Department of Psychology and Counselling

School of Psychology and Public Health

# Final report to National Disability Insurance Agency

7 August 2019

| **Key terms for animals in disability assistance roles**Definitions and literature review |
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# What is this report?

This report has been prepared at the request of the National Disability Insurance Agency. It provides advice on how to define key terms related to animals used in disability assistance. These terms are commonly used in legislation and by lay people, academics, and assistance animal provider organisations. It also includes a literature review, which identifies the contexts and therapeutic outcomes for which the different animal types have been shown to be effective. This report should ideally be read in conjunction with a companion report titled ‘NDIS participant-trained assistance dogs’, which provides information about the feasibility of training one’s own assistance dog.

## Contributors

La Trobe University is an Australian public institute founded in 1964. The university currently has over 36,000 students and is rated among the top three universities in Victoria, and the top ten in Australia.

## Authors

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Ms Deanna Tepper is a PhD student in the School of Psychology and Public Health at La Trobe University. Her thesis focuses on whether animal-assisted interventions can improve executive functioning in children with autism spectrum disorder.

## Acknowledgements

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## Abbreviations

| **Abbreviation** | **Phrase** |
| --- | --- |
| AAI | Animal-assisted intervention |
| AD | Assistance dog |
| ADI | Assistance Dogs International |
| ASD | Autism spectrum disorder |
| ISAZ | International Society for Anthrozoology |
| IGDF  | International Guide Dog Federation |
| LTU | La Trobe University |
| NDIA | National Disability Insurance Agency |
| PTSD | Post –traumatic stress disorder |
| UK | United Kingdom |
| US | United States |

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# Executive summary

In 2016, La Trobe University researchers reviewed the effectiveness of assistance animals for people with disability, in a report commissioned by the National Disability Insurance Agency. The review suggested that assistance dogs could be an effective form of disability support, especially based on consultations with people who owned an assistance dog. However, limitations in existing research studies meant that firm conclusions could not be drawn for use in the wider population of people with disability. The Agency’s response to this review was to consider providing assistance animals as part of the National Disability Insurance Scheme on a case-by-case basis.

Since the report was completed and submitted to the Agency in 2017, a new issue has developed related to animals for disability assistance: several terms in common use within the field are poorly defined. The same term might mean different things to different organisations or scientific bodies, or two different terms might fundamentally be referring to the same thing. For that reason, it is impossible to determine whether a particular type of animal is effective in a given therapeutic context. A research team at La Trobe University was contracted by the Agency to disentangle these issues.

The aim of this report is to clearly define common terms used to describe animals working in disability assistance, and to characterise the contexts in which these types of animals have been shown to be effective. To define the terms, we searched legal statutes, scientific reports, and industry websites to understand how the terms are most commonly defined. We also attended a meeting of the International Society for Anthrozoology in Sydney in July, 2018. This Society is the peak body for human-animal interaction research around the world, and we were able to discuss these issues with approximately 50 experts in the field, in a workshop-style symposium that we facilitated.

## Recommended definitions

On the basis of all available information, we generated the following recommended definitions:

* Assistance animal is defined, building on the definition in the Australian Commonwealth Disability Discrimination Act, as an animal that is trained to perform at least three tasks or behaviours which mitigate the effects of a person’s disability. These tasks may or may not be demonstrable on command, depending on the person’s specific needs. They must also be trained to a high level of obedience. This enables them to access public spaces that are typically off-limits to animals, as long as they are ‘working’ with the owner/handler with disability. Examples of assistance animals include (but are not limited to) dog guides, medical alert animals, hearing assistance animals, mobility assistance animals, psychiatric assistance animals, and assistance animals for developmental disorders.
* Service animal is synonymous with assistance animal, and we recommend that this term should be phased out over time.
* Emotional support animal describes an animal that provides support for a person with a diagnosed mental illness or condition. These animals are not typically trained to perform specific tasks which mitigate the effects of the condition, they are not currently recognised legally, and do not have public access rights. Their owner/handler may or may not have a recognised disability.
* Visitation animal refers to an animal belonging to a volunteer, who trains the animal to visit residential, health, or educational facilities, to bring enjoyment to the clients or students. The visits are not typically structured, and permission must be sought from the facility before the animal is engaged, as these animals do not have public access rights. Animal-owner teams are ideally trained and certified by an organisation specialising in this type of training, although many volunteers perform this role with no formal training or accreditation.
* Therapy animal is similar to visitation animal in the type of training and work done, but the term therapy animal is best reserved for animals that take part in structured, goal-directed interventions that are led by a qualified allied health professional who is registered with an appropriate professional organisation (for example; the Australian Health Practitioners Regulation Agency). Like visitation animals, therapy animals do not have public access rights.
* Facility animal is a subcategory of therapy animal, and refers to animals which are trained to work in a specific facility or type of facility. The animal may or may not live on-site.
* Companion animal is synonymous with pet (for example; an animal kept for companionship or pleasure), requiring no training of any kind, and receiving no right to public access when with the owner.
* Skilled companion animal is used by some overseas assistance animal provider organisations to refer to an animal which has been trained for disability assistance, but has slightly different public access rights than an assistance animal. For instance, a child with autism spectrum disorder may have a dog that has been trained to help mitigate the impacts of the disability, but the dog only has public access rights when accompanied by the child and their parent together. Because the term itself is very similar to ‘companion animal’, which is synonymous with a pet, but these animals are functionally identical to assistance animals, this is likely to cause confusion. Therefore, we do not recommend adopting this term in Australia. Instead, we believe animals that fit these criteria should be considered assistance animals.

As research and practice in this area continues to evolve over time, these definitions may need to be updated in the future. Furthermore, these categories are not mutually exclusive. For instance, a single animal could be a companion animal and a visitation animal, depending on the situation; likewise, a visitation animal may be used by a heath professional as a therapy animal in the context of a therapeutic intervention.

## Literature review

After defining and operationalising the above terms, we searched existing scientific literature to identify the contexts in which the various types of animals have been shown to be effective in disability assistance, and for which populations. Research reports about assistance animals were only included if they were published since the report into assistance animal effectiveness was submitted to the Agency in 2017. We found 38 original research reports which fit the criteria. Results suggest that animals can be effective in a wide range of interventions for people with disability. All but one of the studies reported some positive outcomes. Of the studies with repeated measures before and after the intervention, all reported improvements in at least some areas, but there were not always differences between a group of animal-assisted recipients when compared with a control group of either no intervention, or a different type of intervention. Taken together, these results are promising, but limited by:

* Lack of standardised protocols for animal-assisted interventions
* Lack of control groups in some studies
* Small samples in some studies
* Lack of validated measures in some studies
* The ‘file drawer’ effect, in which studies that show improvements are more likely to be published than those which show no change.

Furthermore, a wide variety of age groups and disability types were represented in these 38 studies, making comparisons difficult. There are also animal welfare considerations when using animals in interventions, which are poorly represented in research to date.

For these reasons, we cannot categorically recommend animal-assisted programs for all people with disability. Given the promising, but limited, results to date, we recommend that future research and practice:

* Adopt protocols to standardise the delivery of animal-assisted interventions
* Expand research into the benefits of specific animal types for people with disability, to permit further generalisations about whether these benefits would apply to other members of the target population
* Measure animal welfare to ensure that the animals involved are not unduly stressed by the intervention, and that they always have the opportunity to withdraw from any interaction.

# Introduction

In 2016, researchers at La Trobe University (LTU) were commissioned by the National Disability Insurance Agency (NDIA) to review the effectiveness of assistance animals in mitigating the impacts of their handler’s disability [1]. The results of the review, which focused solely on assistance dogs (ADs) due to lack of available evidence for other species, provided qualified support for the use of ADs as a disability support tool. In response, the NDIA indicated a willingness to provide ADs as part of the National Disability Insurance Scheme, on a case-by-case basis. Since that time, an issue has come to light regarding NDIA funding of various animals for disability assistance. That is, clear definitions of several terms in common use (for example; assistance animal, therapy animal, emotional support animal, and even companion animal) are lacking. These terms are used by different organisations, academics, and laypeople to mean different things. Even legal statutes sometimes vary in their usage of the terms [2]. Clarity is needed for the NDIA, other government agencies, and the animal-assisted intervention sector to understand the specific working roles performed by each of these animal types. Furthermore, it is important to understand the extent to which the different animal types can be effective in various contexts. Therefore, the aim of this report is to provide operationalised definitions of several terms for animals in disability assistance roles, and then to identify the outcomes and contexts for which each animal type is effective.

# Defining the key terms

The first part of the project’s aim was to provide operationalised definitions of commonly used terms. Some terms included as part of this report are not commonly used within Australia; in particular, ‘facility animal’ and ‘skilled companion animal’ do not appear to be widely used at present. However, it is possible that they will be considered for use by industry members in the future as the field expands, so it is important to provide definitions of those terms as well.

## Methods

We searched existing federal and state-based legal statutes via databases such as the Federal Register of Legislation and Victorian Legislation and Parliamentary Documents. We also searched for peer-reviewed scientific publications using the Google Scholar database, as well as lay websites of assistance animal organisations. Where available, we prioritised information presented in Australian legal statutes and by Australian providers. However, much of the information we found was from the United States (US), so this is presented in cases where there is insufficient detail about, or as a contrast to, the Australian context.

We held a symposium at the International Society for Anthrozoology (ISAZ) Conference in Sydney in July, 2018. In this symposium, approximately 50 experts in human-animal relationship research and practice from all over the world workshopped definitions to various terms. Where there are conflicting definitions available in existing legal statutes or scientific literature, we gave heavy consideration to the opinions of these experts in our recommendations for how to define each term.

## Results

These results represent an overview of existing definitions for various terms, including contradictory or redundant definitions. By contrast, our recommended definitions are presented in the Discussion.

### Assistance animal

‘Assistance animal’ is typically used as an umbrella term for various types of animals which provide disability assistance [3]. They are defined by the Commonwealth Disability Discrimination Act 1992/2009 as a dog or other animal which: (a) has been trained to assist an individual with a disability to alleviate the effects of their disability; and (b) an animal which meets standards of hygiene and behaviour which are appropriate for public places [4]. In Australia, assistance animals are often categorised as dog guides (sometimes also referred to as seeing-eye dogs or guide dogs), hearing dogs, and ADs such as mobility dogs, medical alert/response dogs, and psychiatric dogs for autism spectrum disorder (ASD) or post-traumatic stress disorder (PTSD) [5, 6]. It is unclear why ADs are categorised separately from dog guides or hearing dogs in some legal statements, but we propose that dogs which function in any of these three capacities be called ADs, and we will refer to them as such in this report.

While the terminology of the Disability Discrimination Act allows for animals other than dogs to be recognised as assistance animals, there are only anecdotal reports of individuals in Australia seeking accreditation for animals other than domestic dogs, such as dingoes [5]. The Disability Discrimination Act does not recognise non-accredited pets/companion animals, therapy animals, emotional support animals, facility animals, or animals owned by people without a disability, as assistance animals [5]. This varies somewhat overseas, as the US Housing and Urban Development Fair Housing Act defines the term as including those animals who provide ‘emotional support to individuals with disabilities who have a disability-related need for such support’ [7].

There are no official regulatory bodies or training standards supported by the Disability Discrimination Act. There are, however, numerous organisations in Australia dedicated to training assistance animals, and breeding/sourcing of animals, training, and accreditation processes differ between these organisations. Some provider organisations fall under an umbrella such as Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF). For these providers, the umbrella organisation provides specific requirements for public access and disability mitigation, which the providers are expected to follow (see Appendix A for an example of ADI minimum standards and ethics). However, not all providers fall under one of these umbrellas, as there is no legal requirement for this.

The state of Queensland is the only state in Australia which currently has a system for assistance dog accreditation (see Appendix B) [8]. Provider organisations must meet a set of criteria established by the state government, which appears similar to ADI requirements [9]. Once a provider is approved by the state, they are able to train and certify assistance dogs, whose legal public access rights are protected by state legislation [6].

There have been instances in which assistance animals have been owner-trained, such as in State of Queensland (Queensland Health) v Che Forest 2008 [10], or trained by dog training organisations with no disability expertise, as highlighted in Mulligan v Virgin Australia 2015 [11]. The lack of training standards is similar internationally, with the US also lacking regulations which enforce training methods or qualifications [3]. This is concerning, as incidences of assistance animals attacking humans in the United States have been reported [12, 13]; we could find no such reports in published literature in Australia.

### Service animals

This term generally refers to dogs individually trained to perform work/tasks that mitigate their handler’s disability, including physical, sensory, psychiatric, intellectual, or other mental disability. It can be considered a synonym for assistance animals but, in some legislation, only certain species are permitted. For instance, the US Americans with Disabilities Act Titles II and III specify that service animals must be dogs and, in special cases, miniature horses [14].

Sometimes sources distinguish ‘guide’ and ‘signal’ dogs from ‘service’ dogs. For example, the Assistance Dogs International glossary defines service dogs as ‘dogs that work for individuals with disabilities other than blindness or deafness…’ [15]. The reason for this is not immediately clear.

### Emotional Support animals

‘Emotional support animals’ are defined in one peer-reviewed article as animals which provide physical, psychological and/or emotional support to individuals, primarily in their home [2]. While an assistance animal has been trained to perform specific tasks related to a disability (for example; guide an individual with low vision around obstacles and through crowds), the primary role of an emotional support animal is to provide therapeutic benefits primarily through offering comfort and support [2]. The functional difference between an emotional support animal and a companion/pet animal appears to be that the owner must have a disability or mental illness. Another peer-reviewed article indicated that emotional support animals are sometimes called ‘support animals’ or ‘therapy animals’ [16], although we would argue that the term ‘therapy animal’, in particular, should not be used in this context (see ‘therapy animal’ section below). While emotional support animals are provided limited protections in the United States (for example; afforded the right to reside in public and private housing; free access to aircraft cabins), Australia has been more conservative in the recognition of emotional support animals; the Disability Discrimination Act does not recognise or protect emotional support animals under anti-discrimination laws. This also appears to be the case in the United Kingdom (UK) [17].

