

## We are Family: The Missing Link in an Important Chain

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Australia enjoys one of the highest rates of pet ownership in the world which makes our dogs and cats not only an integral part of our community but importantly our family life. The many advantages of owning a pet have been well documented, particularly in relation to children's social and emotional development. The down side is that statistics strongly suggest that our dogs and families still have much to learn about each other with the 0-4 and 5 – 9 age brackets accepted as being most at risk to serious dog attack. The fact that most States have developed and implemented dog bite prevention strategies is a pro active step in trying to reduce the risk of injury so that our children and families are free to enjoy the related benefits of pet ownership. Interestingly most of the formalised programs are aimed at 5-8 yr olds with little formal attention to the 0-4 yr olds which is statistically, by far, the highest risk age group.

The Victorian State Government's "We are Family" is the first major pet safety education program that aims specifically at the 0-4 age group by targeting their parents and care givers while attending antenatal and maternal health programs. Delivered by the child health professionals as part of their existing parenting programs, "We Are Family" is seen as the vital link to compliment Victoria's highly successful Preschool and Primary School Programs. Longui, Cassell and Ashby's report "Hospital-treated Dog Bite Injuries in Victoria, July 1998 to June 2004 highlighted,

*"There was a statistically significant decline in the trend of 0-4 year old admissions for dog bite injury over the five-year period July 1998 to June 2004, which provides preliminary evidence for the effectiveness of child dog bite prevention campaigns"*

The reality is that much of the work with this key target group was not direct and relied on overlap from programs aimed at higher age groups and more generic markets. By specifically targeting this group and continuing the work at the higher age levels it is hoped that this 'significant decline' will continue well into the future.

Accordingly one could effectively argue that to have maximum impact in the key target audiences, the introduction of these Programs should have ideally taken place concurrently and a strong argument could be mounted for them to have been introduced in the reverse order.

After twelve months of extensive trialling at the Northern Hospital in Victoria, "We are Family" was launched in April 2008 and has been overwhelmingly well received by the maternity sector with over 45 Victorian hospitals already involved in the program and achieved a national industry endorsement from the National Association of Childbirth Educators (NACE). In reality this means that the message is already available to approximately 60,000 of the 75,000 babies born in Victoria annually. The hospitals have committed to ensuring that all expectant parents, regardless of whether they attend a childbirth education program, will receive the booklet ideally as part of the "booking in" process. The second phase of the Program will see it rolled out to the 800 Child Welfare Centres throughout Victoria. By making it available to this sector parents who have not undertaken formal childbirth education classes will have the opportunity to access it through parenting courses.

With approximately another 250,000 children currently in the 0-4 age bracket it is important that we provide their parents with access to the knowledge and strategies to help ensure the child / pet relationship is a positive one.

The Australian Bureau of Statistics highlights that over the past generation there has been a marked change in the age that couples are having their first children from their early twenties to the early thirties. As a result couples have introduced pets into their homes, many in the role of surrogate children. Accordingly these much loved and pampered pets may have enjoyed a lifestyle, behaviours and an environment that may not have been afforded to them if a child had been involved. Redefining and establishing appropriate behaviours and boundaries for these pets will not happen overnight. Effective behavioural change takes time, persistence and encouragement, so expectant parents are encouraged to commence this process, with their pets, as early as possible. Ideally these changes need to be facilitated early in the pregnancy so that the pets are comfortable with them prior to the baby's arrival. Unfortunately not all expectant parents will have participated in the program during the implementation phase however the message is still extremely relevant particularly in relation to active supervision and separation. The fact that the pets have not been adequately prepared would in fact heighten the need to actively supervise or separate. Accordingly, introducing the program into the maternal health sector is extremely important, particularly in the first four years to gain maximum saturation of the message.

### The Target Audience

The parents of children in the 0-4 are the key target audience. Research by Ozanne-Smith, Ashby & Stathakis highlighted that the main activities the children were undertaking when bitten were playing and patting the dog. One could safely conclude that young children and dogs do not have an innate understanding of how to behave around each other. Sadly it also highlights a major concern in relation to parent and caregiver supervision practices. This was highlighted during the trialling of the program at Northern Hospital in Epping where expectant couples were asked whether they would consider allowing a young child to play on the road or around water unsupervised. The response was an overwhelming "No". When they were asked whether they would allow the same young child to play with their dog in the backyard unsupervised the negative response dropped alarmingly. When they were informed that hospital and emergency presentations were comparable there was a noted degree of disbelief.

In an age where many parents are quickly returning to the workforce, the program is also keen to address the children's caregivers. Nearly all formal home-based childcare establishments have clear guidelines in place in relation to pets. Significantly, however, many of our young children enjoy informal childcare arrangements with friends or family. The Australian Journal of Childhood Education highlighted that grandparents presently account for approximately 25% of our informal childcare arrangements. A typical grandparent scenario may involve young toddlers having access to pets that may have never been socialised around, or experienced, young children. An assumption could also be made that some of these children may have never experienced living, or interacting, with a pet.

Either situation is a potential recipe for dog bite injury. Many hospitals have recognised the importance of the grandparents in today's climate and have implemented Grandparent classes. The "We are Family" initiative has become a welcomed addition to these programs. It is also being trialled through groups which attract this demographic such as Probus and senior activity clubs.

