



## **Animals Helping People: Reimagining Animal-Assisted Services across Canada, a Dialogue**

Report prepared for: The Canadian Foundation for Animal-Assisted Support Services and Dreamcatcher Nature Assisted Therapy

### **Project Team**

Evan Arndt  
Eileen Bona  
Dr. Heather Looy  
Charlene Kasongo  
Joanne Moss  
Dr. Elim Ng  
Kristy Thiessen  
Dr. Heidi Walker

### **Report prepared by**

Dr. Heather Looy  
Dr. Elim Ng

French Translation by Catherine Côté

**May 2022**



**dreamcatcher™**  
nature assisted therapy



The Canadian Foundation  
for Animal Assisted Support Services



**Community  
Engaged  
Research**



## TABLE OF CONTENTS

List of Tables and Figures	ii
Context	iii
Main Insights	1
Insights Unpacked	2
Finding 1: Strong but conditional support for standardization	2
Finding 2: Flexibility required to accommodate diverse practices	14
Finding 3: National standardization needs to address existing organizations	18
Finding 4: The AAS sector struggles financially and is underinsured	21
Finding 5: The pandemic impacted practices, and practitioners adapted	24
Appendix A: Research Methods	27
Appendix B: Data on the Scope and Nature of AAS Practices	29
Appendix C: Financial Aspects of AAS Practices	33
Appendix D: English-Language Survey	35
Appendix E: French-Language Survey	60



## LIST OF TABLES AND FIGURES

Table 1. Attitudes about standardizing AAS sector.	7
Table 2. Attitudes about standardization in relation to AAS practitioner training	10
Table 3. Beliefs about perceptions of AAS	13
Table 4: Education and Training among Survey Respondents	16
Figure 1. Region of practice	29
Figure 2. Gender of practitioners	29
Figure 3. Sectors in which practitioners work	30
Figure 4. Settings in which practitioners work	30
Figure 5. Types of services provided	31
Figure 6. Animal species involved in practices	31
Figure 7. Who typically participates in an AAS session	32
Figure 8. Economic structure of practice	33
Figure 9. Ownership of practice	33
Figure 10. Sources of revenue	34
Figure 11. Economic sustainability of practice	34



## CONTEXT

This report presents the results of a national, bilingual survey conducted from September 2020 to December 2021. The survey explored the scope and nature of Animal-Assisted Services (AAS) in Canada as well as attitudes towards sector standardization among AAS practitioners. Animal-Assisted Services (AAS) refers to the practice of including animals as partners in professional disciplines such as but not limited to counselling, social work, and occupational therapy to foster well-being in participating humans.

### *Survey Goals*

- 1. To discover the scope and nature of AAS practice in Canada.*
- 2. To gauge AAS practitioner attitudes towards creating voluntary, nation-wide sector standardization.*

Currently, the lack of research about the fragmented and self-regulated AAS sector in Canada impedes sector development and organization. To facilitate sector organization, the Canadian Foundation for Animal-Assisted Services (CFAS; <https://www.cf4aass.org>) and Dreamcatcher Nature Assisted

Therapy partnered with the King's University (TKU) in Edmonton, Alberta to design and conduct this survey. The TKU research team included students and faculty from the Department of Psychology and assistance from the Community Engaged Research Program.

**Disclaimer:** The respondents to this survey may not be fully representative of all AAS practitioners in Canada. Without a national registry of AAS practitioners, we necessarily used a modified snowball sampling technique (see Appendix A). Because it is not possible to determine whether all AAS practitioners had an opportunity to respond, we also cannot assume that the full range of AAS practices or views about standardization are represented in the results.



## MAIN INSIGHTS

### 1. **Strong but conditional support for standardization**

Survey respondents showed clear support for standardization, but they also had expectations about key outcomes and ambivalence about whether standardization would benefit their own practices. This combination of responses suggests that support is strong but conditional. Should proposed standardization fail to meet expectations, respondents may no longer support national standards or the organization that administers them.

### 2. **Flexibility required to accommodate diverse practices.**

Survey respondents demonstrated a strong perception that AAS practice varies widely across the country, and they want national standards to accommodate their practices.

### 3. **National standards need to address existing AAS organizations.**

National AAS standardization needs to engage and account for pre-existing organizations, many of which have their own standards, training, and membership among survey respondents.

### 4. **The AAS sector struggles financially and is under-insured.**

While private insurance companies and client fees are the main sources of income, the sector struggles financially and is under-insured. Survey respondents are divided equally between those with economically sustainable practices and those whose practices are not economically sustainable.