Emotional support animals are not required to meet any minimum standards of training [2]. There have been reports of emotional support animals causing public disruptions [18] or injuring humans [19, 20]. Since these animals do not have public access rights in general, but are sometimes permitted into aircraft cabins, passenger airplanes have become a sort of flash point for issues surrounding emotional support animals. British Airways has a blanket ban on emotional support animals. The Japanese airline ANA does not permit them on board for domestic flights, but for international flights to the US or Mexico, they can sometimes be permitted in the cabin. In the US, United and Delta are currently revising their policies on emotional support animals to ban certain species, and to require proof of behaviour training before the animal is permitted onto a plane [21]. This is in response to a large increase in animal-related incidents, including inappropriate elimination, barking, and scratching, biting, or growling at staff. Training levels, and training to perform specific tasks to mitigate the effect of the owner’s disability, appear to be a clear differentiator between an assistance animal, such as a dog guide, and an emotional support animal.

The increasing reports of poorly behaved emotional support animals overseas has allegedly led to instances in which individuals with assistance animals have experienced discrimination, such as a refusal of service in public places and on planes [22, 23]. However, as previously stated, emotional support animals are not recognised in Australia and do not have public access rights. Indeed, a review of section 9(2) of the Disability Discrimination Act, conducted in 2003, clarified that there is a difference between assistance animals and animals used for comfort or reassurance [24].

### Therapy animal

This term appears to have two main conflicting definitions. It has been defined as an animal that plays a role in animal-assisted intervention, within the context of a set treatment plan conducted by a healthcare professional, often in a clinical setting. This definition is consistent with those provided or endorsed by the International Association for Human-Animal Interaction Organisations [25], the American Veterinary Medical Association [26], and some peer-reviewed scientific publications [2, 27].

However, this term is also defined as an animal that visits facilities with a volunteer handler (usually owner) to ‘provide comfort and companionship by sharing the dog with patients in hospitals, nursing homes and other institutions and wherever else the Therapy Dog is needed’ [28]. This definition is consistent with those provided by Pet Partners (formerly Delta Society) and Delta Society Australia [29, 30], and it seems to be no different from ‘visitation’ animals. Finally, in one peer-reviewed journal publication, McCabe [31] also used a dog for social interaction, but their ‘therapy dog’ lived full time at the aged care facility.

### Visitation animal

This is generally a term for animals that socialize with patients or students to provide comfort/companionship/social interaction. Oftentimes, the handler is a pet owner who has volunteered to train their pet and take it into facilities such as schools, hospitals, or aged care facilities [2, 27]. Unlike therapy animals, the handlers are not required to have any particular professional qualifications or registrations with a relevant professional body, but they are often trained and accredited by an organisation such as Pet Partners [29]. Unfortunately, pets that engage in these sorts of activities are sometimes referred to as ‘therapy animals’.

A major consideration when developing a visitation program within a facility is the issue of liability and risk management. A published study undertook a national survey examining health and safety policies in facilities with visitation programs, as well as organisations that train and place owner/animal teams for visitation [32]. They found that many facilities with visitation programs do not have sufficient policies and procedures in place for managing risks, and 20% have no policies at all for their animal visitation programs. An important aspect of animal-assisted visitation activities is health and safety of all humans and animals involved, so this term should perhaps be reserved for animal-handler teams that have had appropriate training and accreditation, and have sufficient insurance cover.

### Facility animal

This appears to be an umbrella term for animals that go to specific healthcare facilities or work in legal settings like courtrooms, whether with a volunteer for visitation or working with a professional in a therapy program. According to ADI’s Glossary, ‘the work of a facility dog can include visitations or professional therapy in one or more locations. Public access is permitted only when the dog and handler, who is a trained volunteer or professional, are directly working with a client with a disability’ [15]. In Australia, however, these dogs would not have public access, as they do not meet the definition of an assistance animal; only assistance animals have public access rights in Australia.

McCabe’s [31] description of a ‘therapy dog’ (also called a ‘resident dog’ in the same text) working full-time in an aged care facility could also potentially quality as a ‘facility dog’, although the professional qualifications of the staff member handler were not specified. These animals do not appear to be fundamentally different from therapy or visitation animals. They are trained for specific locations or location types, but therapy and visitation animals often are as well. This term might be most appropriately used to describe an animal that attends one particular facility on a regular basis, or which lives at the facility.

### Companion animal

The terms ‘companion animal’ and ‘pet’ are often used interchangeably in literature, with the difference in the use of vocabulary often reflecting whether authors view companion animals/pets as personal property [33, 34]. As per the name, a companion animal is primarily kept for the companionship it may offer [35]. In Australia, approximately 62% of all households own a pet; dogs, cats, fish and birds are the most popular animals [36].

It should be noted that some jurisdictions in Australia, such as New South Wales (NSW), make a distinction between ‘companion animals’ and ‘pets’ in relation to assistance animals; that is, a companion animal can be an assistance animal, but a pet cannot be an assistance animal [37, 38]. Despite this distinction, no literature is available on how the NSW Government differentiates between a companion animal and a pet. In contrast, the Queensland and Victorian Governments use ‘companion animal’ and ‘pet’ interchangeably, and do not recognise either as assistance animals [5, 39]. Furthermore, AD providers sometimes report training ‘companion dogs’ for people with disability, providing companionship and a calming presence to children with physical or developmental disabilities [40, 41]. These are typically reclassified assistance dogs, which therefore would generally be highly trained, far beyond what would be expected of a typical pet.

### Skilled companion animal

The ADI Glossary refers to these animals as ‘a service dog trained to work or perform tasks with an adult or child with a disability under the guidance of an additional person, a facilitator’ [15]. To date, we have not found any academic or legal sources that use this term.

### Overview of industry definitions

For industry-based definitions, the ADI website has a glossary [15] that provides definitions of several terms, including some that are not in common use within Australia (for example; facility dog, skilled companion dog). Nonetheless, assistance animal provider organisations in Australia vary in the terms they use and how they are operationalised (see [Table 1](#_Table_1:_Terms)). Since all of the organisations represented in Table 1 work with dogs, they refer to dogs in particular, rather than animals generally.

#### **Table 1**: Terms used by various assistance animal provider organisations in Australia

| **Organisation** | **Description and service claimed to be offered** |
| --- | --- |
| [Assistance Dogs Australia](https://www.assistancedogs.org.au/) | Trains and places assistance dogs for physical disability, autism spectrum disorder (ASD), and post-traumatic stress disorder (PTSD) |
| [Association of Australian Assistance Dogs](http://www.asdogsnq.com.au/) | Trains and places assistance dogs for physical disability |
| [Australian Support Dogs](http://www.asdog.org.au/) | Trains and places assistance dogs for physical disability |
| [Assisting Wellbeing Ability Recovery and Empowerment (A.W.A.R.E.) Dogs Australia](http://awaredogs.org.au/) | Trains and places assistance dogs for psychosocial health and developmental disabilities. Also trains emotional support animals and facility dogs for therapeutic purposes |
| [Canine Helpers for the Disabled](https://www.caninehelpers.org.au/) | Trains and places assistance dogs for physical disability. Also trains therapy dogs for physical, emotional, intellectual or developmental disabilities |
| [Centre for Service and Therapy Dogs of Australia (Dogs For Life)](https://www.cstda.com.au/) | Trains and places assistance dogs for ASD, PTSD, Alzheimer’s and for seizure alert/response. Also trains dogs for therapeutic purposes |
| [Disability Aid Dogs](http://www.aiddogs.com.au/) | Trains an individual’s own dog as an assistance dog |
| [Guide Dogs Australia](http://guidedogsaustralia.com/) | Trains and places dog guides for vision impairment. Also provides autism assistance dogs, pets as therapy dogs and companion dogs to people with a disability |
| [Guide Dogs NSW/ACT](https://www.guidedogs.com.au/) | Trains and places dog guides for vision impairment. Also provides pets as therapy dogs and companion dogs to people with a disability |
| [Guide Dogs Queensland](https://www.guidedogsqld.com.au/) | Trains and places dog guides for vision impairment |
| [Guide Dogs SA/NT](https://www.guidedogs.org.au/) | Trains and places dog guides for vision impairment. Also provides autism assistance dogs for ASD |
| [Guide Dogs Tasmania (Royal Guide Dogs for the Blind Association of Tasmania)](https://guidedogstas.com.au/) | Trains and places dog guides for vision impairment |
| [Guide Dogs Victoria](https://www.guidedogsvictoria.com.au/) | Trains and places dog guides for vision impairment |
| [Guide Dogs WA (VisAbility; previously known as Association for the Blind WA)](https://www.guidedogswa.com.au/) | Trains and places dog guides for vision impairment. Also provides autism assistance dogs for ASD |
| [Lions Hearing Dogs](https://hearingdogs.asn.au/) | Trains and places hearing dogs for hearing impairment |
| [MindDog](http://www.minddog.org.au/) | Helps people procure, train, and accredit psychiatric assistance dogs. |
| [Righteous Pups Australia](http://righteouspups.org.au/) | Trains and places assistance dogs for ASD, mobility/physical disabilities, and for medical alert/response |
| [Smart Pups](https://www.smartpups.org.au/) | Trains and places assistance dogs for vision impairment, ASD, mobility/physical disabilities, and medical and seizure alert/response |
| [The Royal Society for the Blind Guide Dog Service](https://www.rsb.org.au/) | Trains and places dog guides for vision impairment. Trains assistance dogs for ASD or PTSD |
| [Vision Australia Seeing Eye Dogs](https://sed.visionaustralia.org/) | Trains and places dog guides for vision impairment and assistance dogs for early onset dementia |

Similar to the definition provided in the Disability Discrimination Act, the term ‘assistance dog’ (which includes dog guide, hearing dog, and autism AD, among other types of disability assistance such as mobility and psychiatric) appears to generally refer to a dog intended to mitigate the impacts of the handler’s disability. Some organisations, such as the Royal Society for the Blind Guide Dog Service, differentiate between dog guides and other types of assistance dogs. Other terms, such as ‘therapy dog’, ‘emotional support animal’, ‘facility dog’, and ‘companion dog’ are less consistently operationalised between organisations. For example, AWARE Dogs Australia’s descriptions of emotional support dogs and facility dogs are similar to those reported in existing scientific and legal documentation [42]. However, Canine Helpers for the Disabled refers to therapy dogs as dogs which provide assistance for people with an intellectual, psychiatric, or developmental disability, while service dogs provide assistance for a physical disability [43]. Guide Dogs Australia mentions that reclassified dog guides are sometimes placed as pets-as-therapy or companion animals, but does not provide much explanation of those roles [44].

It is clear that there is considerable variation in the terms used by different organisations, and what they might mean. Therefore, we have developed a series of recommended definitions for adoption by the NDIA, the industry, and the scientific community.

## Discussion: recommended definitions

The following recommended definitions are based on our consideration of definitions provided in legal statutes, peer-reviewed scientific publications, industry publications, and by the ISAZ delegates. A summary of these terms is provided in [Table 2](#_Table_2:_Summary). As our ongoing discussions with the ISAZ experts proceed, and the Society endorses definitions in the future, these will be provided to the NDIA. However, as there is no definitive timeframe for this outcome, we recommend using the definitions provided here until we can provide any necessary updates. Furthermore, as the field in general advances, both in practice and in research, these definitions may be subject to change.

In roles where there are no theoretical restrictions on the species used, only species and individuals whose welfare will not likely be compromised by performing these roles should be considered. Similarly, only species which can be legally owned in the relevant jurisdiction should be used.

### Table 2: Summary of recommended definitions for commonly used terms in disability assistance using animals

| **Term** | **General purpose** | **Training level** | **Public Access** | **Key points** |
| --- | --- | --- | --- | --- |
| Assistance Animal | Disability support – lives with an owner/handler with disability | Advanced | Yes | Umbrella term for all animals living with a handler with disability, with behaviour suitable for public access and trained to mitigate effects of disability |
| Companion Animal | Companionship | None | No | Synonymous with pet (for example; an animal kept purely for companionship) |
| Emotional Support Animal | Emotional support for an owner with a mental health condition | None | No | Differs from assistance animal in level of training (public access and/or task-specific)  |
| Facility Animal | Improve specific therapeutic outcomes | High | No | Subcategory of therapy animal for a specific facility or facility type. Could include animals living on-site if they meet standards for therapy animal (below) |
| Service Animal | Synonymous with assistance animal | Advanced  | Yes | Consider phasing out – two terms for the same concept is confusing |
| Skilled companion Animal | Disability assistance for a population with different public access rights (for example; child with ASD whose dog has public access rights only when working with the child and under direct supervision of a legally responsible adult) | High | Depends | Used by some overseas providers. **We do not recommend adopting this term in Australia**. Instead, animals fitting these criteria should be considered assistance animals. |
| Therapy Animal | Improve specific therapeutic outcomes | High | No | Differs from visitation animal (below) because interventions must be structured, goal-directed, and overseen by a licensed professional |
| Visitation Animal | Improve mental health/quality of life outcomes for people in hospital, aged care or other residential facilities, or schools | High | No | Well-trained animal-owner team; unstructured visits which are not necessarily goal-directed or run by a licensed professional |

A more detailed description of each term is provided here. We also provide hypothetical examples which sometimes include elements that are not typical, to illustrate the ‘grey areas’ that can exist within each category.

## Assistance animal

We recommend using the definition provided in the Disability Discrimination Act (provided here verbatim). An assistance animal is a dog or other animal that is:

(a) accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist a person with a disability to alleviate the effect of the disability; or

(b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; or

(c) trained:

(i) to assist a person with a disability to alleviate the effect of the disability; and

(ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.

This should be considered an umbrella term that encapsulates (but is not necessarily limited to): guide animals, hearing animals, mobility assistance animals, physical assistance animals, psychiatric assistance animals, assistance animals for developmental/intellectual disabilities, seizure alert/response animals, and diabetes alert animals.

