ADDRESSING ANIMAL NEGLECT THROUGH THE PROVISION OF VETERINARY OUTREACH SERVICES

BEST PRACTICES THROUGH LITERATURE AND DATA

VHS
VANCOUVER HUMANE SOCIETY
HELPING PEOPLE HELP ANIMALS

Choice of Language

The term 'structurally vulnerable' was chosen for this research because it focuses on the social and systemic structures, conditions and processes that create inequities and barriers to services, while the term 'vulnerable' suggests that a person or group is inherently vulnerable, and even responsible for their vulnerability. The term *structurally vulnerable* is largely used in academic discussion regarding access to health services and risk of negative health outcomes, however, we believe that this term well-represents the population that the outcomes of this study hope to serve. Although we have chosen to use this term, the VHS understands that language is complex, ever-changing, and personal. We acknowledge that ultimately, "the respectfulness and inclusivity of language about a particular group should be determined by the group itself" (Broyles et al., 2014, p. 220), and thus we are open to changing the language that is utilized in this study as our research progresses.

The term 'multi-barriered' is used by the Province of British Columbia and referenced in this report where statistics or definitions used from the Province of BC website are quoted.

The term 'pet' is used interchangeably with 'animal' and denotes a familiar word meaning an animal that is in someone's life for the purposes of companionship. We do not intend for it to denote a hierarchical, power and control-based relationship between a person and their companion, but rather the relationship of a human caregiver and a dependent animal.

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01
INTRODUCTION

> " Post-Traumatic Stress Disorder (PTSD) has been recognized in animals that have experienced an event that is unpredictable and out of their control"
> —Tedeschi & Jenkins, 2019.

People who are structurally vulnerable, including those experiencing systemic poverty and mental health issues, are consistently confronted by a society that does not provide support to maintain the human-animal bond. This puts these individuals at risk of having to relinquish the animals who provide them emotional support, even when they don't want to give them up. Relinquishment causes animals to experience the stress of a strange environment and the loss of a familiar person who they are bonded with. As a result, both animals and their guardians experience unnecessary trauma that can and should be avoided, no matter the cost, as the negative impacts of this are collectively experienced by our society.

This report addresses the barriers that keep structurally vulnerable people from accessing veterinary assistance for their animals. It includes survey data specific to the Lower Mainland in British Columbia (BC), but has applicable learnings globally.

02
SUMMARY OF THE PROBLEM

Multi-barriered pet guardians face many challenges in caring for their animals, and though the list is long and varied, the primary issue is money. Caring for an animal is costly – even a healthy pet has basic needs such as food, water , a collar and leash, bedding, and vaccinations.

$432.92

Single Person on PPMB (<65) monthly income:

$808.42

Single Person on PWD (<65) monthly income:

$375.00

If housed, additional shelter portion for rent:

$375.00

If housed, additional shelter portion for rent:

In BC, persons with persistent multiple barriers (PPMB) and persons with disabilities (PWD) exist on minimal monthly income.

The term "multi-barriered" encompasses several circumstances:

- Inability to be employed
- Experiencing homelessness
- Experiencing domestic violence
- Literacy/lack of education
- Criminal record
- Severe physical or mental health
- Substance use
- Recent immigration
- Former child in care

🐾 Case study: Maggie & Bosco

Maggie is a female Indigenous youth living in northern BC. She is currently looking for work in the town where she lives, has no known family, and has been collecting income assistance since aging out of foster care six months ago. Maggie is impacted by depression and anxiety, which is unmedicated, although she has felt improvement since adopting her dog, Bosco.

Bosco is a large, mixed-breed, young adult dog with an outgoing personality. He follows Maggie everywhere and the two make a great team, watching out for one another. Lately, Bosco has been lethargic and not eating or drinking regularly. Maggie has stopped looking for work so she can stay home with Bosco and let him in the house as when she is not home, her landlord requires Bosco to be tied outside on a rope in their unfenced yard.

