
Editorial

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For me, this month brings the familial duty of caring for a relative's beloved pet while they go on an extended vacation. Despite the inevitable worry that comes with caring for someone else's pet, it has been wonderful to observe the pure joy my daughter feels when playing, patting and 'training' the dog to literally jump through hoops. I think I can safely say that the dog has also gained much pleasure from being doted on by an enthusiastic seven-year-old. This observation started a stream of thought about what, if anything, we know about animals' contributions to the well-being of children who live in out-of-home care (OHC). This, in turn, led to a brief examination of the literature on this topic, which I will share with you here.

There is evidence to suggest that pet ownership, specifically, and interactions with animals in general, have a range of health and well-being benefits including lowered blood pressure and cholesterol; a reduction in the number of visits to the GP and concomitant decrease in medication use; elevated survival rates following coronary heart disease (Allen, 2003); improved self-care and self-esteem; and reductions in feelings of depression, stress, loneliness and bereavement – Endenburg and van Lith (2011) provide a comprehensive summary of the research. Pet ownership also contributes to the social capital of communities, with pet owners being more involved in positive social interactions with fellow community members and perceptions of neighbourhood friendliness and civic engagement (Wood, Giles-Corti, & Bulsara, 2005).

Infants, children and adolescents are thought to experience unique benefits from relationships with animals that are compatible with their stage of development. For example, companion animals help young children with language acquisition, they provide learning opportunities for older children, and offer emotional support to help ameliorate feelings of stress and loneliness for both children and adolescents (Bryant, 2003; Melson, 2007). Research findings suggest that purposeful interactions with animals can improve children's self-esteem, autonomy and self-concept, which carries benefits right through to adulthood. Moreover, children who are charged with the care of animals,

whether at home or elsewhere, are more likely to develop pro-social attitudes and behaviours like responsibility, care and empathy (Bryant, 1985).

With 63 per cent of Australian households having at least one pet (The Royal Society for the Prevention of Cruelty to Animals, 2010), it would seem that most of us recognise the benefits of welcoming a pet into our homes. With so many health and well-being benefits associated with human-animal interactions, it is unsurprising that animals are increasingly incorporated into therapeutic interventions for people experiencing varying forms of adversity. Animal Assisted Activities (AAA) provide people with opportunities to interact with animals in a variety of settings and activities, and Animal Assisted Therapy (AAT) consists of programs that include the introduction of an animal to a person's therapeutic treatment (Endenburg & van Lith, 2011). Both frameworks are used effectively in different settings to combat health and social issues. Benefits have been observed in people living with psychiatric illnesses, Alzheimer's disease and AIDS; and animal contact programmes have proven successful in a variety of residential care facilities like prisons, hospitals, and psychiatric institutions (see Endenburg & van Lith for details). Moreover, community groups who work with children and older members of our society using animal contact approaches, such as *Riding for the Disabled* have also enjoyed considerable success. AAA and AAT



programmes are thought to be effective because animals have a natural ability to connect with people and 'promote a warm and safe atmosphere that can be independently therapeutic and help clients accept interventions offered by the treatment provider' (Endenburg & van Lith, 2011, p. 212). The Department of Environment and Primary Industries provide a thorough list of Victorian organisations that offer a range of animal assisted programmes at <http://www.dpi.vic.gov.au/pets/care-and-welfare/animals-and-people/animals-assisting-people>.

What I have been unable to locate, however, is research devoted to the impact of animal interactions for children living in OHC. OHC refers to the residential care of children and young people who are unable to live with their families and are placed in alternative living arrangements on a short- or long-term basis (Australian Institute of Family Studies (AIFS), 2012). These can include foster care, kinship care and residential care. As of 30 June 2011, there were 37,648 Australian children living in OHC (AIFS, 2012); the majority of whom were removed from their families because of poor parental performance.

Children in OHC are a particularly vulnerable group because of trauma associated with abuse or neglect at home coupled with removal from their family homes and, for some, the unsettling experience of multiple placements. Consequently, children in OHC are more likely to experience increased levels of physical, mental and social disadvantage; developmental delays and limited access to resources. 'Feelings of rejection, guilt, anger, abandonment and shame are common responses to loss of family and neighbourhood' for these children (Bromfield & Osborn, 2007; Royal Australasian College of Physicians (RACP), 2006). Children in OHC often experience varying levels of emotional, self-regulatory, relational and behavioural problems, which can impact on long-term outcomes such as a higher incidence of mental illness, poor educational and vocational outcomes, and increased involvement in the juvenile justice system (Marien, 2012; RACP, 2006).