The current legal definition is vague, particularly in Part C. For this reason, we recommend adopting the standards of umbrella organisations such as ADI or IGDF, when determining whether an animal is sufficiently trained to access public spaces and can perform at least three specific tasks that ‘alleviate the effect’ of the owner’s disability. For example, ADI requires that the assistance animal perform at least three tasks that directly mitigate the effects of the owner’s disability, that they obey at least 90% of commands on first ask, and that they are very well-behaved in public (see Appendix A). The state of Queensland has a certification process which requires that assistance animals be trained to perform ‘identifiable physical tasks or behaviours to assist the person in a way that reduces person’s need for support’ (see Appendix B). There is also a public access test that must be undertaken by an approved individual or organisation; a list of approved trainers is provided on their website, some of whom are based outside of Queensland [45]. IGDF standards are not publicly available. In the long-term, we strongly recommend creation of an independent accrediting body for all assistance animals in Australia. This will help ensure that standards are being rigorously and consistently applied for all assistance dog/handler teams.

The types of tasks that an animal is trained to perform will vary depending on the person’s disability and their individual needs. For this reason, it would be impossible to provide a comprehensive list of all the potential tasks an animal may need to perform. We recommend that there be a requirement for the animal to perform some identifiable tasks or behaviours, but those tasks may not necessarily always need to be performed on command. Some possible examples are:

1. Someone with a psychological disability who is disoriented and needs to be taken home will not be in a position to command the animal to do so – the animal must simply be able to recognise the need and perform the task.
2. A psychiatric assistance dog for a person with post-traumatic stress disorder may be trained to warn the owner of an impending panic attack, so that s/he can move to a safe place or take steps to reduce their anxiety levels.
3. An assistance dog for a child with autism spectrum disorder who is trained to lay on the child during a meltdown, providing a tactile, comforting stimulus that helps the ground the child so that they can calm down.

These tasks, therefore, are context dependent, rather than command dependent, even though they mitigate the impacts of the owner’s disability. In cases like this, video evidence could be provided to confirm that the dog is indeed able to perform the relevant task when necessary. Note that these three examples are not intended to be comprehensive and there are other examples of context-specific, rather than command-specific, tasks that an assistance animal could be trained to perform.

Hypothetical example: John lives in Darwin, and he has a mobility impairment. He has a dog, Molly, who lives with him. Molly was trained by an assistance dog provider approved by the state of Queensland, who worked with her on advanced obedience until she was able to pass the Public Access Test. Molly’s provider also worked with John to make sure Molly was trained to help him manage the specific effects of his mobility impairment. For instance, she opens doors for him, and she helps him get laundry out of the washing machine and food out of the fridge. Because of this advanced training, Molly has the right to enter public spaces with John; she accompanies him when he meets his friends at the pub on Friday evenings.

### Service animal

This term should generally be considered synonymous with assistance animal. Because having two terms to refer to the same phenomenon is confusing, we recommend slowly phasing out the use of ‘service animal’.

Hypothetical example: see ‘assistance animal’.

### Visitation animal

We recommend using this term for pet animals that have suitable characteristics (for example; are calm and friendly) and that are highly trained by owners who volunteer to take their pet into facilities to visit people who might enjoy spending time with an animal (for example; hospitals, aged care facilities, schools). The owners do not need to have any particular professional qualification or registration with a relevant professional body, but the pet-owner teams should ideally be accredited in-house by an organization that provides training for the teams (for example; Delta Society [30]) and have adequate insurance to cover any issues when visiting facilities. Ongoing re-certification processes should include a regular assessment of the animal’s health and suitability for visitation work by the organization.

Hypothetical example: June lives in Sydney, and she has an unusually outgoing pet cat, Simpson, who loves to visit new places. It occurred to June that, since Simpson has brought her so much joy, maybe he could do the same for others. She contacted an organisation that trains ‘pets as therapy’ animals, who worked with her to train Simpson as a visitation cat. Simpson was tested to make sure that he is never aggressive, that he’s happy to encounter new things and have new experiences, that he is not afraid of different types of people, and that he doesn’t urinate inappropriately indoors. June was also taught about cat behaviour, and how to recognise stress signals. Now that training has finished, June takes Simpson to the local aged care facility every Wednesday to spend an hour or so with the residents. They had to get permission from the facility before starting the program, because Simpson doesn’t have the right to enter public spaces like an assistance animal would. The residents talk to Simpson and play with him. Afterwards, the residents always report feeling happier than they were before Simpson arrived. Some are even less depressed and anxious, based on the results of a recent study undertaken in that facility.

### Emotional support animal

This term relates to an animal that provides some sort of emotional benefit for a person with a diagnosed mental illness or condition that has been confirmed by an appropriate health care professional. This illness or condition may or may not constitute a disability. Emotional support animals appear to be functionally indistinct from companion (for example; pet) animals, except that the owner must have a diagnosed mental illness. Unlike assistance animals, emotional support animals typically do not have public access rights in Australia, and no specific training for disability support or public access is required. However, this could change in the future, with some protections already afforded to emotional support animals in the US, and a move to have emotional support animals legally recognised in the UK [46]. We recommend that public access rights be reserved exclusively for assistance animals, which have been trained to behave extremely well in public and perform identifiable tasks or behaviours which mitigate the impact of the disability on the owner.

Hypothetical example: Charlotte was a member of the Australian Defence Force. When she returned from deployment in Iraq, she was diagnosed with PTSD by a psychiatrist. She lives in Adelaide with an eclectus parrot named Smithy. Smithy doesn’t have any particular training, but Charlotte finds that just being around him makes her feel better. Sometimes Smithy says things or sings songs, which makes Charlotte laugh. She also finds that her nightmares, which used to be so bad that she was afraid to go to sleep, happen less often when Smithy is in the bedroom with her at night. She doesn’t take Smithy with her when she leaves the house, though. Her treating psychiatrist has been impressed with her improvements, and she agrees with Charlotte that Smithy probably has a lot to do with it.

### Therapy animal

We recommend using the definition provided by the International Association for Human-Animal Interaction Organisations, which is an animal that plays a role in a goal-directed, structured intervention led by a licensed professional (for example; clinical psychologist, occupational therapist). In these interventions, the animal may be used by the professional to help the client meet specific goals, such as gait improvements in children with mobility impairments during therapy sessions with horses or donkeys (for example; hippotherapy). While it would be extremely difficult to create a list of all types of interventions that might be applicable in this context, the literature review later in this report gives an overview of animal-assisted interventions that have been studied scientifically thus far.

There can be overlap with visitation animals, as a highly trained visitation animal-handler team may be called upon to participate in such a structured, goal-directed intervention (for example; an evidence-based therapy program for children with ASD, aimed at improving social and motor skills). In these cases, the ‘visitation animal’ would actually fill the role of a therapy animal for that particular circumstance. On the other hand, a licensed professional may participate in a program with his/her therapy dog, in which the team visits hospitals to spend time with patients in an informal way, with no specific activities or tasks aimed at improving therapeutic outcomes. This experience may still have positive outcomes for the patients, but the lack of structure in the intervention would mean that, in this case, the therapy dog would actually be a ‘visitation animal’.

Hypothetical example: June and Simpson (see ‘visitation animal’ example above) are really enjoying their visits to the aged care facility, and the pets as therapy organisation noticed that Simpson might be a good candidate for further training, so that he and June can work together in therapeutic settings. June thinks this is a good idea, and she would particularly like to help children with developmental disorders. After training specifically for that population, the organisation puts her in touch with a developmental psychologist, Dr Carrigan, who is currently working with a child with ASD, named Timothy. Dr Carrigan just completed a professional development course on incorporating animals into therapy sessions, and he thinks that Simpson might be able to help Timothy improve his social skills, so they begin a six-week program in which June and Simpson come in every week for Timothy’s sessions with Dr Carrigan. Every week they work on tasks that Dr Carrigan thinks will be useful for Timothy’s social skills. Simpson is fully integrated into most of these tasks, but when June thinks he might need a break, she takes him outside for a few minutes to relax. After the sessions, she is hungry but instead of stopping at the café nearby on the way, she takes Simpson home first because he does not have the right to enter public spaces with her. After six weeks, Timothy’s parents are pleased by his progress.

### Facility animal

This term should be used to denote a subset of therapy animals, with training specific to a particular facility (for example; The Alfred Hospital) or type of facility (for example; hospitals in general). Typically, the handler will be a qualified health professional registered with a relevant body (for example; a psychologist registered with the Psychology Board of Australia) employed by that facility (for example; aged care centre, hospital, school) and will participate in goal-directed interventions like other therapy animals. The animal may or may not live on-site at the facility. This term is not commonly used in Australia, although it is not completely absent (see [Table 1](#_Table_1:_Terms)). Our proposed definition of this term relates primarily to facility animals working in disability support. Facility animals for other contexts (for example; legal settings) may have slightly different requirements; they are not necessarily part of a structured or goal-oriented intervention.

Hypothetical example: Dr Carrigan really enjoyed working with June and Simpson to help Timothy (see ‘therapy animal’ example above), and he was so impressed by Timothy’s progress that he decided it would be a good idea to have a therapy animal available for any of his clients who might benefit. He contacts an assistance dog provider, who has a reclassified dog guide named Lizzy that they think would be perfect for him. Dr Carrigan undertakes training with the provider to learn how to look after Lizzy and recognise symptoms of stress. Once training is complete, Dr Carrigan brings Lizzy home to live with him in Sydney, and every day they go to the office together. Some of the other psychologists on staff in Dr Carrigan’s office notice that his clients seem to be doing well, and they think it might be worthwhile to have Lizzy help some of their clients as well. Another psychologist, Dr Jones, does professional development courses about bringing animals into therapy, and Dr Carrigan agrees to ‘share’ Lizzy with Dr Jones, so that her clients can also benefit from these interactions. Lizzy goes through a bit of extra training to learn to work with Dr Jones as well. Now there’s just one problem: Lizzy is so busy that they may have to bring in another dog!

### Companion animal

This term should generally be considered to refer to a pet, with no special training.

Hypothetical example: Darren and his wife, Sonia, love riding horses on their large, rural property in the Hunter Valley. They each have a horse, and they spend their summers riding through the bush together. The horses stay on the property at all times, and provide Darren and Sonia with countless hours of joy and companionship. Sonia even goes outside to talk to her horse, Alix, after she and Darren have had an argument. It helps her calm down and she feels like Alix ‘gets me’.

### Skilled companion animal

This is a term used by some overseas assistance animal provider organisations to describe animals that have been highly trained and provided to a person with disability, but with different public access rights than assistance animals. For example, an autism assistance dog for a child with ASD may only have public access rights when working with the parent and child together. Therefore, the parent and child may be able to enter a café with the dog, but the child cannot take the dog to school by herself. However, these dogs are still highly trained for public access and to mitigate the effects of the person’s disability. While differentiating these animals from assistance animals is sensible given their somewhat different public access rights, the use of this term in particular is confusing because it is very similar to ‘companion animal’, which typically means a pet with no special training. In Australia, it is typical for assistance dog providers to simply use the term ‘autism assistance dog’ for these cases. To our knowledge, ‘skilled companion animal’ is not currently in use in Australia; we recommend that this remain so. Since, like all assistance animals, these types of animals only have public access rights when working and when accompanied by a handler, we recommend that animals which fit these criteria be considered assistance animals, in the instance that evidence is presented that they alleviate the effects of their disability.

Hypothetical example: Not applicable. We strongly recommend that this term not be adopted in Australia.

# Effectiveness of animals for people with disability

After developing updated definitions for the various terms in use in animal assistance for people with disability, we undertook a literature review to better understand the contexts in which these different types of animals have been shown to be an effective therapeutic or management tool.

Methods

The search for appropriate literature was conducted in July of 2018. The review was conducted in three stages designed to search, select, and extract information from existing literature, according to the PRISMA guidelines for systematic reviews and meta-analyses [47].

## Stage 1: Searching literature

Search strategies were developed and executed using two comprehensive databases: PsychInfo and Scopus. At the first stage of the review, the search criteria remained broad to ensure all relevant information would be located. We executed the search using the search terms outlined in [Table 3](#_Table_3:_Search). The search terms utilised truncation or wildcard characters to broaden search criteria.

###  Table 3: Search terms used in the literature review

| **Search terms utilised** |
| --- |
| Animal$ AND disab$ AND therapy |
| Support OR support$ AND thera$ AND canine OR feline OR avian OR equine |
| Animal AND visit$ AND therap$ |
| Animal AND “emotional support” |
| “companion animal” AND disability |
| “facility animal” OR facility AND dog AND disab\* |
| “pet effect” (limited to psychology, social science, vet, health and multidisciplinary) |
| “facility animal” OR “facility dog”  |
| “companion animal” and disab$ |

To ensure a broad sweep of the literature, searches included all types of scientific literature (for example; original research reports, reviews, theses, published abstracts) at the early stages of the review process. Further, research reports that employed both qualitative and quantitative research methods were included. The search strategy yielded 173 records (see [Figure 1](#_Figure_1:_Flowchart)).

### Figure 1: Flowchart of the search, screening, and review process for research articles included in the literature review.



### Stage two: Selection

During the second stage of the process, duplicate records, theses/dissertations, review articles, opinion pieces, editorials, book chapters and articles written in languages other than English were removed, leaving only original research reports for inclusion. We identified articles that did not relate to disability or were outside of the age scope of the NDIS (for example; facility dogs located in aged care facilities); these articles were removed. The reference lists of review articles were scanned for appropriate articles that were not located in the original searches. No further literature was located using this strategy. The search and screening strategy resulted in 38 original research articles that investigated the efficacy of animals as either visitation, therapy, companion, emotional support, or assistance animals for people with disability ([Figure 1](#_Figure_1:_Flowchart))

### Stage 3: Extraction

In the final stage, a data extraction protocol was developed. This protocol guided the information that was to be extracted from each of the included research reports. In order to understand the contexts in which animals are effective as therapeutic or disability management tools, the protocol included the categories described in [Table 4](#_Table_4:_Categories).