Many individuals enter homelessness with their pets. Some acquire pets while homeless. No matter the circumstance, multi-barriered pet guardians have animals for the same reasons everyone does – and often the reasons are intensified. Animals provide companionship, protection, and love, but they also give their guardian a sense of responsibility, purpose, and a connection to society by creating opportunities for interaction with other people.

Multi-barriered pet guardians also face challenges related to how they are treated by the social system:

- Social service agencies typically do not have budgets to assist with pets, and many do not treat a pet as a family member.

- Veterinary clinics are private businesses and may demonstrate biases towards clients resulting in discrimination.

- Animal service agencies often require pets to be surrendered in order to provide them with veterinary assistance.

Individuals with multiple barriers may hesitate to take an animal in need to

> " Pets occupy central roles in many interpersonal relationships. They may serve as significant others, confidants, attachment figures, and sources of companionship. They can be vital members of an individual's support system and facilitators to foster social capital, trust, civic participation and a sense of safety and community.
> —Phil Arkow, 2020

a veterinary clinic. The reason is not because they don't care; rather, they fear being asked to relinquish their pet if they can't afford treatment.

As a result, guardians will put their animals in peril – not by choice, but by circumstance. This can lead to unnecessary pain for the animal, which the animal welfare sector views as neglect by the guardian. By the time the animal is seen by a veterinarian, there may be limited treatment options available.

It is evident that both animals and their guardians experience loss and potential trauma from separation.

Forced separations from pets – whether through the trauma of natural disasters or family violence, for example – only intensify the devastation of losing that animal relationship. It is hard to accept that any one of us, young or old, may

face unexpected changes in living arrangements (including homelessness) that require the relinquishment of a pet (Tedeschi & Jenkins, 2019).

This report is intended to provide best practices for practitioners in the social service, veterinary service, and animal welfare sectors to ensure a social safety net for structurally vulnerable people and their animals. It aims to provide the tools required to respect the animal and the individual – to recognize the human-animal bond and to acknowledge that relinquishment should be the absolute last resort for guardians mutually bonded with their pets. Focusing on relationships between veterinary clinics, social service agencies, animal welfare agencies, and structurally vulnerable individuals, this report highlights the necessity of ensuring animals do not suffer the loss of their guardians because of a lack of access to resources due to finances, discrimination, or geographic location
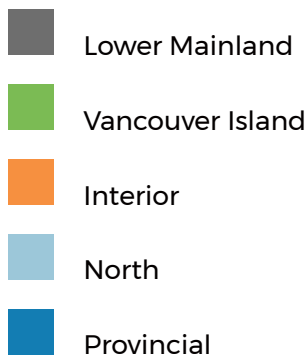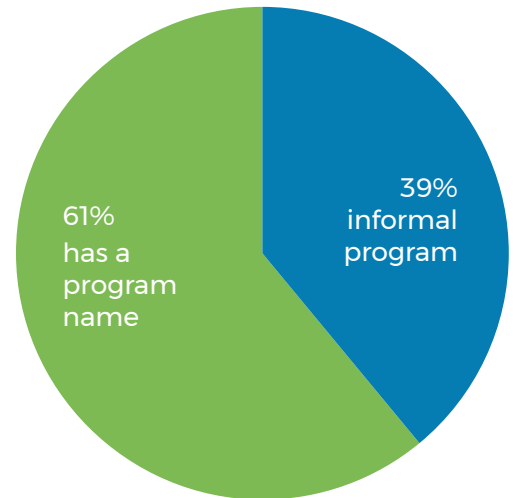
03
DATA ANALYSIS

To better understand the breadth of service delivery when it comes to veterinary assistance for owned animals in BC, the Vancouver Humane Society surveyed animal agencies, including rescues, humane societies, and sheltering organizations.

Of the 21 agencies from around BC that participated, all provide veterinary assistance to owned animals.

