have on particular residents who were at risk
of being disturbed or distressed by their presence. Concern about residents' choice was more evident in relation to animals as residents than it had been for visiting animals, with perceived difficulties relating to potential allergies, dislike or fear of animals. These concerns often pertained to space and the challenge of restricting the movements of animals within the home.

Like you said, if someone did not like dogs, and you know they've got one in the room next to them, they are not going to like that. (Group 15)

And where do you feed it? You know, who does make sure it's not got locked in a bedroom overnight or in someone's en suite bathroom? It's a difficult one, and if you've got two people sharing a room and one wants a pet and the other one doesn't, I think it would cause more problems. (Group 6)

Despite examples of times when residents' companion cats and communal cats had lived successfully as part of some of the homes, other species such as fish, birds and other contained animals were mostly considered to be a more feasible option as animal residents.

Discussion

The overwhelming view of focus group participants was that involving animals was of benefit to some residents and that this should be facilitated to ensure residents' choices and preferences were respected. However, a number of factors were seen as barriers to developing programs in care. These included the lack of clear policies regarding animals in homes and generally poor definitions of the roles and responsibilities of staff in relation to animal care. Goodwill on the part of individual staff and family members was seen to be the greatest current enabler of programs being put in place and sustained. There was widespread awareness of the need for program planning for animal interventions and some means of assessing animals' suitability for the setting in terms of temperament and care needs. However, none of the homes had
a well-defined assessment process, and the participants had limited knowledge of the factors they would need to assess to ensure safety of both people and animals.

**Implications for Involving Animals in Care Homes**

There is enthusiasm from home staff to involve animals in care home life. The development of a systematic practical framework to guide care is needed to enable this to happen more consistently. In the USA, materials and templates outlining organizational and visitor responsibilities are available from, for example, Pet Partners (formerly Delta Society, 2003), as part of a well regulated program in which animals and their human partners are assessed prior to visiting and re-evaluated routinely. The materials provide both general guidance and some specifically tailored to particular settings. Other sources of general guidance about the principles to be included in working with animals in care settings, developed from work in the USA, which include the organisational issues to be addressed—considerations about staff and client involvement, animal selection, cost effectiveness, liability, outcomes and infection control—are helpfully summarized by Mallon, Ross, Klee, & Ross (2010). Specific recommendations for animal inclusion in the care of older people highlight the need for clear lines of responsibility for the planning and organization of this work and the need for staff to adopt additional responsibilities in relation to animal welfare (Baun & Johnson, 2010). The themes identified in our findings provide support that these areas are of key importance in supporting staff in practice.

As previously noted, the cultural differences between services (Haubenhofer & Kirchengast, 2006; Testad et al., 2010) means that templates designed in one country are not always applicable in another. Whilst similar broad areas of guidance have been developed in the UK to provide principles for developing practice (Ormerod, 2005), specific detailed information in the form of policy templates for methods to ensure animal welfare are currently lacking for work in the care home population in particular.

It can be useful to draw on information available in different settings, for example, guidance targeted at more general housing providers (Pet Advisory Committee, 2010), which
includes recommendations about species suitability, policy templates, common animal management issues, and legislation. However, our exploratory study highlights that different service settings also have specific policy and staff education and support needs. The barriers that staff perceived to including animals in care homes in this study differed from those in sheltered housing facilities reported in McNicholas (2008), which were predominantly around disease transmission and staff’s limited knowledge of animal welfare. There were some similarities to perceived barriers in an older people’s mental health setting (Fossey & Barrett, 2006), where key themes were about additional work for the staff and the impact on other patients who didn’t like animals. In the mental health setting, a wider range of animals were deemed suitable than were in this care home study, and there was greater clarity in the hospital setting about how visits could be conducted appropriately—possibly reflecting this work setting where, culturally, risk management and infection control form a prominent part of daily practice.

Information about infection control may be a topic area which is more applicable across settings. Guidance outlining control policies and procedures (Lefebvre et al., 2008) is published in an academic forum and is therefore likely to have a lesser impact in the care sector. This information needs to be more widely disseminated to those including animals in their care services to improve knowledge and promote good practice. Our study reinforces the need for increased information and knowledge for staff involved in care. In addition to clear guidance in policy development and defining specific roles and responsibilities relating to animal inclusion in care homes, there is a need to have protocols in place for the care of different species. Currently many guides focus on only one element of practice. Our findings suggest that there are setting-specific requirements for information, and we suggest that bringing guidance together into an easily accessible and practical format would be helpful. We are now developing this approach to focus on both the human and animal welfare issues guided by staff feedback about the factors that help and hinder their practice (Fossey, in press).
Conclusions

This study illustrates that although staff recognise some significant benefits to involving animals in care home life, a number of practical factors influence the inclusion of animals as either visitors or residents within the homes. Staff suggest that greater clarity is needed in specifying responsibility for the setting up, monitoring, and care of animals in any programs and that resident choice and animal suitability for the environment in which they are included are key to success.

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References


Staff Views on the Involvement of Animals


Toyama, F. (5th-8th October, 2007). Is animal assisted activity beneficial for residents in nursing homes in terms of sleep time and quality of sleep? [Presentation at 11th International Conference on Human-Animal Interactions, Tokyo: IAHAIO].


Addendum, Sample of Focus Groups question prompts. Facilitator mindful to use questions only when topics did not develop through the group conversation and ensure opportunity for feedback of each are:

Do you have animals come to this home? (species, types of visitor—family, staff, volunteer, resident, wildlife)

How do residents respond to this? (ways they are involved, benefits, difficulties)

Would you do it again? / Do you think it’s something that would be considered here? (and why?)

Are residents able to bring their own pets? How does this work? (are there policies and how does this work in practice?)

Are there any animals that staff take care of here? How does this work? (are there policies and how does this work in practice?)