#### **Table 4**: Categories of information for extraction, as guided by the data extraction protocol

| **Category name** | **Explanation** |
| --- | --- |
| Original label | Label applied to role of animal as used by the original authors |
| Updated label | Label applied to role of animal proposed under the current document’s recommendations |
| Disability Type | The type(s) of disability included in the sample |
| Intervention Type | The type(s) of intervention, if any, undertaken during the research study |
| Therapeutic outcome | The outcomes measured in the study |
| Overall effectiveness | Observed changes after the intervention, based on outcome measures |

## Results

Animals can provide a wide variety of benefits for individuals with a large variety of disabilities, including psychiatric [48, 49], physical [50, 51], and developmental [52, 53], among others. Some studies included samples of people whose disability status was not identified, but instead experienced chronic pain [54]. These studies were included in the results because chronic pain is strongly associated with disability [55].

Dogs and horses/donkeys were the most commonly studied animals in therapy programs, but other animal types, such as dolphins, farm animals, and companion animals in general were also represented. There was also a wide range of therapeutic outcomes measured, even within animal species and often times within the same study. For instance, dog studies have examined outcomes such as reduced negative affect [56], behavioural changes [52, 57], and socio-cognitive improvements [58]. Hippotherapy research has often focused on motor skills [50, 59], but psychological and wellbeing outcomes [60, 61] have also been measured in these studies. Because of the large number of disability types and outcome measures reported in the literature, further analysis of these studies is categorised by animal species.

### Dog

Approximately half (n = 18) of the studies included in the literature review studied the impacts of a program using dogs. Two case studies explored the use of animal-assisted interventions (AAI) in relation to PTSD. One study, which described an interview with a person with their own assistance animal, suggested that the dog primarily increased feelings of safety by providing support during flashbacks and helping the person to navigate outside environments [62]. The person also noted that the dog acted as a social catalyst and allowed the person to express their own emotions through the dog [62]. In contrast, the second case study reported an incident in which an individual brought their assistance animal to group psychotherapy and experienced behavioural issues relating to barking and scaring other group members [63]. The dog was temporarily removed from the group pending further training but was removed again on a permanent basis when the negative behaviour persisted. While the reason for the poor behaviour is unknown, it highlights that some individual dogs may be unsuited for assistance work or lack adequate training.

While not specifically related to PTSD, another study explored staff attitudes related to the use of AAI in an active-duty military psychiatric facility [64]. In this study, a majority of the 29 staff members interviewed believed that a 1-year AAI program had a positive impact on the patients, including improved mood, improved attitude towards therapy, a more relaxed environment, and increased social interactions between patients. While it was noted that some clients ignored or seemed uncomfortable with the dog, all staff reported a desire to continue the program.

Two of the studies focused on adults with schizophrenia [49, 65]. One study reported improvements in nonverbal communication, including changes in the use of gestures and space during conversations; however, this study had a small sample size (n = 3) and lack of a control condition [49]. The second study, including 18 people with schizophrenia, did utilise a control group, reporting no significant group differences between a standard therapy intervention compared to an AAI intervention [65]. However, following 25 sessions with a therapy dog, individuals in the AAI condition did show improvements in social contact, positive and negative symptoms of schizophrenia, and quality of life [65]. The last psychiatric study used a crossover design to explore fear, anxiety and depression in 35 patients waiting to receive electroconvulsive therapy for psychiatric disabilities (for example;, depression, bipolar, psychotic disorders), reporting a significant reduction in fear following interaction with a visitation dog in comparison to reading magazines [56].

Two large studies explored whether visitation dogs could reduce pain and emotional distress in a large sample of people with chronic pain [66, 67]. One study included 382 patients, friends/family, and staff [66] while the other focused exclusively on 133 patients [67]. In both studies, improvements in most variables were reported in the visitation dog group, but not a control group of people in the waiting room without a dog. The large sample sizes included in these chronic pain studies compared to most of the other studies in the review, most likely reflect a larger number of people who experience chronic pain, compared to people with specific types of disability. One study reported that the prevalence of chronic pain in Australia is 20% for women and 17% for men [55]. ASD prevalence, on the other hand, is 1.1% for males and 0.3% for females [68]. The studies which focused on a particular disability or disability type were necessarily limited by the relatively low prevalence of that disability in the general population.

Two remaining studies focused on adults with various disabilities. One study of 39 adults with intellectual disability found improvements in motor skills and social skills, when comparing dog AAI sessions with sessions incorporating an inanimate object [58]. A second study examined the impacts of dog visitation on depression and activity among 40 adults with mild to moderate cognitive impairments in an assisted living facility [69]. This study included people between the ages of 56 and 95 years, so some residents were under the age of 65, which is why we retained it in the results of our literature search. Some residents received dog visitation sessions, while others engaged in a reminiscence activity. There was a significant decrease in depressive symptoms for the dog group, but not for the control. However, there were no differences between groups for physical activity, apathy, or agitation [69].

While the effectiveness of assistance animals for people with disability has already been reviewed in our 2017 report to the NDIA [1], there was a study published after that review, which examined the benefits of assistance dogs for 237 people with a physical or hearing impairment [51]. It included a waitlist control group for both types of dogs, and used a validated measure of quality of life. It found that overall quality of life significantly improved for the owners with a physical impairment. Owners of both dog types scored higher on various components of quality of life compared to waitlist controls.

The remaining seven studies focused on children with developmental, intellectual or multiple disabilities. Four of these studies had a sample size of three or fewer [57, 70-72]. All of these showed improvements in their target outcomes, such as an increase in on-task behaviours [57], more affectionate behaviours and less aggression [72], more smiling and fewer pain indicators [71], and more positive verbal interactions when the dog was present [70]. In one of these studies, behavioural observations were rigorous, with very high inter-rater reliability, thus increasing the validity of the results despite only including one child [72].

In the studies with a larger number of children, one explored the behaviour of 10 children with pervasive developmental disorders during sessions with a live dog, a stuffed toy dog, or a ball [73]. In the sessions with the live dog, the children talked more about the dog and to the dog than they did with the stuffed dog or the toy, and they interacted with the therapist more about the dog. However, they spoke less about themselves when the dog was present, and they exhibited more hand-flapping [73]. In another, 14 children with multiple disabilities were measured for behavioural changes after an AAI program with a dog [74]. The author reported some improvements, but without giving details about the domains in which improvement was observed. She also noted that inter-rater reliability of the behavioural observations was low, which could impact the validity of the results [74].

The final child study, with 31 children, compared a dog-assisted social skills training program with a traditional social skills training program for children with ASD [52]. There were no significant differences between groups in social language skills, and improvements were observed in both groups for decreased depression and increased theory of mind. Teacher reports suggested that children in the dog program showed more behavioural improvements than those in the traditional program. Children in the dog program indicated through self-reports that they had fewer problems with peers, and increased feelings of worth [52].

### Equine

Of the studies reported in the literature review, 12 explored the effects of programs with horses and donkeys. Disability types included physical (for example; cerebral palsy [50], aphasia [75]), psychiatric (for example; schizophrenia [76], anxiety and PTSD [61]), and developmental (for example; ASD [53, 59], children of parents with substance abuse disorders [60]). The outcome measures can be categorised into three domains: motor skills, mental health, and identity/social development.

Two of the motor skills studies focused on gait in children [50, 77]. One study had a crossover design with two different hippotherapy conditions, and also included a control group; therefore, a total of 20 children were tested, including 10 with cerebral palsy and 10 healthy controls [50]. The other study included 40 children with dyspraxia [77]. For both studies, improvements in gait were reported. Hession et al [77] also measured affect, and reported improvements in that area as well.

The remaining motor skills studies examined speech improvements in people with a language disability [75, 78] or general motor skills in children with ASD [59]. In the speech studies, traditional speech therapy was compared with AAI in three people each [75, 78]. In both studies, speech did improve in both conditions, but everyone first received traditional speech therapy, and then the AAI, so it is unclear whether one was more effective than the other. People in both studies reported that they enjoyed the AAI more than the traditional therapy and were more motivated to attend [75, 78]. The study of 28 children with ASD also showed improvements in executive and adaptive functioning, among both the AAI group and a waitlist control [59]. The AAI group also showed improvements in socialisation and motor skills, which were not observed for the control group.

Five of the studies examined the effects of hippotherapy on mental or psychological health outcomes. For six individuals with a psychiatric disability, AAI increased self-esteem and sense of self-efficacy, which was maintained at a 6-month follow-up, based on semi-structured interviews [76]. This result was similar to that reported in another study of a similar population, in which 16 people reported that PTSD symptoms, emotional distress, anxiety, depression, and alcohol use decreased after an AAI intervention [61]; there was no control group for this study, so it is unclear whether another intervention would have been equally successful.

Two psychological health studies did use a control group. One of these included 35 individuals with various physical disabilities; an AAI program was compared with therapeutic skiing, and found no differences between groups on validated measures of mental health; both groups improved over time [79]. The authors created an adjective checklist for this study, using descriptors for mood, emotions, and sense of self. For the checklist, the AAI group scored higher on 8 of the 26 items than the ski group, including having more confidence and self-esteem, and feeling more hopeful and less stressed, angry, scared, or lonely [79]. In another study of 18 children with ASD, improvements in functioning were reported by parents of children in an AAI group as well as a group receiving goal-directed activity sessions without an animal, but the improvements were more pronounced in the AAI group [53].

The final two studies examining human-horse interaction effects on disability used qualitative interviews of 28 children [60], and 15 adults [80], respectively. For children who participated in an AAI program, the horses acted as a secure attachment, created a safe space, helped children overcome fears, and created a fun environment. The horses also helped children to make friends and improve interpersonal behaviour, according to the themes emerging from the interviews [60]. Adults who were riding for pleasure or taking part in a rehabilitation AAI program reported similar themes, including identifying as a ‘normal’ horse-rider or developing a new identity as a horse-rider for people who had not started riding before the onset of the disability [80]. These people also mentioned increased self-awareness and self-confidence, and more social engagement.

### Companion animals generally

Three studies measured the effects of companion animal ownership on the effects of disability, chronic illness, or pain [48, 54, 81]. Consequently, there was no specific intervention, per se, for these studies. Instead, they focused on the extent to which the presence of a companion animal could reduce the person’s pain or improve their well-being. Among 173 individuals in a study of chronic pain [54], there were no differences reported between owners and non-owners in pain levels. However, 116 of the 132 owners indicated that they used interactions with their companion animal as a form of pain relief, and those owners reported a lower pain level than owners who did not use interactions with their companion animal for pain management. Owners in this study also rated higher than non-owners on depressive symptoms, an anomalous finding that requires further investigation [54].

The higher levels of depression among companion animal owners differs from results reported in another study of 44 residents in a psychiatric facility who had a companion animal living with them. These people indicated in qualitative interviews that their companion animal helped improve their emotional stability [48]. They also reported that they felt a sense of connectedness with their companion animal and described the importance of responsibility for the animal. However, 12 staff in the residential facility were also interviewed, and they sometimes expressed concerns for animal welfare, while simultaneously acknowledging the benefits to the residents in having this sort of companionship [48].

The final study asked 300 people with chronic illness (heart disease and/or diabetes) whether they perceived support from their companion animals [81]. Only 56 respondents had a companion animal, but these people reported that their companion animal provided them with more emotional support than any of the important people in their lives apart from spouses/partners. The relatively low percentage of respondents with a companion animal in this sample is unexpected, since a companion animal resides in approximately 40% of households in the United Kingdom [36], where the study took place. It is likely that managing chronic illness is not conducive to companion animal ownership, as meeting the daily responsibilities of owning a companion animal may be more challenging for this cohort.

### Farm animals

Two studies in the review examined whether interactions with farm animals could have therapeutic benefits; both included individuals living in a residential care facility [82, 83]. In one study, 10 adults who all had hearing and mental impairments, had the opportunity to visit a group of goats for one hour, on 11 different occasions [83]. This condition was compared with observations of their behaviour when spending time in the facility dining room on the same day, and incorporated repeated measures of behaviour. Over time, the behaviours of the people when in the dining room did not change; in the goat condition, the researchers observed increases in participation in guided activities and attentiveness, but also in expression of anger (mainly due to one individual). There were decreases in withdrawal and apathy, as well as decreases in touching each other and the goats [83]. A different, exploratory study conducted semi-structured interviews with 80 children living on a farm facility, which provided opportunities for formal and informal interactions with the animals [82]. Children reported that they liked to visit the animals to make them feel happy or reduce negative feelings. Some staff indicated that they had noticed occasional aggressive reactions toward the animals by some children.

### Dolphins

According to two studies included in our review, some AAI programs permit individuals to interact with dolphins with the goal of improving communication and confidence in children with social and communication disabilities [84, 85]. Both studies used control groups and took measures before and after the intervention. In one study [84], 118 people were randomly allocated to a dolphin AAI and combined family counselling experimental condition or to one of three control conditions (dolphin therapy without family counselling; farm animal AAI with counselling; non-treatment condition). The authors concluded that dolphin AAI was effective in improving overall communication and social-emotional behaviours, with these effects not found in the comparative farm animal condition. In comparison, staff only reported improvements in self-confidence [84].

The second study included 47 families [85], who were allocated to a dolphin AAI experimental condition or a non-treatment control condition. Individuals in the experimental condition showed significant improvements in verbal and nonverbal communication, and self-confidence. However, staff reports only found improvements in self-initiated nonverbal communication, thus following a similar pattern to the previous study [84].

Individuals and organisations should be aware that interacting with dolphins potentially poses a risk to human wellbeing through the increased chance of injury and disease transmission [86]. This could also apply to other animal types commonly used in AAI, but domesticated animals can be vaccinated to prevent zoonotic infections, and can also be bred, selected, and trained to reduce this possibility. Furthermore, unlike most AAI programs which rely upon domesticated species, interacting with dolphins raises unique ethical concerns related to the additional stress source for captive dolphins, the pressure on wild dolphin populations, and the risk of disease transmission [86]. As such, some researchers have proposed that dolphin AAI programs should be terminated [86].