Regions Served

- **Lower Mainland**
- **Vancouver Island**
- **Interior**
- **North**
- **Provincial**

35%

17%

13%

13%

22%

Formality

61% has a program name

39% informal program

Care assistance

100% respondents provide assistance with **urgent** care

74% respondents provide assistance with **preventative** care

70% respondents provide assistance with **euthanasia**

Potential barriers for access to the program

- formal means-testing (22%)
- informal means-testing (22%)
- application (13%)
- home visit (4%),
- residence check requirements (4%)

30% of all available programs are run by volunteers

Accessibility priority

83% of programs prioritize accessibility, working with veterinarians that are close to the residents

17% only work with partner veterinarians or their own clinics

65% of respondents indicated that they provide two or more methods to access the program, including primarily by phone and by email

~1500
total number of animals assisted annually

1-400
number of animals assisted in a program

20
median number of animals assisted by one agency

What works best about your program?

"This is the best way to help someone so they can keep their animal and not have to rehome because of finances"

"Every time we help a human help the animal, we build relationships and open the door to help more humans and animals stay together. Our program is pretty low barrier, no complicated forms to fill out, no strings attached."

"The cooperation of our amazing vet/clinic partners."

"The cat does not have to be surrendered and can stay with caregiver."

In light of these benefits, individuals indicated a desire for more openness for these types of programs to be part of a complete service model.

"We believe that there should be more supports to help marginalized people keep their pets. I hope this information will be part of developing a new model for what rescues should do when a low-income person needs help with a pet. Surrendering shouldn't be the only option available to them. If they think reaching out means they lose their animal, they aren't going to reach out."

"It's one of the more rewarding aspects of running a rescue. When day to day neglect and stupidity gets to you - taking on a genuine compassionate case helps alleviate the darkness."

Fifty percent of respondents identified funding as a significant limiter of their programming.

With an estimated 1,500 animals served, it is no wonder funding is a limiting factor. An estimated 500,000-600,000 people are living in poverty in BC (Statistics Canada, 2016). Assuming an average household size of 2.4 people (Statistics Canada, 2016), this figure represents an estimated 230,000 households. Various Canadian pet statistics (Ipsos, 2008) estimate that 50-60% of households have pets. With

1,500 animals served, and 100,000 or more animals potentially in need, there is a significant gap between the services available and the demand for services to meet the needs of pets of people living in poverty.

A 2018 survey conducted by Paws for Hope Animal Foundation of 52 animal welfare and rescue organizations in BC found that at least six organizations require an animal to be surrendered in order to receive the veterinary care they need.

🐾 Case study: Maggie & Bosco

Maggie is worried about Bosco's health and lethargic behaviour and she is also concerned that her landlord will find out she is letting Bosco stay in the house at length. When Maggie adopted Bosco, the landlord explicitly stated he could not be in the house due to his size. The landlord has also let Maggie know there have been complaints about Bosco being outside all day when she has left him tied up. The landlord consistently urges Maggie to give up the dog, reminding her that if she breaks the rules or if there are too many complaints, her housing will be at risk. These pressures contribute to Maggie's anxiety, making it increasingly important for her to have Bosco with her. Maggie has called the veterinary clinic closest to her small town – 20 kilometres

04

ELIMINATING PET RELINQUISHMENT

What an agency believes is best for an animal and what the pet guardian wants are not always the same. An agency may suggest relinquishment if it is believed the guardian is unable to meet their pet's needs. Relinquishing a pet as the result of significant life situations is one option that vulnerable populations may consider. Other identified risk factors for companion animal relinquishment include the cost for veterinary care and inability to pay for the animal's needs as a result of changes in the household (Access to Veterinary Care Coalition, 2018).

In some cases, guardians may relinquish their pets because they no longer can take care of them; in other cases, they feel their pet should be in a home where cost is not an issue. At times, the guardian may become overwhelmed with too many animals, and relinquishment is one of few options. The behaviour of the animal may play a role in whether an individual is able to manage the animal or not (Sharkin & Ruff, 2011).

