

Pets and older people in residential care

A project funded by PFMA

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Summary of Report

This project investigated the potential problems of older people who require residential care but who wish to retain much loved pets. The project draws on findings of an earlier, influential project conducted by the Joseph Rowntree Foundation in 1993. The findings from the Rowntree report revealed that the issue of pet ownership was largely neglected by policy makers and managers of care facilities, resulting in many older pet owners being forced to give up their pets when entering care facilities. The Rowntree report highlighted the need to consider the psychological, emotional and physical benefits of pet ownership to older people and to formulate policy to help owners to retain this important aspect of chosen lifestyle wherever possible, or, where not achievable, to recognise and reduce the distress felt by older pet owners if faced with losing a valued animal companion. The aim of the current project was to examine progress made over the 15 years since the Rowntree project.

A growing problem – some main points from the 2007 research

- * There are currently over 11 million elderly adults living in the UK, representing 18.5% of the population. This is estimated to rise to approximately 14 million by 2026. According to health agencies many, even a majority, will require some form of residential care.
- * Approximately 2.75 million elderly people currently requiring residential care are pet owners.
- * Recent inquiries into mental health and well-being in later life have identified pet ownership as an important factor in promoting good physical and psychological health in older people.
- * Over 60% of care facilities for older people require them to give up pets.
- * Only 35% of homes sampled in the 2007 survey had any policy on pet ownership amongst residents. Although this is a 15% increase compared with the Rowntree survey, it was found that more homes now prohibited cats and dogs, despite these being the most frequently owned pets.
- * In 1998 it was estimated that 140,000 pets were given up due to their older owners requiring care. Some 38,000 pets were estimated to have been euthanased for this reason alone. These figures are likely to have increased considerably since 1998.
- * Distress caused by loss of a pet was observed by staff in 39% of homes sampled in the 2007 PFMA survey, an increase of 4% since the 1993 Rowntree survey.
- * Homes that permit pets usually limit ownership to one pet only, causing problems of choice for owners of two or more pets.
- * Homes are increasingly concerned about permitting pets on grounds of liability for transmission of zoonotic disease or cause of injury, even where little evidence of risk exists.
- * Policy makers, managers and care staff are sympathetic to pet ownership amongst residents but are often unsure of how to implement workable policy.
- * Focus groups of older people, even those not requiring care, are strongly in favour of pet ownership for those individuals who value the person-pet relationship.

* A consensus of opinion amongst older people, care staff and health professionals is that care of older people should focus on those aspects of life that can be retained and enjoyed, rather than a focus on losses incurred by the aging process. Pet ownership is one element of a chosen lifestyle that, with support, can often be retained to the benefit of the older pet owner.

Pets can be important to the health and well-being of older people.

It is now widely accepted that pet ownership can be important in an older person's life, the relationship between owner and pet providing 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. 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.

Conversely, loss of a pet (especially if enforced) 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. 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 leading to '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. As a result, many older people entering care are reluctant to volunteer their concerns regarding parting from a pet animal. This, together with the lack of investigation into pet-person relationships amongst policy makers and those charged with admission to care facilities, has led to many older pet owners being parted from their pets, often causing acute distress.

The design of the project

Methodology adopted for this study was based on the original methodology designed for the Rowntree Foundation and took place in the same six cities: Cambridge, York, Plymouth, Birmingham, Coventry and Manchester. The survey consisted of:-

- a) Questionnaires 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.
- b) Questionnaires to care facilities for older people requesting information on presence of a 'pet policy'; observed distress in residents on giving up a pet; 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.
- c) Interviews with managers and care staff to discuss the perceived benefits and/or problems that could arise through implementing a pro-pets admission policy.
- d) Focus groups with older people (in care facilities and living independently in the community) to access views on the value of pets to people in their age group, and whether pet ownership should be given greater recognition amongst policy makers and health professionals involved in the care of older people.

Summary of results

The results from the 2007 project revealed a disappointing lack of progress in the recognition of the issue of pet ownership amongst older pet owners requiring some form of residential health care.

Responses from vets and animal shelters suggest the number of pets presented for either euthanasia or rehoming for the known reason that their owners are elderly and are entering care facilities has not significantly changed over the past 15 years, although many vets and shelters do try to avoid euthanasing healthy pets wherever possible. However, the numbers of pets given up by owners when entering care facilities remains high.

In an attempt to gauge progress in the recognition given to pet ownership by policy makers/ care managers, the same questionnaire issued in the Rowntree study was administered in the 2007 PFMA project.

An ‘at a glance’ summary of responses from care homes is shown below.

Questionnaire item	Rowntree 1993 (N=276)	PFMA 2006/7 (N=234)
Observed distress at pet loss	34%	39%
Written policy on pet ownership	20%	35%
Investigation of pet ownership prior to entry	48% (*see below)	24%
Homes ‘always’ permitting pets	27%	29%
Help given to rehome pets	36% (*see below)	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%

**The higher figures derived from the Rowntree study may be unreliable since many responses were based on assumptions that ‘someone would have attended to it’, despite respondents having little knowledge of who or when such actions may have taken place.*

Findings show a significant increase in the number of care facilities that have an accessible policy to deal with pet ownership amongst clients. However, it should be noted that not all policies were pro-pet, and many were left to the discretion of the manager to implement practice should he/she wish to do so.

There was a decline in the number of care facilities that permitted visits from pets, either a client’s own pet or a representative from an organizations such as Pets as Therapy. Subsequent interviews with managers suggests that this is largely related to concerns for liability should such visits result in transmission of zoonotic disease, accidents, or injury. Media coverage on the topics of MRSA and Clostridium Difficile were prominent at the time of the PFMA study and this may have contributed to an elevated expression of concern for zoonotic risk.

The future?

Despite apparently disappointing progress in the recognition of the importance of retaining pets to older people when requiring residential health care, there were no indications that policy makers and health professionals would be resistant to advice and support in increasing pro-pet practices in care facilities for older people. A major problem to progress would appear to be the high turnover of staff involved in the care of older people. It is therefore recommended that regular efforts are made to promote awareness of the importance of pets to older people.

This may be achieved through articles in publications specifically aimed at health professionals and care staff involved in the care of older people, and through the production of guidelines for care facilities on how to investigate and proceed with older pet owners who require care. A meta-analysis of

findings from several existing studies may be of particular benefit if published in journals for the medical and nursing professions.

There is also a need to inform care facilities of the true risks of admitting pets. Perceived fears of MRSA and C.Difficile need to be reconciled against actual risks, which are often minimal when compared to risks from human visitors! However, adequate advice on health precautions when admitting pets is clearly required.

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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