## Summary

A summary of these results in presented in [Table 5](#_Table_5:_Summary). In some cases, the terms used by the authors of the publication did not meet the criteria we proposed for the term. For instance, some authors wrote about the use of a ‘therapy animal’ in their reports, but when considered against our recommended definition for a therapy animal, the animal would more appropriately be called a ‘visitation animal’. Additionally, sometimes authors used the term ‘pet’ instead of ‘companion animal’. For that reason, our results reflect the terms we recommend, rather than exclusively relying on the term used by the original authors. In the interests of transparency, however, we provide both terms in [Table 5](#_Table_5:_Summary) below.

### Table 5: Summary of results of literature search, detailing species used, disability type, intervention type, therapeutic outcome, and overall effectiveness in that context

| **Author year [citation]** | **Species** | **Original Label** | **Updated label** | **Disability type** | **Intervention type** | **Therapeutic outcome** | **Overall effectiveness** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Antunes 2016 [50] | Equine | Therapy | Therapy | Cerebral palsy | Equine Occupational therapy | Improved gait and reduced spasticity  | Healthy controls scored better on all measures than cerebral palsy group post-intervention. After walk condition, hip adductor muscle tone improved. After walk-trot condition, hip adductor tone improved, as did some components of gait. |
| Barker 2003 [56] | Dog | Therapy | Visitation | Psychiatric | Visitation | Reduced anxiety, fear, and depression before electroconvulsive therapy | Significant reduction in fear scores after dog visit compared to magazines, but not in anxiety or depression. In interviews, 47% identified that dog helped them feel better, followed by 23% saying nothing made them feel better, or a family member helped (11%). Subjectively, 77% thought dog lessened anxiety, and 55% each thought dog helped lessen fear and depression. |
| Bassette & Taber-Doughty 2013 [57] | Dog | Therapy | Visitation | Emotional and behavioural disabilities | Visitation dog reading program | Increased on-task behaviours | All three people demonstrated increased on-task behaviours (for example;, eyes focused on book, reading book aloud) when in the presence of the dog compared to no-dog baseline. This was maintained at the one-month follow-up. |
| Becker et al 2017 [52] | Dog | Therapy | Therapy | Autism spectrum disorder | Group social skills training program | Behavioural, emotional improvements | No significant differences in verbal/nonverbal social language skills, but teacher reports suggested that children in the experimental condition showed fewer ASD-related social skills deficits, restricted/repetitive behaviours, and more social communication. Self-report depressive symptoms decreased in both conditions, with children in the dog condition reporting fewer problems with peers, feelings of ineffectiveness, and social isolation, and increased feelings of worth in the family. Both conditions showed improvements in theory of mind. |
| Bizub et al 2003 [76] | Equine | Therapy | Therapy | Psychiatric  | Hippotherapy plus group processing therapy | Increased self-esteem, sense of achievement, sense of agency | Increased self-esteem and self-efficacy, which appeared maintained at six-month follow-up. |
| Borgi et al 2016 [59] | Equine | Therapy | Therapy | Autism spectrum disorder | Hippotherapy  | Improvements in functioning, socialisation and motor skills. | Both conditions demonstrated an improvement in adaptive and executive functioning. People in the hippotherapy condition showed improvements in socialisation and motor skills. |
| Bradley & Bennett 2015 [54] | Various | Companion | Companion | Chronic pain | None | Reduced pain | 116 of the 132 pet owners reported using interactions with pet to manage chronic pain. No significant difference in mean pain scores between owners and non-owners, but owners who used pet interactions reported lower pain levels than owners who did not. Pet owners reported higher levels of depressive symptoms than non-owners. |
| Breitenbach et al 2009 [84] | Dolphin | Therapy | Therapy | Social and communication disabilities  | Dolphin-assisted therapy + family counselling + recreational atmosphere  | Improved communication and social-emotional behaviours | Parental reports suggested that the experimental condition (interaction with dolphins + parent counselling + curative environment) resulted in improved communication and social-emotional behaviours. Parental reports from one of the control conditions (dolphin interaction alone) also suggested improvements in communication. No improvements reported by staff. |
| Brisson & Dekker 2017 [64] | Dog | Therapy | Therapy | Psychiatric | Individual and group therapy sessions | Improved mood, attitudes toward therapy, and social skills | Majority of staff reported a positive overall impact of the dog therapy program on patients. 86% (n = 25) believed that the dog program had a positive impact on patients. 72% identified improved mood, 69% identified patients as more relaxed, 66% identified improved attitudes towards therapy, and 55% identified increased social interactions between patients. Two staff (7%) observed patients ignoring/avoiding the dog and 1 staff (3%) identified patients as tense/uncomfortable with the dog. All staff reported a desire to continue the program. |
| Brooks et al 2013 [81] | Various | Pet | Companion | Chronic illness (heart disease and diabetes) | n/a | Physical and emotional support; social interactions | Companion animals were rated as providing higher emotional support than friends, medical professions, groups and 'other' relationships, but not spouses/partners. Smaller contributions were made to physical support (for example;, giving owners a reason to leave the house) and biographical work (for example;, enhancing sense of identity). Companion animals appeared to be a mediator of social interactions with others. |
| Dunlop & Tsantefski 2018 [60] | Equine | Therapy | Therapy | Children of parents with problematic substance use | Hippotherapy  | Increased feelings of safety and security; personal and social development | Horses acted as a secure attachment, created a safe space, helped children overcome fears, and created a fun environment. The horses also helped children to make friends and improve interpersonal behaviour. |
| Earles et al 2015 [61] | Equine | Therapy | Therapy | Anxiety and PTSD symptoms | Hippotherapy  | Improved physical and emotional health, social support, life satisfaction, optimism | PTSD symptoms, emotional distress, anxiety/depression symptoms and alcohol use decreased following the intervention. Mindfulness increased. There were no significant differences in physical health, proactive coping, self-efficacy, social support, life satisfaction, or optimism. |
| Esteves et al 2008 [70] | Dog | Therapy | Therapy | Developmental disabilities | Dog assisted therapy | Behavioural improvements | Results were variable across the three individuals, but there was a general robust improvement in positive verbal and non-verbal initiated (for example; seeking out the dog, asking teacher for help) interactions when the dog was present, towards both the dog and the teacher. |
| Friedmann et al 2015 [69] | Dog | Pet/ Therapy | Therapy | Mild to moderate cognitive impairment | Visitation | Reduced depressive symptoms, apathy, agitation; increased physical activity | There was a significant decrease in depressive symptoms for the experimental condition, but not for the control. There were no significant differences in physical activity, apathy symptoms or agitation symptoms, but the trajectory of change between the two conditions did differ, with the experimental condition showing the greatest improvement. |
| Glintborg & Hansen 2017 [62] | Dog | Service/Therapy | Assistance | PTSD | Assistance animal | PTSD symptom reduction; increased perceived safety; improved social interactions | The dog helped the person to navigate outside environments, provided a safe environment, acted as a social catalyst, and helped with flashbacks. The dog was also used for 'ventriloquising' - the person was able to express their own emotions through the dog (for example;, telling the interviewer that the dog was tired to end the interview). |
| Hall et al 2017 [51] | Dog | Service | Assistance | Physical disability/hearing impairment | Assistance animal | Quality of life  | Total quality of life improved through owning dog, but only physical group statistically significant. Both dog type owners scored higher on health, learning, working, and independence compared to waitlist controls. Physical AD owners scored higher on recreational activities, social interactions, self-understanding and material comforts than waitlist control. |
| Heimlich 2001 [74] | Dog | Therapy  | Therapy | Multiple (Intellectual + another) | Dog assisted therapy | Behavioural improvements | ‘Movement in a positive direction’ but no actual results reported. |
| Hession et al 2014 [77] | Equine | Therapy  | Therapy | Dyspraxia | Hippotherapy and audio-visual playback of horses in motion | Gait and affect | Improvements in affect and gait, and reduced amount of support required to complete a task. |
| Hunt & Stein 2007 [48] | Various  | Pet | Companion | Psychiatric | n/a – companion animals living with supported housing residents | Benefits and disadvantages of having pets in supported housing | Residents reported connectedness with animal, emotional stability, and responsibility for animal. Staff were concerned about animal care and welfare, while some acknowledged the benefits of companionship for residents. 'No pets' policy exists, and residents receiving notice of violation found it distressing. |
| Kovacs et al 2006 [49] | Dog | Therapy  | Therapy | Psychiatric | Therapy sessions  | Nonverbal communication | Improvements in usage of space during communication for everyone. Some improvements in other aspects (for example; dynamics of gestures, anatomy of movement, regulator gestures). |
| Lanning et al 2014 [53] | Equine | Therapy  | Therapy | Autism spectrum disorder | Therapy sessions | Quality of life, behaviour | Parents of children in equine group noted improvements in functioning (physical, social, and emotional). Comparison group also showed improvements, but to lesser extent. |
| Lima et al 2014 [71] | Dog | Therapy  | Unclear from short report | Profound intellectual and multiple disabilities | Multisensory stimulation | Pain reduction after potentially painful care procedure | Smiling increased in both conditions during interaction, but was higher with dog. Decrease in pain indicators for both conditions. Decrease in heart rate for both conditions, more pronounced with the dog. |
| Lundquist Wanneberg 2014 [80] | Equine | n/a | Companion/Therapy | Various | Rehabilitation or riding for pleasure | Identity formation and positive experiences | Themes were recapturing a former identity (for example; being a 'normal' horse rider like they had previously been before disability), developing a new identity (for example; learning to ride with a disability, becoming 'as good as able-bodied' in competitions with able-bodied riders). Increased body awareness, self-confidence, and social engagement; goal attainment and 'fulfilling dreams'. |
| Macauley 2006 [75]  | Equine | Therapy  | Therapy | Aphasia post-stroke | Traditional speech therapy, then speech hippotherapy | Speech improvements | Both treatment types equally effective in speech improvements, but people more satisfied with therapy after hippotherapy compared to traditional, enjoyed it more, found it fun and interesting, and would recommend it to others. |
| Macauley & Gutierrez 2004 [78] | Equine | Therapy  | Therapy | Language learning disabilities | Traditional speech therapy, then speech hippotherapy | Speech improvements | Children and parents reported greater improvements in several communication and satisfaction outcomes in hippotherapy vs traditional therapy, but improvements seen in both. Motivation to attend sessions was higher in hippotherapy. |
| Mallon 1994 [82] | Farm animals | Therapy  | Therapy | Various | Formal and informal interactions with farm animals | Improvements in emotional state and behaviour | Children reported visiting the farm, talking to the animals, and/or looking after the animals, to be happy or to reduce negative emotions; staff observed some instances of aggressiveness towards animals by children (but they downplayed it in their quotes). |
| Marcus et al 2012 [66] | Dog | Therapy  | Visitation | Chronic pain | Visitation | Reduced pain, emotional distress | Patients improved after therapy dog visit for all outcome measures, as did family/friends. Staff improved for all except 'pain', which was already low at baseline. No significant differences for waiting room control apart from calmness for staff. |
| Marcus et al 2013 [67] | Dog | Therapy  | Visitation | Fibromyalgia | Visitation | Reduced pain, emotional distress | Patients improved after therapy dog visit for all outcome measures. No significant differences for waiting room control apart from cheerfulness. |
| Martin & Farnum 2002 [73] | Dog | Therapy  | Therapy  | Pervasive developmental disorders | Therapy sessions | Prosocial behaviour | Children talked more to the dog and about the dog compared to other conditions, and interacted with therapist about the dog; behaviour during dog condition indicated happier mood. But, children less likely to talk about themselves and exhibited more hand-flapping than in other conditions. |
| Rothberg & Collins 2015 [63] | Dog | Service | Assistance | PTSD/mobility | Group psychotherapy | Psychological improvements | Dog was removed from group therapy once due to bad behaviour (barking at one person and scaring several others), and again on a permanent basis several months later. Handler eventually left group altogether. |
| Schneider & Philchak Harley 2016 [79] | Equine | Therapy | Therapy | Physical (various) - some with developmental comorbidities | Hippotherapy vs therapeutic skiing | Mental health improvements | Both groups similar at baseline. Mental health improvements over time for both groups using previously validated measures, but not different between groups. Hippotherapy group showed more improvements than ski group on motivation, self-esteem, and relationship-building, based on responses to an adjective checklist created for the study. |
| Scholl et al 2008 [83] | Goat | n/a | Visitation | Multiple (hearing impaired + mental impairments) | Goat visitation vs observation in dining room  | Behavioural improvements | No changes over time for control condition on behaviours. In goat visitation, increased participation in guided activities, attentiveness, but also expression of anger, mainly due to one person. Decreased withdrawal, apathy, touching each other, and touching goats. |
| Scorzato et al 2017 [58] | Dog | Therapy | Therapy | Severe to profound intellectual  | Dog therapy vs therapy with inanimate object | Social and cognitive improvements | Improvements in motor skills and social skills in dog group compared to control, over time. |
| Silva et al 2011 [72] | Dog | Therapy | Therapy | Autism spectrum disorder | Therapy sessions | Behavioural improvements | More affectionate behaviour, visual contact, and smiling in dog intervention compared to therapist only; fewer aggressive behaviours. |
| Stumpf & Breitenbach 2014 [85] | Dolphin | Therapy | Therapy | Developmental and intellectual disabilities | Therapy sessions | Communication and motor skills | Improved self-initiated non-verbal communication over long term (rated by therapist). |
| Villalta-Gil et al 2009 [65] | Dog | Therapy | Therapy | Schizophrenia  | Therapy sessions  | Improved life skills, affect, quality of life | Over time, dog group showed significant improvements in affect, social contact, and quality of life regarding social relationships. Control group without dog significantly improved in affect. No differences between groups before or after intervention for any measures, however. |
| Yorke et al 2008 [87] | Equine | Pet | Companion | Trauma  | n/a - riding for pleasure or competition | Recovery from trauma | Relationship with horse described as intimate and therapeutic. Seemed to parallel a good patient-therapist relationship, but with physical contact permitted. |

## Discussion

The results of this review suggest that, overall, AAI programs can be beneficial for people with disability. Improvements have been observed for various outcome measures in different age groups and disability types. Some studies show improvements compared to a control group with either a different type of intervention or no intervention at all, while other studies show no differences between groups, but do report improvements over time. All of the studies showed some type of improvement, in studies which employed repeated measures. However, in some studies focused on children with disability, parents reported improvements on their children’s outcomes, while staff employed in the facility did not report improvements for those children [for example; 84]. The only truly negative report was in the case of an assistance dog which joined its owner at group therapy sessions; the dog was asked to leave due to bad behaviour, and the owner eventually left as well [63]. This serves as a cautionary tale about the importance of adequate training and behaviour in all animals used in assistance or therapy settings, but says little about the effectiveness of a well-behaved animal for therapeutic outcomes.