For structurally vulnerable pet guardians, the impacts of poverty, mental or physical illness, or food or housing insecurity cause barriers to caring for their pets, increasing stress and decreasing well-being. When individuals are faced with psychosocial stressors, they may be overwhelmed and unable to take care of themselves or their pets. However, an emphasis on cost should not be the only factor. For structurally vulnerable pet guardians, their pet can offer purpose and responsibility. In turn, the animal receives the care and attention of a one-to-one relationship that can be meaningful for both pet and guardian. Relinquishment of an animal should never be the result of assumption. It is critical that all options are explored before relinquishment is the solution.

🐾 Case study: Maggie & Bosco

The veterinary clinic has told Maggie she can bring Bosco in for an examination if she is able to pay the initial exam fee of $100.00 up front. The clinic has also let Maggie know that if they discover something that requires treatment, she will have to pay in full before any procedure takes place. The clinic has not been able to speculate on what the procedure might be until the exam is done, but to plan to have at least $300.00 on hand for blood work and x-rays, not included in the initial exam. Maggie's anxiety is increasing and Bosco is not regaining his energy or appetite. Maggie has noticed Bosco looks thinner and is certain he is losing weight.

05
WHAT IS TRAUMA?

The effects of animals on the mental health of humans has been written and talked about for decades. Evidence is building that individuals living with anxiety and depression can benefit from a companion animal (Blazina et al., 2011). Research strongly suggests that animals are therapeutic and offer solace and emotional support for individuals with and without mental health issues.

Conversely, only a few studies have looked at the effects of humans on the mental health of animals. These indicate that people do perceive that their animals live with mental health disorders. They regularly refer to their "anxious" pet and "past trauma" – the abuse that must have been suffered by their rescue animal – based on their behaviours (Blazina et al., 2011).

> It seems that animal mental illness can be triggered by many of the same factors that unleash mental illness in humans. That includes the loss of family or companions, loss of freedom, stress, trauma, and abuse."
> — Shreya Dasgupta, 2015

Post-Traumatic Stress Disorder (PTSD), anxiety, and depression have been studied in animals, and the conclusion drawn that they do experience trauma. The difficulty lies in measuring the scope, however, as animals are obviously unable to tell us their stories directly.

Just as humans bond to animals, animals become attached to humans. They learn to depend on their guardian for food, safety, biological breaks, and companionship. Like humans, animals learn to trust and experience love. They also experience the opposite. When their guardian leaves or dies, they are left at a shelter, or the bond with their human is severed, animals experience loss and grief that can culminate in trauma (Zenithson, 2019).

The symptoms of PTSD in animals are the same as those in humans. The symptoms are intrusive and include avoidance behaviour, disturbed emotional states, heightened anxiety, and hypervigilance (Roland, 2017).

Animals with PTSD often try to escape or avoid previously positive or neutral environments. Changes may be seen in social interactions with their human handler, and they may fail to perform previously mastered critical tasks (Zenithson, 2019). This suggests that animals experience emotion similar to people and can suffer the same harmful consequences, including trauma.

Adverse events are commonly ingrained in animals' memories, and recurrence evokes stress behaviours, physiological changes, and emotional consequences (Zenithson, 2019). Animals learn to fear specific conditions such as types of people, locations, and smells.

According to Roland (2017), universal fundamentals of trauma rehabilitation include a sense of agency, such as freedom and control over choices, as well as:

- Feeling safe;

- Maintaining a trusting, caring bond with at least one other living being; and

- Reintegrating into the community at the trauma sufferer's discretion.

Treatment for animals with anxiety disorders often involves counterconditioning (Zenithson, 2019), where the feared stimulus is paired with a positive reward so that the animal's emotional response will change. Though effective, this process is time consuming.

Resources are better spent on providing services for pets that prevent adverse experiences and trauma from occurring in the first place (Zenithson, 2019).