Given what we know about the benefits of pet ownership, AAA and AAT, it is reasonable to expect that children living in OHC might benefit from either animal companionship or interactive programmes that offer some respite from day-to-day difficulties or worries. Research results suggest that children's attachment to animals during parental conflict and separation helps create a buffer between them and the turmoil that surrounds them (Strand, 2004). While children in OHC are not placed in turbulent environments, they are placed in foreign environments that come with a unique set of stressors. One might expect, therefore, that like the children in Strand's study, children in OHC might find solace in the companionship of a pet. Because animals live in the moment (Wood, Giles-Corti, & Bulsara, 2005), interacting with them may help children enjoy the moment as opposed to dwelling on the past or worrying about the future – even if only for a short while. Moreover, children in OHC are often untrusting of the adults in their lives (parents, child protec-

tion workers, foster family, new teachers etc.), but could find some security in an animal companion with whom they can share their secrets, feelings and affections, and form attachments with. This might be through the introduction of a new animal into their lives, or providing them with access to their own pet. A continuity of connection is important to children in OHC (Mason, 2007), and for children like 13 year old Tom who says 'another person important in my life is Benny. He's a miniature dachshund – aren't you Benny? He's a good boy' (Kiraly, 2011), pets can be a very important connection to maintain. And Jennifer tells me that anecdotal evidence suggests that when foster parents have a dog or there is a 'resident' dog in a residential unit, that children not only play and relate to the animal, but remember it for many years afterwards. If children are given the opportunity to care for an animal and provide it with nurturance, they then, in turn, are likely to receive dependable affection and support in the emotionally distressing situation they find themselves. Importantly, animals do not show judgement or ridicule and do not ask you to change; they simply provide unconditional friendliness that children might not be getting elsewhere. Furthermore, children from abusive relationships are less likely to have had opportunities to model nurturing behaviour. Animals provide them with an opportunity to not only observe nurturing behaviour, but to nurture someone who is dependent on them. This helps satisfy the important human need to care about other people or living things and form attachments (Bryant, 1990; Melson, 2003). Whether for transitory respite from emotional distress, or progress of developmental milestones that add to life-long well-being, interactions with animals might be of great benefit to many children living in OHC.

However, we might equally expect to see adverse effects. For example, a child might be fearful of a foster family's pet, which ultimately adds to their level of trauma. A child might cause harm to an animal, which could destabilise their placement and compromise the welfare of the animal. Problems could arise if a child was to place great expectations on their relationship with an animal only to find it to be uncooperative. Or alternatively, a child might form a strong attachment with an animal only to be forced to separate from it when returned home or to another placement.

With risk-averse practices on the rise, I anticipate there would be arguments against in-house animal companions (even though it probably just requires some careful thought and planning), but early therapeutic interventions, such as AAA and AAT, could offer a greater sense of stability and support for children in care and, in turn, improve their short- and long-term well-being (Bromfield and Osborn, 2007) without the risks associated with companion pets in the home. I have not come across programmes or research that investigates the use of AAA or AAT as a resource for children in OHC, but it would be interesting to see the outcomes of such work. Moreover, it would be interesting to know if children's experiences of OHC differ for those

who join families with pets and those without pets and those who have access to their own pets.

There lies some thoughts about research possibilities; but let us move on to existing research contained within the current issue of *Children Australia*. This issue brings a collection of diverse papers that cover a broad spectrum of issues related to children. The first contribution, by Annaley Clarke, is a practice based commentary detailing the philosophy and application of a model of care called *The Sanctuary*. The Sanctuary is a community based model that facilitates recovery from trauma or hardship. In this paper, Annaley aims to link theory and practice by describing components of the model within the context of an OHC setting.

Having identified the educational difficulties and disadvantages that many children in OHC experience, Lisa Joanne Smith and Sara McLean investigated the ways in which agencies that work with children in OHC can help improve their educational opportunities. With a focus on the way in which agencies monitor and measure their impact on children's educational outcomes, the authors recommend a shift in focus from measures of attendance and attainment to children's educational aspirations.

Jennifer Hart and Michelle Tannock's paper, *Playful Aggression in Early Childhood Settings*, examines the role that aggressive behaviour has in children's sociodramatic play. The authors suggest that a trend in educational settings that prevents this type of play can be detrimental to children's social, emotional, physical, cognitive, and communicative development. Their paper serves as a useful description of serious versus playful aggression, describes the importance of sociodramatic play and offers some suggestions for educators on how to support safe aggressive play in educational settings.

The fourth paper, provided by Lesley-Anne Ey and Glenn Cupit, is an interesting study that looks at children's imitation of sexualised behaviour exhibited by artists in music videos. Interested in understanding whether primary school children internalise and imitate sexual behaviours seen in many music videos, the authors examined the behaviour and presentation of 5–14-year-old children at school discos. They found that a significant proportion of children across the age range reproduced attire and behaviours seen in contemporary music videos, some of which was of a sexualised nature.

Social Development in Children with Foetal Alcohol Spectrum Disorders, by Samantha Parkinson and Sara McLean, is a review of literature related to Foetal Alcohol Spectrum Disorders (FASD). Children affected by FASD experience an assortment of social, behavioural, cognitive and physical problems which, if compounded by unstable home environments, can inhibit normal development across the lifespan. The authors hope their paper will augment professionals' knowledge on the effects of FASD and promote practices that better assist their clients avoid

some of the adverse, but avoidable, consequences of this disorder.

The final contribution, offered by Thea Brown, is a book review of Sharon Vincent's book *Preventing Child Deaths: Learning From Review*.

The next issue of *Children Australia*, and the final one for 2013, will be an exciting special issue guest edited by Dr Nicola Taylor from the Centre for Research on Children and Families, Otago University, New Zealand. Nicola and Jennifer have been working hard to bring you an array of interesting articles on matters related to family law, the court system and separation/divorce, which we hope you will find thought provoking and useful for practice, research and policy.

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