

Dog Walking

Reporter

Sara Jones at [Annesley House](#), Partnerships in Care on 23 January 2015.

What do you do*?

One of our technical instructors owns a German Shorthaired Pointer and offered to bring her in to work to meet some of the patients on one occasion a year ago. She now visits the unit for a whole day each week and is taken for a walk each morning by a group of patients, and spends the afternoon visiting different wards.

What is excellent about it?

All the people involved in the dog walking group have benefited from improved physical activity, better social interaction with the public and more self confidence. One member has lost a considerable amount of excess weight, another now wants to own a guide dog in the future and a third has moderated her general behaviour to stop frightening the dog. Conversations with other dog walkers flow easily and each walk ends up at a cafe, so people benefit from the opportunity to develop their everyday living skills in this setting too. People who don't have permission to leave the unit are offered a 30 minute session with the dog in the afternoons and this 'pat session' is valued and beneficial too.

The group is run by the dog's owner, who has a real understanding and enjoys owning the dog. We had to do a risk assessment and at first, it was a real challenge to obtain permission for the dog to ride in our minibus. Unwarranted anxieties about the dog distracting the driver, triggering allergies or dirtying the vehicle were eventually allayed. We worked hard to identify people who did not like dogs and ensured that they were able to do other things.

Our manager has supported the project which has grown from a single visit to a whole day a week. Whilst there is a risk that giving permission to one staff member to bring in their pet could set a precedent, leading staff to expect that this was a perk of working in the unit, this has been effectively managed to ensure that patient benefit remains the priority.

Even better next time?

This project has grown up almost by accident, and we want to explore the literature on [pet therapy](#) and the benefits of dog ownership in order to benefit from the experience of others.

It would be helpful to carry out some targeted community mapping in order to locate more pet-related opportunities so that patients have the best chance of linking up with people who share a common interest. During a couple of previous summers, the service had links with a local kennels and some residents volunteered there.

Whilst the staff member who owns the dog is very open about the joys and trials of pet ownership, we may need to check that patients obtain a thorough understanding of what is entailed in owning a dog. For example, it is easy to talk about visiting the vet but English culture makes it more difficult to talk about the cost involved.

At present, the walkers share responsibility for the dog amongst the group as a whole, which is quite different from the expectations placed upon someone who bears sole responsibility for a pet 24 hours a day, including walking early in the morning on a rainy day. Some patients have a pet hamster, and so this gives them an individual experience of the responsibilities of pet ownership. We could think some more about how to develop this for a dog, as the demands are much greater.

In addition to educating interested patients about pet ownership, there may be opportunities for people who like dogs but do not wish to own their own to have some contact. This might include volunteering at a pet shop, animal sanctuary or dog obedience class, starting a dog walking business or charity, or volunteering for an organisation such as Guide Dogs for the Blind.

Our unit is designed as a shared living space, so patients do not have their own apartment, where they could own a dog. As facilities are redesigned and individualised, we may need to consider this option.

* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- *A series of seminars for key staff and people using services to promote a more personalised and inclusive approach*

Stories of Striving for Excellence in Locked Rehabilitation Services

- *A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.*
- *Learning exchange visits between members which lead to individual action plans for each service*
- *Excellence stories that capture and share ideas for service improvement.*

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.