🐾 Case study: Maggie & Bosco

Maggie worries about not having the money to take Bosco to the vet. However, she also worries that if she does take him to the vet, the staff will think she is neglecting him because of his weight loss. She is worried they will tell her to surrender him. Bosco was surrendered by his previous guardians and Maggie doesn't want to give him up or retraumatize him. She has started feeling the way she did when she was bullied at school for being in foster care and constantly told she wasn't good enough to have real parents. Maggie is beginning to think she isn't worthy of being Bosco's guardian and, as a result, her anxiety is getting worse. She is suffering from night terrors when she is able to sleep at all. Maggie has decided to sleep outside with Bosco so that she doesn't get caught with her dog inside the house. This will also keep Bosco from barking and howling at night and keep the neighbours from complaining.

06
ONE WELFARE

The concept of One Welfare is a collaborative approach for integrating animal welfare, human well-being, and the environment, with an endpoint of improving global welfare and achieving gains in development (Pinillos, 2018). When referring to quality of life, health and welfare (basic well-being) overlap to ensure balance. Without good health, we do not have positive welfare. Similarly, good welfare is connected to and supports good health. The interconnections between welfare, well-being, and the environment are key to looking at the individual, the community, and the global contexts (Pinillos, 2018).

One Welfare framework

One Welfare encompasses empathy for fellow humans, animals, and for the earth, while holding humans at the centre of the concept (Pinillos, 2018). Only humans have it within their control to make the biggest change. One Welfare specifies that every choice made by human beings has a lasting effect on animals and the environment, and therefore the social implications of animal welfare (Pinillos, 2018). "Improvements in animal welfare can support social issues such as homelessness, while integrating animal welfare as part of general livelihood improvement programmes is seen as key to success" (Pinillos, 2018, p. 23).

Case study: Maggie & Bosco

Maggie feels alone and isolated and fears she will have to give Bosco up if people think she is neglecting him. She feels pressure from her landlord as well as the neighbours who have complained about Bosco being outside all day. The anxiety she is experiencing has stopped her from looking for work and she has decided to use her rent money to make an appointment for Bosco. One morning, her neighbour Emma notices Maggie curled up with Bosco on the front porch of their house. Emma wakes Maggie up to see if she is alright. Half asleep, Maggie blurts out her concerns about Bosco and the situation they are in. Emma suggests to Maggie that she can give her a ride to the veterinary clinic. Emma also offers to talk to the clinic about the possibility of setting up a payment plan for Maggie.

Applying a One Welfare approach can serve to "improve animal welfare to improve human welfare (and vice versa); coordinate actions between veterinary and other services and protect the environment as a fundamental step for both human and animal welfare" (Fraser, 2016, p.7).

Studies demonstrate that animals living with structurally vulnerable individuals are generally healthy with few behaviour problems (Williams & Hogg, 2016). Results of the study conducted by Williams and Hogg (2016) show that the dogs were physically fit, friendly and non-aggressive, and bonded to their guardian – all factors resulting from almost constant care and contact between the animal and guardian (Williams & Hogg, 2016).

Ensuring the human-animal bond is not broken requires sharing information with pet guardians on responsible guardianship and meeting the guardians where they are (Epperson, 2013) to bridge the gaps within communities between veterinary clinics and individuals.

> " The relinquishment of pets can be devastating to both pets and people alike. For pets, the experience of being relinquished can be traumatic, places them at risk of being left with no permanent home, and, as a result, leaves them vulnerable to being euthanized if not adopted within a reasonable time period. For many people, the act of relinquishing a pet can be similarly traumatic and compromise their well-being. Pet owners who relinquish pets may struggle with feelings of doubt, guilt, regret, and other difficult emotions. In essence, the emotional toll for both animals and people as a result of pet relinquishment can be significant"
> — Sharkin & Ruff, 2011

Practicing One Welfare ensures inclusivity of the human, animal, societal, environmental, and socio-economic sustainability framework, allowing all systems to work together toward best outcomes (Pinillos, 2018). Equalizing included components of the One Welfare framework allows promotion of key global objectives such as supporting food security, reducing human suffering or increasing resilience and security for communities in developing countries, among others (Pinillos, 2018). Relieving rather than reliving trauma should be top of mind when practicing this framework with humans and non-humans to maintain a healthy and lengthy bond.