We used the PRISMA guidelines when undertaking the current literature review [47]. The advantage of these guidelines is transparency in search and selection, which means that replication of the review is possible. The main disadvantage is that the keywords and databases selected may exclude relevant research studies. We attempted to mitigate this possibility by using a large number of keywords and searching two databases. Unfortunately, some publications were not included in spite of these efforts. For instance, a series of well-designed studies measuring the effectiveness of animal-assisted activities with guinea pigs on children with ASD were missed [88-90] due to this search process. All three studies reported positive results for children who interacted with the guinea pigs. Another study, co-authored by two authors of the current report, was published after the literature search was completed [91]. In that study, adults with an intellectual disability took walks around their community, accompanied by either a dog and handler, or the handler alone. When with the dog and handler, there were more interactions with other members of the community, than when they were with the handler alone [91]. Due to the rigorous methods followed in our literature search, these insights were not included; it is unclear whether other relevant studies were also missed. Nonetheless, we believe that our results are likely to be representative of the field as a whole, and that most relevant studies were included.

A limitation of existing research is that there has been little consistency in how dolphin AAI programs have been delivered. The length of the sessions varies from 8 minutes [70] to 90 minutes [69] in the dog AAI studies alone, and a single study had a variation in length of 30 to 90 minutes per session [57]. Some of the hippotherapy programs only use ground-based activities [61], while others involve riding as well [59]. Dolphin AAI programs often differ in the type of interactions with the dolphins, such as playing games and touching dolphins, or swimming with them [84, 92], and differ in whether captive or wild dolphins are used [92]. Due to a lack of widely accepted, official standards or guidelines, and because studies differ in who they are targeting and how they are delivered [93], a direct comparison of the efficacy of these programs is not possible.

There is also the possibility of a self-selection bias for AAI programs. In the dolphin studies in particular, the authors stated that over 2,000 families applied to participate in each study [84, 85]. As such, it is possible that a desire to participate in dolphin AAI, parental expectations of improvement, and the inability to blind parents to the conditions, influenced responses to the parent questionnaires. Indeed, in both studies, the improvements were only partially supported by staff reports. Stumpf and Breitenbach [85] argued that behavioural improvements may not be as noticeable to staff as parents, and that the six-month follow-up period is likely to have reduced bias. However, these potential biases should not be discounted, and have been reported as problematic for the entire AAI field in a recent review [93]. Another potential bias is the ‘file drawer’ effect, in which studies with null results are less likely to be published than studies reporting positive results. There is no way to determine how many studies were not published on this basis.

Several of the studies included in this review were randomised controlled trials, with good sample sizes, control groups, and validated and/or objective measures taken before and after the intervention. Many others had limitations such as very small samples, subjective measures, or lack of control conditions or groups. Altogether, these studies have suggested AAI may result in improvements on a large range of beneficial outcomes, which is promising. Despite the solid methods included in some of the research, this area of study currently does not have substantial evidence to support the efficacy of AAI, particularly because there is no way to control for the method of delivery. Furthermore, these programs target different populations, including adults and children, and explore different health variables, such as general psychological wellbeing, motor skills, and social skills. As such, further research is necessary before AAI can be endorsed as an intervention for specific populations, and individuals interested in AAI should be made aware of the relatively weak evidence base before engaging in the therapy. However, the absence of quality evidence does not mean that AAI is ineffective for people with disability; indeed, the existing evidence, while limited, is promising.

While animal welfare considerations have been conspicuously absent from much of the research in this area [94], one study in the current review did mention that anecdotal reports from dog handlers indicated that, after the first few sessions, the AAI dogs appeared to become increasingly excited when approaching the venue for the sessions [52]. The handlers interpreted this excitement as a motivation to attend the sessions; if true, AAI sessions could provide a source of enrichment for some animals. However, it is also important to select animals with the appropriate temperament for this work, to carefully watch for signs of stress, to train the animals appropriately, and to make sure that the animal has the option to withdraw from the interaction [94]. As the evidence base for AAI effectiveness expands into the future, it may be possible to develop standards to ensure both effectiveness and good animal welfare.

## Conclusion

The aim in this report was to provide clear and operationalised definitions of commonly used terms for animals in disability assistance work, and to identify the contexts in which these animals are most effective. To this end, we first searched existing legal, scientific, and industry-based documents which use these terms, to understand the most common uses for each. We also sought the expert opinions of approximately 50 ISAZ delegates with an interest in this topic. On that basis, we developed recommended definitions for eight terms, and we identified terms that were redundant (for example; service animal) or undesirable (for example; skilled companion animal).

The term ‘assistance animal’ is already defined in existing Australian legislation, so the legal definition should remain. ‘Service animal’ is synonymous with assistance animal and should therefore be phased out over time. ‘Visitation animal’ should be considered to refer to an animal that attends unstructured visits to residential or health facilities, while ‘therapy animals’ are similar to visitation animals, but are part of a structured, goal-directed intervention, and ‘facility animals’ are a subcategory of therapy animals that are used in a specific facility or type of facility. ‘Emotional support animals’ provide support for an owner with a diagnosed mental illness, but differ from assistance animals because they do not currently have public access, and the owner may or may not have a disability. ‘Companion animals’ should generally be considered synonymous with pets, who require no training of any kind. ‘Skilled companion animals’ are used by some overseas assistance animal providers to refer to an assistance dog with a different type of public access; due to its similarity with the term ‘companion animal’, we do not recommend that this term be adopted in Australia.

Once these terms were defined, we searched scientific literature to determine whether, and to what extent, these different types of animals can be beneficial to people with disability. Since a report was submitted to the NDIA in 2017 detailing the benefits of assistance animals [1], research reports for these animals were only included in the current review if they were published after the submission of the previous NDIA report. Evidence suggests that animals can be effective in various interventions, and with a variety of populations. However, among the 38 research reports included in the review, there was a very wide range of disability types and interventions reported. For that reason, we cannot conclusively confirm the contexts in which animals are most effective. However, nearly all of the research reports included in the review showed positive results, which is promising. We recommend that animals be considered for use in interventions only in cases where the welfare of the animal can be ensured, ideally through validated measures of welfare, and we also recommend the adoption of standard methods and guidelines for the various types of interventions currently in use [93]. This will enable researchers to make more accurate comparisons of the benefits of animals for therapeutic outcomes in the future.

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# Appendix A: Assistance dogs international minimum standards & ethics

Ethics for Dogs

ADI believes that any dog the member organizations trains to become an Assistance Dog has a right to a quality life. Therefore, the ethical use of an Assistance Dog must incorporate the following criteria:

1. An Assistance Dog must be temperamentally screened for emotional soundness and working ability.
2. An Assistance Dog must be physically screened for the highest degree of good health and physical soundness.
3. An Assistance Dog must be technically and analytically trained for maximum control and for the specialized tasks he/she is asked to perform.
4. An Assistance Dog must be trained using humane training methods providing for the physical and emotional safety of the dog.
5. An Assistance Dog must be permitted to learn at his/her own individual pace and not be placed in service before reaching adequate physical and emotional maturity.
6. An Assistance Dog must be matched to best suit the client’s needs, abilities and lifestyle.
7. An Assistance Dog must be placed with a client able to interact with him/her.
8. An Assistance Dog must be placed with a client able to provide for the dog’s emotional, physical and financial needs.
9. An Assistance Dog must be placed with a client able to provide a stable and secure living environment.
10. An Assistance Dog must be placed with a client who expresses a desire for increased independence and/or an improvement in the quality of his/her life through the use of an Assistance Dog.
11. An ADI member organization will accept responsibility for its dogs in the event of a graduate’s death or incapacity to provide proper care.
12. An ADI member organization will not train, place, or certify dogs with any aggressive behavior. An assistance dog may not be trained in any way for guard or protection duty. Non-aggressive barking as a trained behavior will be acceptable in appropriate situations.

## Assistance Dogs in Public

There are guidelines on the public appropriateness, behavior and training expected of a dog working in public places. These are intended to be minimum standards for all assistance dog programs that are members or candidates of ADI. All programs are encouraged to work at levels above the minimums.

1. Public appropriateness
* Dog is clean, well-groomed and does not have an offensive odor.
* Dog does not urinate or defecate in inappropriate locations.
1. Behavior
* • Dog does not solicit attention, visit or annoy any member of the general public.
* • Dog does not disrupt the normal course of business.
* • Dog does not vocalize unnecessarily, for example; barking, growling or whining.
* • Dog shows no aggression towards people or other animals.
* • Dog does not solicit or steal food or other items from the general public.
1. Training
* Dog is specifically trained to perform 3 or more tasks to mitigate aspects of the client’s disability.
* Dog works calmly and quietly in harness, on leash or other tether.
* Dog is able to perform its tasks in public.
* Dog must be able to lie quietly beside the handler without blocking aisles, doorways, etc.
* Dog is trained to urinate and defecate on command.
* Dog stays within 24″ of its handler at all times unless the nature of a trained task requires it to be working at a greater distance.

## Guide Dogs Training Standards

These are intended to be minimum standards for all assistance dog programs that are members or candidates of ADI. All programs are encouraged to work at levels above the minimums.

1. The guide dog must respond to commands (basic obedience and skilled tasks) from the client 90% of the time on the first ask in all public and home environments.
2. The guide dog should demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, lying down, walking in a controlled position near the client and coming to the client when called.
3. The guide dog must meet all of the standards as laid out in the minimum standards for ADI Assistance Dogs in Public. Dogs should be equally well behaved in the home environment.
4. The guide dog will be trained to negotiate obstacles, overhangs, barriers, street crossings, city and country work and public transportation. Trainer-under-blindfold work must be included for each guide dog.
5. The client must be provided with enough instruction to be able to meet the minimum standards for guide dogs and assistance dogs in public. Clients must be able to demonstrate:
* Negotiating obstacles, overhangs, barriers, street crossings, city and country work and public transportation.
* Knowledge of acceptable training techniques.
* An understanding of canine care and health.
* The ability to continue to train, problem solve, and add new skills with their guide dog.
* Knowledge of local access laws and appropriate public behavior.
1. The assistance dog program must document monthly follow ups with clients for the first 6 months following placement. Personal contact will be done by qualified staff or program volunteers within 12 months of graduation and annually thereafter.
2. The program will provide a laminated ID card with a photo of the client and dog and names of both. In public the guide dog will wear the program’s appropriate guide harness.
3. The program staff must demonstrate the knowledge of blindness and working with the visually impaired and/or blind clients. The program shall make available to staff and volunteers educational material on different disabilities.
4. The client must abide by the ADI Minimum Standards of Assistance Dog Partners.
5. Prior to placement every guide dog must meet the ADI Standards and Ethics Regarding Dogs, be spayed/neutered and have current vaccination certificates as determined by their veterinarian and applicable laws. It is the program’s responsibility to inform the client of any special health or maintenance care requirements for each dog.

## Hearing Dogs Training Standards

These are intended to be minimum standards for all assistance dog programs that are members or candidates of ADI. All programs are encouraged to work at levels above the minimums.

1. The hearing dog must respond to basic obedience commands from the handler 90% of the time on the first ask in all public and home environments. The dog must respond to the trained sound with an alerting behavior within 15 seconds from the beginning of the sound.
2. The hearing dog should demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, lying down, walking in a controlled position near the client and coming to the client when called.
3. The hearing dog must meet all of the standards as laid out in the ADI Minimum Standards for Dogs in Public and should be equally well behaved in the home environment.
4. Sound Awareness Skills. Upon hearing a sound, the hearing dog should alert the client by making physical contact or by some other behavior, so the client is aware when a trained sound occurs. The dog should then specifically indicate or lead the person to the source of the sound. All dogs must be trained to alert the handler to at least three (3) sounds.
5. The client must be provided with enough instruction to be able to meet the ADI Minimum Standards for Assistance Dogs in Public. Clients must be able to demonstrate:
* That their dog can alert to three (3) different sounds.
* Knowledge of acceptable training techniques.
* An understanding of canine care and health.
* The ability to continue to train, problem solve, and add new skills with their hearing dog.
* Knowledge of local access laws and appropriate public behavior.
1. The program must document monthly follow ups with clients for the first 6 months following placement. Personal contact will be done by qualified staff or program volunteers within 12 months of graduation and annually thereafter.
2. Identification of the hearing dog will be accomplished with the laminated ID card with a photo and names of the dog and partner. In public the dog must wear a cape, harness, backpack, or other similar piece of equipment or clothing with a logo that is clear and easy to read and identifiable as an assistance dog.
3. The program staff must demonstrate the knowledge of deafness, deaf culture and hearing impairment. A staff member or agent must know basic sign language. The program shall make available to staff and volunteers educational material on deafness, deaf culture and hearing impairment.
4. The client must abide by the ADI Minimum Standards of Assistance Dog Partners.
5. Prior to placement the hearing dog must meet the ADI Standards and Ethics Regarding Dogs, be spayed/neutered and have current vaccination certificates as determined by their veterinarian and applicable laws. It is the program’s responsibility to inform the client of any special health or maintenance care requirements for each dog.