## The Key Messages

The Program is built around three key messages-

1. Prepare your pets and the environment for the baby's arrival.
2. Actively supervise all interaction between your pets and young children.
3. If you cannot actively supervise then securely separate them.

Preparing the family pet for the baby's arrival is an important first step in nurturing the child / pet relationship. Parents cannot afford to assume that their pets will easily adapt to the baby's arrival. The program incorporates a "Pet Planner" which is designed to initiate discussion and action in relation to environmental or behavioural change. The program highlights that behavioural change is not an overnight process and encourages the parents to seek professional help early in the process if they are not achieving the required outcomes. It also demonstrates that environmental changes can be achieved with minimal financial outlay.

Active supervision of all child / pet interaction is critical. As demonstrated by the expectant parents in the trial, there is a perception that the dog's potential to bite is lessened because it belongs to them and their trust tends to be implicit. It is therefore imperative that the program sets some parameters in relation to supervision hence the addition of the word 'active'. Active supervision is defined as being able to intervene prior to an event. Being on the floor with your child and pet in full control of the situation is actively supervising. Having a coffee at the kitchen bench while reading the newspaper, with the child and pet together on the floor, is not. As the child grows and becomes mobile, parents need to adjust their thinking accordingly. Prior to the baby being mobile the emphasis was on the pet. The child's mobility brings a new set of criteria which can also include the child being able to unintentionally harm the pet. As a result the program covers the need to supervise children and pets through a number of development stages and outlines some simple strategies to achieve this.

Supervision is only part of the answer. The need to securely separate when they cannot be supervised is also integral to maintaining a safe family environment. Again the program acknowledges that separation can require different strategies dependant on the child's stage of development. The key message is to establish secure child and pet free areas. Easy and cost effective ways to achieve these environments and the need to ensure that the child free space for the pets is a pleasant one are addressed. The need to set up a contingency plan for unexpected situations such as the phone ringing or a knock at the door is also covered.

Cats too are also an integral part of "We are Family" and not just from a child / pet safety point of view. Research by Marsden highlighted that a high proportion of cats that were surrendered to shelters in Victoria in 2006 listed the arrival of a baby as the reason. It has become evident during the trialling and professional development activities that the perceived risks in relation to toxoplasmosis and cats smothering babies have been grossly exaggerated by members of the health profession and certainly not supported by research. By providing the presenters and the participants with the facts, the program hopes that the number of cats surrendered for this reason will decrease.

## The "We are Family" Package

"We are Family" was developed under the guidance of a working party which included a veterinarian, animal behaviourist and an antenatal educator. After an extensive literature review the pilot was established in the form of a Power Point presentation and a two page fact sheet. The program was then trialled at Northern Hospital in Victoria. On-going evaluation of the education sessions was completed by the presenters, antenatal educators and the participants. This was reviewed by the working party enabling the content to be continually refined and then finalised. The decision to create a DVD as the key teaching tool would allow the message to be easily disseminated at minimal cost to the Program and the hospitals. Using well known media personality, Dr Katrina Warren, a veterinarian and new mum, as the presenter also helped to give the program an immediate credibility with its audience.

One of the key advantages of using the hospitals' antenatal educators was that they had already established a trusting relationship with the target audience, giving the DVD immediate credibility. A professional development session was then devised to provide these educators with presenter's notes, the basic background to the program and negotiate a model of delivery to best complement their existing programs.

Each expectant couple is also supported with a 32 page information booklet which covers

- Preparation
- The first six months
- Baby on the move
- Understanding our dogs and cats
- Zoonoses
- Pet Planner / Checklist

The booklet is made available to all couples regardless of whether they have attended the childbirth education classes. The Program is also supported by a website [www.pets.dpi.vic.gov.au](http://www.pets.dpi.vic.gov.au) and a customer service number.

## Funding and Evaluation

As an election commitment at the last State election the "We are Family" has attracted funding for an initial four year period. The initial roll out into the hospitals is well ahead of schedule which will bring forward the second phase into the Child Welfare Centres. Targeting specific communities where the mainstream program may need to be supported will follow to ensure the key messages can be spread as widely as possible.

Formal evaluation of the program will not be limited to whether there is a decrease in dog attacks at the 0-4 year old age bracket. During the implementation phase there will be an emphasis on anecdotal feedback from the hospitals in relation to incorporating the service into their existing programs. After the initial implementation phase, the program will conduct an evaluation in relation to attitudinal and behavioural change of the participants.

## Conclusion

The initial response to the "We are Family" program has been beyond all initial expectations. Coupled with the outstanding support of the Victorian hospitals "We are Family" has also been adapted and launched in South Australia. The program was also presented at the recent National Association of Childbirth Educator's National Conference in Melbourne where the industry overwhelmingly supported it with over fifty childbirth educators, representing the key maternity hospitals in all States, formally expressing their interest.

The childbirth educators at the coal face have acknowledged the need for this program and are voting with their feet. "We are Family" is the missing link which will compliment the great work being done at the school and community level, in relation to pet safety, throughout Australia.

## References

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## About the Author/s

Rob Morrice and Virginia Soderstrom have developed and coordinated the RPO Program in Victoria since its inception in 2000. The Program conducts over 2400 visits per year educating over 150,000 children and 40,000 parents annually.

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