07
BREAKING BARRIERS

Working with structurally vulnerable populations where they are, in both urban and rural settings, is critical to maintaining the best care for animals. Establishing trust between veterinary clinic staff and individual pet guardians will help ensure clients will continue to seek assistance when their animals need it. In turn, this relationship will help keep animals with their guardians, avoiding trauma for both the human and non-human involved.

Relinquishing a pet is traumatic for both non-human and human. When the human-animal bond is severed, the guardian and pet can sustain trauma or re-traumatization. Ensuring the pet guardian knows what is necessary to care for their animal through information sharing has the potential to eliminate the need for relinquishment. In the case of being overwhelmed by too many animals or abuses, relinquishment is a reasonable option. However, in the case of a meaningful human-animal bond, the moral obligation exists to bridge gaps in service to keep the bond intact.

Meeting people where they are is the concept of finding out what an individual and their animal needs prior to making assumptions or expecting them to fit into a role that works best for a clinic. Asking non-judgmental and non-invasive questions about the individual's background and care of the animal is the best starting point and is necessary to begin a helping relationship.

Asking questions is necessary, and the key is to ask questions that are specific to the animal without being biased against or judging the guardian. The ability to provide veterinary care by going to the client isn't legally possible for every clinic; however, when possible, this is an excellent way to break barriers. Other examples include having a sliding scale in place to pay for medical procedures or allowing a payment plan for treatments so that a lump sum isn't required in order to receive immediate assistance.

🐾 Case study: Maggie & Bosco

Maggie calls the veterinary clinic to make an appointment for Bosco. They can see him the next day and Emma lets Maggie know that works for her to give them a ride. Emma asks Maggie if she can speak to reception on her behalf and Maggie agrees. Emma explains to the clinic that she will vouch for Maggie and talks to them about setting up a payment plan for her. Once the appointment is made, Emma lets Maggie know that she is home all day and can have Bosco stay in her fenced yard while Maggie looks for work once he is on the mend. Maggie expresses her gratitude to Emma and explains how desperate she is to be able to take care of Bosco because he takes care of her. They spend the rest of the morning coming up with a game plan for their trip to the veterinary clinic the next day.

08
BEST PRACTICES GUIDELINES

Adopting a One Welfare approach in veterinary medicine will ensure that animals receive the medical attention they need and pet guardians will receive the information they require to care for their animals.

Barriers to Adopting One Welfare Best Practices

The surveys conducted by the Vancouver Humane Society and Paws for Hope Animal Foundation demonstrate that gaps exist in access to medical treatment for the animals of pet guardians. As per the survey conducted for this report by the Vancouver Humane Society, 50% of individuals who seek medical treatment identified finances/lack of funding as a barrier.

Other barriers are the inability to get to a veterinary clinic, both in urban and rural settings; the individual's fear of having to give up their animal; the fear of being looked down upon for not keeping their animal up-to-date with appointments/shots; and language barriers (University of Tennessee, 2020).

However, the data compiled by the Vancouver Humane Society in surveying 21 different agencies in BC provides evidence that programs are offered that are field tested, work effectively, and produce successful outcomes that can be duplicated by other agencies.

What works best about your program?

"Keeping the pets with their humans, out of rescue."

"The assistance is not a formal program but we like to help people who really need help."

"We are flexible and do not have strict application protocols and criteria."

"The animals get care."

"We do not promote this program as we just don't have the funds to cover it fully for everyone. It is something we would like to make available more often for more people though. At this time, we will assist anyone who feels they have no other choice but to surrender their pet because of medical needs. In these cases, we help financially so the owners can keep their pet."