## Service Dogs Training Standards

These are intended to be minimum standards for all assistance dog programs that are members or candidates of ADI. All programs are encouraged to work at levels above the minimums.

1. The service dog must respond to commands (basic obedience and skilled tasks) from the client 90% of the time on the first ask in all public and home environments.
2. The service dog should demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, lying down, walking in a controlled position near the client and coming to the client when called.
3. The service dog must meet all of the standards as laid out in the minimum standards for Assistance Dogs in Public and should be equally well behaved in the home.
4. The service dog must be trained to perform at least 3 tasks to mitigate the client’s disability.
5. The client must be provided with enough instruction to be able to meet the ADI Minimum Standards for Assistance Dogs in Public. The client must be able to demonstrate:
* That their dog can perform at least 3 tasks.
* Knowledge of acceptable training techniques.
* An understanding of canine care and health.
* The ability to maintain training, problem solve, and continue to train/add new skills (as required) with their service dog.
* Knowledge of local access laws and appropriate public behavior.
1. The assistance dog program must document monthly follow ups with clients for the first 6 months following placement. Personal contact will be done by qualified staff or program volunteer within 12 months of graduation and annually thereafter.
2. Identification of the service dog will be accomplished with the laminated ID card with a photo(s) and names of the dog and partner. In public the dog must wear a cape, harness, backpack, or other similar piece of equipment or clothing with a logo that is clear and easy to read and identifiable as assistance dogs.
3. The program staff must demonstrate knowledge of the client’s disabilities in relation to the services they provide. The program shall make available to staff and volunteers educational material on different disabilities.
4. The client must abide by the ADI Minimum Standards of Assistance Dog Partners.
5. Prior to placement every service dog must meet the ADI Standards and Ethics Regarding Dogs, be spayed/neutered and have current vaccination certificates as determined by their veterinarian and applicable laws. It is the program’s responsibility to inform the client of any special health or maintenance care requirements for each dog.

## Facility Dogs Training Standards

1. The facility dog must respond to commands (basic obedience and skilled tasks) from the facilitator 90% of the time on the first ask in all public and home environments.
2. The facility dog should demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, lying down, walking in a controlled position near the facilitator and coming to the facilitator when called.
3. The facility dog must meet all of the standards as laid out in the minimum standards for Assistance Dogs in Public and should be equally well behaved in the home.
4. The facility dog must be partnered with a working professional facilitator and skilled at maintaining a calm manner and good social behavior in a variety of environments. They must also be accustomed to interacting with different types of people including those with physical and/or developmental disabilities.
5. The facilitator must be provided with enough instruction to be able to meet the ADI Minimum Standards for Assistance Dogs in Public. The facilitator must be able to demonstrate:
* That their dog can remain calm and display good social behavior while interacting with a variety of people in different environments.
* Knowledge of acceptable training techniques.
* An understanding of canine care and health.
* The ability to maintain training, problem solve, and continue to train/add new skills (as required) with their facility dog.
* An understanding of how to use the dog in canine assisted interventions.
* Knowledge of local access laws and appropriate public behavior.
1. The assistance dog program must document monthly follow ups with facilitators for the first 6 months following placement. Personal contact will be done by qualified staff or program volunteer within 12 months of graduation and annually thereafter.
2. Identification of the facility dog will be accomplished with the laminated ID card with a photo(s) and names of the dog and partner. In public the dog must wear a cape, harness, backpack, or other similar piece of equipment or clothing with a logo that is clear and easy to read and identifiable as assistance dogs.
3. The program staff must demonstrate knowledge of the clients’ needs in the facility in relation to the services they provide. The program shall make available to staff and volunteers educational material on the needs of the clients in the facility.
4. The facilitator must abide by the ADI Minimum Standards of Assistance Dog Partners.
5. Prior to placement every facility dog must meet the ADI Standards and Ethics Regarding Dogs, be spayed/neutered and have current vaccination certificates as determined by their veterinarian and applicable laws. It is the program’s responsibility to inform the facilitator of any special health or maintenance care requirements for each dog.

Program Staff and trained professional program volunteers can use program dogs in facilities to participate in canine assisted interventions. These dogs may be dogs in advanced training, breeding dogs (when not in estrous) and younger pups.

## Ethics for Clients

In keeping with our purpose of helping people with disabilities achieve greater independence and improve the quality of their lives, the member organizations of ADI believe the following ethical criteria are essential to ensure that this mandate is reasonably and responsibly met.

1. Clients have a right to be considered to receive an Assistance Dog regardless of race, sex, religion or creed.
2. Clients have the right to be treated with respect and dignity at all times in their dealings with the member organization’s personnel and representatives.
3. The client has a right to receive a sound educational program to learn how to use his or her Assistance Dog most effectively at home and/or in public.
4. The client has a right to receive appropriate education on his or her role as a user of an Assistance Dog in the community.
5. The client has the right to receive regularly scheduled team evaluation and follow-up support.
6. The client has a right to receive information on or ask for assistance in the following matters:
* Additional training for the dog that is needed due to a change in the client’s functional level.
* A behavioral management problem with the dog.
* A major veterinary problem.
* Legal problems pertaining to the use and access of the Assistance Dog as allowed by law.
1. The client has the right to expect that personal files will remain confidential and will not be disclosed unless he or she has given express prior permission.
2. The community has a right to expect an Assistance Dog to be under control at all times and to exhibit no intrusive behavior in public, therefore the client has the right be partnered with an appropriate dog and taught appropriate handling techniques.
3. The community has a right to receive information concerning ADI Program Standards and Ethics.
4. The community has a right to receive education on the benefits received by a person with a disability through the use of an Assistance Dog.
5. No client shall be required to participate in fund raising or public relations activities without their expressed and voluntary permission.

## Standards for Assistance Dogs Partners

The assistance dog partners will agree to the following partner responsibilities:

1. Treat the dog with appreciation and respect.
2. Practice obedience regularly.
3. Practice the dog’s skills regularly.
4. Maintain the dog’s proper behavior in public and at home.
5. Carry proper identification and be aware of all applicable laws pertaining to assistance dogs.
6. Keep the dog well-groomed and well cared for.
7. Practice preventative health care for the dog.
8. Obtain annual health checks and vaccinations for the dog.
9. Abide by all leash and license laws.
10. Follow the training program’s requirements for progress reports and medical evaluations.
11. Arrange for the prompt clean-up of dog’s waste.

## Standards for Programs

Member organizations of ADI believe that the following tenets are necessary to ensure that the member organizations will continue to produce a quality product and to protect applicants, students and graduates from feeling exploited or demeaned.

1. Any individual staff member or program volunteer working with dogs and/or clients that requires specialized people/canine skills must have:
* An affinity for people and excellent communication skills.
* Canine knowledge and training experience that ensures established training and client standards can be met by the member organization.
1. Policies and procedures are followed to ensure that the member organization will be able to maintain established standards of service to people with disabilities through their application/student/graduate selection, training and team matching methods.
2. All Board members of ADI member organizations must receive orientation and be provided with appropriate educational materials about their respective programs. The materials should include but not be limited to the following:
* •History of Assistance Dogs and the history of their respective programs.
* ADI’s established Standards and Ethics.
* Board of Director responsibilities such as financial management, resource identification, solicitation and fund-raising.
* Ongoing Programs and Services and long range planning.
1. Member organizations recognize the community has a right to receive information concerning ADI program Standards and Ethics.
2. Member organizations recognize the community has a right to receive education on the benefits received by a person with a disability through the use of an Assistance Dog.

## Standards for Trainers

These are intended to be minimum standards for all assistance dog programs that want to be affiliated with ADI. All Trainers are encouraged to work at levels above the minimum.

1. Trainers must understand and adhere to all ADI Minimum Standards and Ethics.
2. Trainers must be able to produce effective working teams that meet ADI Standards (for example; Public Access Test, demonstration of tasks) as reviewed at the 1 year anniversary of the team.
3. Trainers must have up to date knowledge of best practices in many areas including:
* learning theory
* canine behavior
* canine care and safety
* a variety of training techniques, equipment and methods

Trainers must demonstrate effective:

* communication skills
* instruction of groups and individuals
* assessment and problem solving skills
* self-assessment and improvement of performance

Trainers must demonstrate:

* an understanding of the matching process of client with dog
* knowledge of the environment a team will encounter, specifically concerning family, community, school and workplace and the impact these may have on each working team.
* knowledge of and ability to determine when a training process, placement, or certification needs to be discontinued.

Trainers have a responsibility to the public, therefore they must:

* have knowledge of pertinent canine laws (for example; leash laws and public access laws).
* build rapport and establish effective working relationships with co-workers, clients, volunteers, and the community.
* use appropriate behavior in public when working with each dog and or client (for example; train one dog at a time, be polite, show respect and consideration to people and property, and maintain good personal and canine hygiene), be willing to educate the public about assistance dogs and access rights.



# Appendix B: Queensland Public Access Test and Certification Requirements

## Part A – Public Access Test

Section 35 of the guide, hearing and assistance dogs act 2009 provides that a public access test is a test approved by the chief executive to assess if a guide, hearing or assistance dog is:

* (A) safe and effective in a public place or public passenger vehicle; and
* (B) able to be controlled by:

i. The primary handler of the dog; or

ii. The primary handler of the dog with support of an alternative handler.

* The public access test (pat) indicates the minimum standard that a dog must achieve to be considered safe and effective in accessing public places and public passenger vehicles on a daily basis.
* A public access test can only be conducted by an approved individual trainer or an employee trainer of an approved training institution approved under the guide, hearing and assistance dogs act 2009.
* A public access test conducted by a trainer that is not deemed approved under the act is an invalid test.
* Each of the nine (9) elements of the pat must be passed to demonstrate that the dog and handler perform at the required standard.

Grounds for immediate failure of the public access test:

* A dog that displays any inappropriate aggressive behaviour (growling, biting, raising hackles, showing teeth etc.)
* Any dog that urinates or defecates in a building or shows uncontrollable behaviour.
* Any dog that shows a display of guarding of people, territory, possessions or food.
* Any dog or handler who, due to their actions or behaviour, is likely to bring disrepute,

For example: a lack or loss of good reputation or respect, to the dog, trainer or training institution.

* Any handler who is harsh on the dog or is not willing to abide by all relevant laws.
* A fail mark in any element of the pat

Scoring:

• A pass mark in all elements indicates dog displays appropriate behaviour

• A fail mark in any element indicates dog displays inappropriate behaviour



## Public Access Test Details

|  |  |
| --- | --- |
| **Date:** | **DD/MM/YYYY** |
| **Name of handler:** |  | **Date of Birth:** |
| **Primary Handler** |  |  |
| **Alternative Handler 1** |  |  |
| **Alternative Handler 2** |  |  |
| **Name of dog:** |  |
| **Dog’s DOB and/or approx. age:** | **DD/MM/YYYY** |
| **Breed of Dog** |  |
| **Microchip No.** |  |
| **Category:** | **Guide** | **Hearing** | **Assistance** |  |
| **Has the dog been declared a dangerous dog under local law?** | **Yes** |  | **No** |  |
| **Is the dog a restricted breed as defined under the Animal Management (Cats and Dogs) Act 2007?** | **Yes** |  | **No** |  |
| **Is the dog de-sexed and vaccinated?** | **Yes** |  | **No** |  |
| **Name of trainer/ training institution:** |  |
| **Trainer/training institution dog reference number (issued by trainer)** |  |

| Behaviours table | Pass | Fail |
| --- | --- | --- |
| **Social behaviour** | Pass | Fail |
| **1. Non-aggressive behaviour** (to be demonstrated throughout Public Access Test)The dog has displayed appropriate behaviour. Inappropriate traits to observe are Growling, Biting, Raising hackles | Pass | Fail |
| **Notes:** | Blank | blank |
| **2**. **Well-managed** | Pass | Fail |
| **2.1** The dog is settled, has a relaxed demeanour, is always under control and is unobtrusive [not pulling, or being in a state of higher arousal causing difficulty to handler] | Pass | Fail |
| **2.2** The dog is specifically trained to bark, to stop on command, and/or respond to voice/visual/signal/lead correction command | Pass | Fail |
| **2.3** The team/unit is not a hazard/nuisance to the public | Pass | Fail |
| **2.4** The dog is well-managed by the handler, for example; dog responds to handler’s demands. Handler praises/rewards dog | Pass | Fail |

| **2.5** The dog recovers if startled and does not respond aggressively, or show fear, or continue to be affected after the incident has taken place | Pass | Fail |
| --- | --- | --- |
| **2.6** The dog is on a lead/harness at all times | Pass | Fail |
| **Notes**: | Blank | Blank |

| Behaviours table | Pass | Fail |
| --- | --- | --- |
| **3**. **Public places / public passenger vehicles**The dog will remain responsive to handler, handler to be in control at all times. No excessive sniffing, drooling or grabbing of food, or excitability | Pass | Fail |
| **3.1** The dog sits under the handler’s chair/table or is out of the way (not a trip hazard), for a minimum of 5 minutes | Pass | Fail |
| **3.2** The dog shows control of food distraction, for example; heeling, controlled down. for example; dog stays in a controlled manner | Pass | Fail |
| **3.3** The dog does not use public furniture or public seating | Pass | Fail |
| **3.4** Pick at least three options from the list below to continue with the following assessment questions.**Please note**: At least one public place and one public passenger vehicle must be chosen, if no taxi is available then the trainer’s car may be used (for example; for rural/remote areas). | Blank | blank |
| Bus | Pass | Fail |
| Train / Tram | Pass | Fail |
| Busway station / interchange or train station | Pass | Fail |
| Café / shopping centre | Pass | Fail |
| Escalator | Pass | Fail |
| Travelator | Pass | Fail |
| Taxi /Car | Pass | Fail |
| Lift | Pass | Fail |
| Other public place/public passenger vehicle used in this public access test (insert details below): | Pass | Fail |
| **3.5** The dog correctly sits in a designated area of chosen transport option, does not try and sit on the seat, and dog enters and exits on command only. The handler is to be in control at all times | Pass | Fail |
| **3.6** The dog maintains a ‘sit’ or ‘down’ position if a person approaches – For example; sits near a table with a child | Pass | Fail |
| **Notes:** |  |  |
| **4. People response:**The dog is passed from front and rear and is non-reactive (for example; does not shy away, growl, raise hackles) in any of the following categories | Blank | blank |
| **4.1** Crowd and pedestrian traffic | Pass | Fail |
| **4.2** Member of public | Pass | Fail |
| **4.3** Approached by adult and child | Pass | Fail |
| **4.4** Does not solicit attention | Pass | Fail |
| **Notes:** |  |  |
| **5. Dog distraction** | Blank | blank |
| **5.1** Dog remains calm (slight anxiety is acceptable if <3 secs). | Pass |  Fail |
| 5.2 Minimal interaction | Pass  | Fail |
| 5.3 Handler has control and dog is responsive to commands | Pass | Fail |
| 5.4 The dog remains controlled while another dog passes | Pass | Fail |
| **Notes**:  |  |  |
| **6. Noise distraction**The dog is to be subject to noise distractions for example; loud places/vehicles/person’s voice or whistle, or dropping a folder |  |  |
| **6.1** Dog remains calm (slight anxiety or fear is acceptable if <3 secs). | Pass | Fail |
| **6.2** Dog returns to assist handler in a reasonable period of time. | Pass | Fail |
| **Notes**: |  |  |
| **Overall social behaviour**Specific comments required regarding how the handler corrects the dog, reassures the dog, control of leash/harness and any undue overcorrection. Include observations about temperament and behaviour | Pass | Fail |
| **Notes:** |  |  |
| **Obedience and Respect** |  |  |
| **7. Walk to heel** |  |  |
| **7.1** The dog is on the lead throughout the test and walks to heel on left or right of handler, there is to be no straining or pulling on the lead and no soliciting public attention | Pass | Fail |
| **7.2** A two metre recall on lead, dog to come directly back to handler on command | Pass | Fail |
| **7.3** The dog is to be on the lead/harness at all times and if resting, for example; at a café, or public passenger vehicle, or at work, the dog is to be close by to the handler. The dog is not to wander away | Pass | Fail |
| **Notes**: |  |  |
| **Overall obedience and respect**Include specific comments about the handler management of obedience and respect of the dog and the temperament of the dog | Pass | Fail |
| **Notes**:  |  |  |
| **Physical health and appearance** |  |  |
| **8. Toileting / hygiene behaviour:** |  |  |
| **8.1** The dog presents as clean, well-groomed and healthy |  |  |
| **8.2** The dog is capable of displaying appropriate behaviour |  |  |
| **Notes:** |  |  |
| **9. Acceptable toileting routine:** |  |  |
| **9.1** The dog does not attempt to ‘mark’ over the top of other dogs’ scents | Pass | Fail |
| **9.2** The handler demonstrates knowledge of toileting routine | Pass | Fail |
| **9.3** The dog responds to the ‘toilet on command’ request, which may include taking the dog to a discreet location for toileting purposes | Pass | Fail |
| **Notes** |  |  |
| **Overall health and appearance** | Pass | Fail |
| **Notes:** Include specific comments about the handler’s management of physical health and appearance of the dog | Blank | Blank |
| Specific comments required about veterinary records: | Blank | Blank |
| **Assessment results** | Blank | Blank |
| Observations made:Include specific comments about temperament of dog and also the role played by:1. Primary Handler to physically control the dog, and/or
2. Alternative Handler (as applicable) to support the Primary Handler to physically control the dog, at all times and in all situations
 | Blank | Blank |
| **Identified concerns** | Blank | Blank |
| **Overall assessment** | Pass | Fail |
| **Notes:** |  |  |

**Authorisation of approved trainer or employee trainer completing this Public Access Test**:

**Note**: a copy of this public assess test must be retained for audit purposes

| **Date:** | Detail |
| --- | --- |
| **Name:** | Detail |
| **Position:** | Detail |
| **Signature:** | Detail |

Authorisation of representative from an Approved Institution: (if applicable)

| **Date:** | Detail |
| --- | --- |

| **Name:** | Detail |
| --- | --- |
| **Position:** | Detail |
| **Signature:** | Detail |

## General Information

* Whilst it is appropriate for a dog to respond/notice noises, people, other dogs etc., the dog must recover and return its attention to assisting the person with a disability in a reasonable period of time, for example; <3 secs.
* In the event of a team failing the Public Access Test (PAT), the next test can be carried out within four weeks. This timeframe gives the team and trainer the opportunity to rectify identified concerns.
* If a guide, hearing or assistance dog fails the PAT or a certified dog can no longer meet the PAT benchmarks, then the approved trainer or approved training institution must inform the Department of Communities, Child Safety and Disability Services (DCCSDS) of this outcome (including any examples of reasons for non-certification) as part of their obligations to provide ongoing support.
* A handler of a certified dog is required to notify their approved trainer or approved training institution of any changes in the dog’s ability to maintain the behavioural standards of the PAT.
* The approved trainer or employee trainer must explain the test to the handler, explaining expectations and what is not acceptable.
* Either party has the right to terminate the test for any health, welfare or safety reasons.
* The standard of behaviour required to pass this test is the standard of behaviour required by the guide, hearing or assistance dog on a day to day basis.
* Under s.25 of the Guide, Hearing and Assistance Dogs Act 2009 it is grounds for immediate suspension or cancellation of approval status if a trainer/training institution intentionally or recklessly certifies a dog as a guide, hearing or assistance dog and the dog has not, or should not have, passed a public access test.
* The trainer/training institution must notify DCCSDS in the event the dog is no longer able to meet the requirements of each element of the Public Access Test.



## Part B – Certification

Certification Details

It is a requirement under the **guide, hearing and assistance dogs act 2009**that a dog be certified by an;

Approved trainer / training institution before a handler identity card can be issued by the approved trainer / training institution.

| Name of primary handler |  |
| --- | --- |
| Name of alternative handler/s (as applicable) | blank |
| Alternative handler 1 |  |
| Alternative handler 2 |  |
| Name of dog |  |
| Breed of dog |  |
| Training institution dog number (if applicable) |  |

Category of dog (choose one or more categories)

|  | Guide dog – an approved guide dog trainer may only certify this guide dog where it is able to be used as a guide by a person with a disability attributable to a vision impairment. |
| --- | --- |
|  | Hearing dog – an approved hearing dog trainer may only certify this hearing dog where it is able to be used as an aid by a person with a disability attributable to a hearing impairment. |
|  | Assistance dog – an approved assistance dog trainer may only certify an assistance dog where it is able to perform identifiable physical tasks and behaviours to assist the person in a way that reduces the person’s need for support. |

Certification means each dog must pass the following criteria:

Please indicate the dog:

|  | Is able to perform identifiable physical tasks or behaviours to assist the person in a way that reduces person’s need for support |
| --- | --- |
|  | Is not a restricted breed as defined under the animal management (cats and dogs) act 2008 |
|  | Is de-sexed and vaccinated |
|  | Has not been declared a dangerous dog under local law |
|  | Has passed the public access test within seven (7) days of completing this form |
|  | Date of public access test: \_\_/\_\_/\_\_\_\_ |
|  | Date of certification: \_\_/\_\_/\_\_\_\_ |

## Authorisation for certification

| Name of approved trainer/training institution: | Response |
| --- | --- |
| Name of representative (if applicable) | Response |
| Address of approved trainer/institution | Response |
| Contact phone number | Response |
| Mobile | Response |
| Fax number | Response |
| Email: | Response |
| Signature of representative | Response |
| Date | Response |

If you require further information regarding this document please call 13 qgov (13 74 68) or email the Guide, Hearing and Assistance Dogs team.

Note: Trainers: under s. 25 of the guide, hearing and assistance dogs act 2009 it is grounds for immediate suspension or cancellation of approval status if a trainer/training institution intentionally or recklessly certifies a dog as a guide, hearing or assistance dog and the dog has not, or should not have, passed a public access test.



## Part C – Obtaining a handler identity card

Handler Card Details (handler Information is not for public release)

It is a requirement under the Guide, Hearing and Assistance Dogs Act 2009 that a person has a Handler Identity Card to identify themselves as a person who is accompanied by a guide, hearing or assistance dog, certified to access public places, places of accommodation and public passenger vehicles. [Exemption applies where presence of dog poses a risk to the health and welfare of people ordinarily at that place or on that vehicle.] A person may ask an approved trainer or approved training institution to issue a handler’s identity card to the person.

The approved trainer or approved training institution may issue the handler’s identity card to the person if they are satisfied the person is eligible for the card, as either a primary handler, or an alternative handler, as per requirements stated under the GHAADA 2009:

1. for a primary handler’s identity card – where the person with a disability reasonably requires the guide, hearing or assistance dog to reduce the person’s need for support and the person is able to physically control the dog.
2. for an alternative handler’s identity card – where the person is an adult and the primary handler relies on the person to physically control the dog.

Date of request: \_\_/\_\_/\_\_\_\_

Section 1 – Type of request

| This handler Identity Card is required for: | Yes | No |
| --- | --- | --- |
| An initial card |  |  |
| A renewal card |  |  |
| A replacement card (initial card was lost, damaged, stolen) |  |  |
| Primary Handler |  |  |
| Primary Handler [Requires Alternative Handler} |  |  |
| Alternative Handler |  |  |

Section 2 – Handler Information

| Title (Mr / Mrs / Ms / Miss / Dr / other |  |
| --- | --- |
| First Name | Response |
| Surname | Response |
| Preferred Name (if different to first name, for display on the card) | Response |
| Gender (male or female) | Response |
| Telephone number | Response |
| TTY (if available) | Response |
| Email (if available) | Response |
| Mobile number | Response |
| Residential address | Blank |
| Street | Response |
| Suburb | response |
| State and Postcode | Response |
| Postal address | Blank |
| Street | Response |
| Suburb | Response |
| State and Postcode | Response |
| Signature |  |
| Date |  |

| Third Part Consent | (Person completing the form on behalf of the handler) |
| --- | --- |
| Name | Response |
| Relationship to Handler | Response |
| Contact details |  |
| Telephone | Response |
| Mobile | Response |
| Email | Response |
| Signature | Response |
| Date | response |

Section 3 – Supporting information

Please attach the following:

1. Certificate of disability for the primary handler – signed by a registered Health Practitioner – from the medical profession; occupational therapy; physiotherapy, psychology or speech pathology [Certificate is only required in first issue of Handler Identity Card].
2. Certified copy of one of the following identification documents for the handler/s (primary/alternative) certified by a person before whom a statutory declaration may be made under the Statutory Declarations Act 1959 (Cwlth) section 8(b) – for example; Justice of the Peace, legal practitioner, medical practitioner, physiotherapist, psychologist or some bank officers – refer to Identity Cards Photos fact sheet on the Queensland Government Department of Communities, Disability Services and Seniors [website](https://www.communities.qld.gov.au/disability-connect-queensland).
* a birth certificate
* a current driver’s licence
* a current 18 plus card
* a current Medicare card
* a current passport
1. Photography of handler/s - must clearly show the face, head and top of shoulders, looking directly at the camera
2. Photograph of the guide, hearing or assistance dog – must clearly show head of dog looking directly at the camera.

Photographs must also:

* be attached by paper clip or fold-back clips – and not tape, staples, glue or pins
* be printed in colour and high resolution on photo paper
* have been taken no more than 6 months before the date of this Handler Card request
* be between 45mm and 55mm high, and between 35mm and 40mm wide
* show skin tones and have appropriate brightness and contrast
* not contain a flash reflection or red eye effect
* back of photograph must be certified before a person approved under the Statutory Declarations Act 1959 (Cwlth) and include the following information:

| **Handlers**I certify this is a true likeness of (insert full name) | Response |
| --- | --- |
| **Signature**(Authorised person) | Response |
| **Date** | Response |
| **Dog** (Dogs name) | Response |



## Part D – Checklist

The following checklist must be completed by the approved trainer/training institution before they issue a handler identity card to the primary or alternative handler.

| **Part A – Public Access Test** passed and completed by approved trainer/training institution and retained for approved trainer/training institution’s records | Yes | No |
| --- | --- | --- |
| **Part B – Certification** checked and completed by approved trainer/training institution and retained for approved trainer/training institution’s records | Yes | No |
| **Part C – Obtaining Handler Identity Card** completed with following verified identification sighted and retained for approved trainer/training institution’s records* Handler’s verified photo sighted and retained – stored as .jpeg file
* Photo of the dog sighted and retained – stored as .jpeg file
* Certificate of disability sighted and retained
* Third party consent details recorded for primary handler (if applicable)
* Consent from handler/third party in relation to release of information about the handler, as per the approved trainer/training institution’s privacy policy – to indicate their personal information will not be disclosed to any other third party without Handler’s consent
 | Yes | No |

Copy of completed Part A, B, C and D documentation:

Emailed to the Guide, Hearing and Assistance Dogs team

OR

Posted to:

Department of Communities, Child Safety and Disability Services Guide, Hearing and Assistance Dogs

GPO Box 806

Brisbane QLD 4001

| Checklist completed by: | Blank |
| --- | --- |
| Name of approved trainer / training institution | Blank |
| Name of institution representative (if applicable) | Blank |
| Signature | Blank |
| Date Completed | Blank |

**Handler Card Issue Number**:

On receipt of Parts A, B, C, and D, the Department of Communities, Child Safety and Disability Services will forward the Handler Card Issue Number to the approved trainer, who will email the relevant Excel and Jpeg files to Smart Service Queensland (SSQ), to obtain the relevant Handler Identity Card/s.