One Welfare Best Practices

Adopting a One Welfare approach results in these practices by veterinary clinics and social and animal service agencies to address the medical and behavioral needs of the pets of structurally vulnerable individuals:

- Veterinary clinics commit to using an approach with structurally vulnerable pet guardians that helps inform them of the needs of their pets in an empathic way, understood by the client. Clinics adapt their business model to allow for lower rates for these individuals and payment plans when medical procedures cost significantly more than the individual is able to pay on the spot.

- Veterinary clinics partner with organizations where individuals can apply for funding assistance. Creating partnerships will allow animals to receive treatment they might otherwise not have received due to a lack of finances.

Best Practices for Inclusivity for Structurally Vulnerable and Marginalized Populations (Albrecht, 2020)

Begin every conversation by asking what the person would need to be able to keep their pet. Commit to viewing surrender or relinquishment as the last option instead of assuming that your agency will be able to offer a better home to a pet than a structurally vulnerable person. Speak with them about what resources they need to keep their pet, and how you can help them rather than trying to convince the person to surrender or relinquish their dog or cat to you.

Check your privilege and assume the best of all pet guardians. Recognize that you have never experienced a life-altering situation that forced you to choose between keeping your dog or cat and a roof over your head or food on your table. Approach the situation with awareness and kindness rather than judgment of any guardian who surrenders his or her pet to a shelter, regardless of how well-cared for the pet seems to have been or how agonizing the decision is for the owner.

Recognize that we will never get pets out of animal shelters unless we work to include diverse and structurally vulnerable populations. Our movement requires inclusivity. We must work to be anti-racist allies instead of treating pet ownership as a privilege that does not belong to non-white people.

Find an interpreter in the client's native language or use apps like Google Translate and communicate through them. Do more listening than talking and make a conscious effort to recognize your implicit biases rather than rejecting prospective clients who are not native English speakers, claiming they're "too difficult to speak to" or "they don't understand."

When a client asks about cost, respond to the question with honesty and respect. Consider that assuming that someone can't afford treatment fees simply because they are asking about it is an implicit bias that you should work to dismantle.

09
RECOMMENDATIONS

Recommendations for the Vancouver Humane Society

1. Follow best practices for One Welfare and inclusivity.

2. Review funding assistance application to make it as non-invasive as possible.

3. Partner with veterinary clinics who will work with clients requiring funding assistance and payment plans/sliding scale treatments.

4. Work within the One Welfare guidelines, placing importance on the connections between animals, humans, and the environment.

5. Improve partnerships with social service agencies by tailoring assistance to specific clients.

6. Improve partnerships with veterinary clinics by encouraging methods for payment other than lump sum (e.g., sliding scale, payment plans).

7. Reduce barriers by implementing outreach to work with clients in person.

8. Identify gaps in the system that create barriers (e.g., women's homelessness due to fleeing domestic violence with pet and not being able to access housing).

9. Expand work with Indigenous communities, communities of colour, and newcomers.

10. Review funding assistance program to identify financial needs based on specific medical treatments.

Recommendations for the Other Agencies

1. Follow best practice guidelines.

2. Adopt a One Welfare approach to program design, placing importance on the connections between animals, humans, and the environment.

3. Listen with an open mind when people report their experiences and provide a mechanism for people to better share their experiences.

4. Promote the discussion of anti-oppressive work and methods used to break barriers (Adleberg, 2017).

5. Reach out to other agencies and sectors to learn what is working in their practices.

6. Pursue funding that addresses the gaps in systems.

7. Allocate funding for training agency staff in trauma-informed care.

8. Have facilitated discussions and design programs to support structurally vulnerable and marginalized populations.

9. Expand work with Indigenous communities, communities of colour, and newcomers.

10. Create a subsidized program where individuals living on low income can access funds specifically for animal medical treatments.

11. Partner with or establish a mobile treatment partnership for remote or hard-to-reach clients to ensure accessibility.

12. Accept donations of gently used items such as collars, leashes, crates, pet food, and bowls that can be given to clients.

13. Increase and maintain diversity of staff and board (Adleberg, 2017).

14. Actively search for partnerships that integrate diversity, equity, and inclusion in their work (Adleberg, 2017).

Recommendations for the Sector

1.   Develop a training program, grounded in the experiences of the people served, to be offered to other agencies and sector staff around the provision of trauma-informed care and importance of preserving the human-animal bond.

2.   Develop a training program, grounded in the experiences of the people served, for veterinary clinic doctors and staff that is based on trauma-informed care and working with marginalized populations.

10
GAPS AND LIMITATIONS

> " Incorporating social workers trained to attend to the needs of humans in the intersection of human-animal relationships can play a role in understanding the impact of each of the systems within an individual's world"
> —University of Tennessee, 2018

There remains a gap in the scientific literature on the impact of trauma on pets. As noted throughout this report, there is evidence to suggest that animals experience trauma in different forms, but only a limited number of studies have been conducted to outline its effects.

There is a growing idea within the human-animal bond field to incorporate social workers into outreach programs to work with structurally vulnerable populations. Some veterinary services are recognizing the need for a collaborative and interdisciplinary approach to address the psychosocial stressors that exist for some pet guardians (University of Tennessee, 2018).

The limitations of this report and what we didn't investigate are:

- Current training practices in university veterinary medicine programs relating to structurally vulnerable populations and their pets

- Whether outreach program training exists for in veterinarian training programs

- Social work components in training programs for veterinarians, veterinary technicians and assistants

Other topics observed but not investigated for this report are racism and ethnically biased decisions that are potentially held against individuals subject to structural vulnerability. Cultural awareness and humility are significant topics and uncovering and overcoming personal bias is integral to working with people and their pets. To do so, we must all recognize and be aware of what biases we have to overcome and work with individuals from a perspective of respect, equality, and equity.

> **"** Our field is not somehow the magical place where race doesn't matter. In our work, it is not enough to NOT be a racist on an individual level; we have to be anti-racist. To truly be anti-racist, we must pay attention to and address structures of societal and systemic inequity. What may be seen as race-neutral policies are dangerous because they assume everyone starts out at the same place or has equity in access, treatment, and outcomes. We can't design and implement programs and policies without considering race"
> —The Humane Society of the United States, 2018.

SUMMARY

Following the best practices and recommendations as described above will help professionals to work with structurally vulnerable people and their pets, preventing unnecessary trauma. It will also introduce the One Welfare framework to the organization helping to maintain and sustain the depth of interconnectedness between humans, animals, and the environments they share. The outcome will ensure that the veterinary needs of pets are met, human-animal bonds are maintained, and the negative ripple effect of trauma is avoided.

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Appendix

Data Survey Questions

1. Do you provide veterinary assistance to owned animals?

2. What is the name of your organization?

3. What is the name of your veterinary assistance program?

4. Treatments covered

   - Urgent Care

   - Preventative Care

   - Euthanasia

5. Species covered:

   - Dogs

   - Cats

   - Birds

   - Small Animals

   - Reptiles

   - Other

6. Geography covered:

   - Downtown East Side Vancouver

   - Vancouver

   - Burnaby

   - Surrey

   - Tri-Cities

   - North Vancouver

   - West Vancouver

   - Greater Vancouver

- Langley
- Abbotsford
- Chilliwack
- Fraser Valley
- Vancouver Island
- Thompson Okanagan
- Kootenays
- Cariboo
- Northern BC
- Other

7. Do you have any application criteria (income, limit of applications per household, etc.)? If your program is restricted by income, how do you screen individuals who apply?

8. How do you administer your program (volunteers, staff, automated systems, etc.)?

9. Do people come to a clinic or go to a veterinarian? If go to a veterinarian, what is the maximum distance between the person accessing the services and the veterinarian?

10. How do individuals apply for your program (online application form, print application, phone, etc.)?

11. What would you change about your program if you could?

12. How many animals do you help per year?

13. What works best about your program?

14. Any other comments?