### 5. **Pandemic impact and adaptations.**

The pandemic has had a significant impact on AAS practices, and practitioners have necessarily adapted in creative ways.



## INSIGHTS UNPACKED

### Finding 1: Strong but conditional support for standardization

Respondents showed high agreement that standardization would support current AAS practices and enhance the credibility of the sector. However, this support came with both expectations and ambivalence. The variability in answers on numbered agreement scales suggest that respondents were unsure as to whether national standardization would indeed benefit their specific practices. Further, when given the opportunity to speak in favor of standardization, respondents often emphasized the value of specific outcomes. These outcomes included a required basic level of training to practice, the humane and ethical treatment of animals, and credibility for the sector. Moreover, prescriptions for standardization were a common theme throughout the comments, regardless of the question or topic at hand. Given attitudinal ambivalence and articulated prescriptions, we interpret survey respondent support as strong but conditional. This means that survey respondents support standardization because they desire certain outcomes. Should proposed standardization fail to deliver key outcomes, respondents may no longer support standardization.

*Survey respondents support standardization because they desire certain outcomes. Should proposed standardization fail to deliver key outcomes, respondents may no longer support.*

#### **Support for standardization**

Respondents demonstrated strong support for standardization on the agreement scales and in the comments. As shown in Table 1 (see below), participants expressed support for standardization with high mean scores, although the standard deviations suggest that the strength of that support varies.



Table 1. *Attitudes about standardizing the AAS sector.*

Statement	Mean (SD)
Standardization would provide guidelines to help me in my practice	5.31 (1.47)
Increased standardization would be advantageous for my practice	5.40 (1.41)
National industry standards would be disadvantageous for my practice	3.15 (1.84)
Standardization would be instrumental in enhancing the credibility of the industry	5.82 (1.37)
A national framework would promote evidence-based practices	5.74 (1.27)

*Note:* Responses are on a 7-point scale with 7 = strongly agree and 4 = neutral.

Despite this variability, virtually no respondents *disagreed* with the concept of standardizing the sector. At the same time, a sense of *necessity* recurs in how respondents describe standardization in their written responses: “Need for standardization”, “Very necessary”, “Supervision of the practice is necessary”, and “The need to establish standards is urgent.” In this comment, the respondent articulates her desire for more sector standardization by comparing the situation in Canada unfavorably to that in the United States.

I have a friend who lives in Arizona for the winter, and works with “therapy” animals, horses, rabbits, donkeys etc., and I am very envious that the U.S. is way ahead of Canada in recognizing the value of AAS. I think it is slowly changing. For instance, miniature horses (which I have) are recognized as service animals in the U.S. Here in Canada, they are not.

Further, respondents conveyed their desire to *engage* with a standardization process in the comments. Speaking for an unspecified group, one respondent wrote, “We would be interested in joining a network of professionals currently providing AAS.” Others communicated their support with enthusiasm. “I wholeheartedly support the work you are trying to do and would like to be involved in any way that we can do to assist in the understanding of the Equine Guided Industry...” “I would love to help you in any way I could.”



### ***Expected outcomes and support for standardization***

Commonly, practitioners identified the outcomes they expected standardization to deliver when articulating their support. Of the 45 comments that expressed either support for standardization or support for the survey, 29 included some prescription or desired outcome for standardization. Further, prescriptive comments without explicit support for standardization recurred consistently across the open-ended questions in response to most topics and questions. Although respondent prescriptions and expectations varied in topic and length, three key desired outcomes stood out: first, a baseline level of training required for AAS practitioners; second, the humane and ethical treatment of animals; and third, credibility for the AAS sector.

*Training for AAS Practitioners.* Training for AAS practitioners was one of the more commonly recurring topics in the comments. Several raised concerns that some AAS practitioners do not receive sufficient training thus compromising client care. “This is a very wide field currently underway, and many people profess to provide equine therapy but do not have the credentials to provide the core treatment services.” Another pointed out how the lack of standards in training creates a confusion, “I can be trained online in a 2-hour webinar or spend 6 months in school? Where is the balance and what is legit?”

*“I can be trained online in a 2-hour webinar or spend 6 months in school? Where is the balance and what is legit?”*

These comments, in combination with the agreement scale scores, present both high levels of uncertainty and mistrust about the reliability of AAS training. While respondents show clear agreement with the statement “Not all available sources of AAS training are credible” the high standard deviation indicates a wide range of responses to these statements overall (see Table 2 on p. 10).

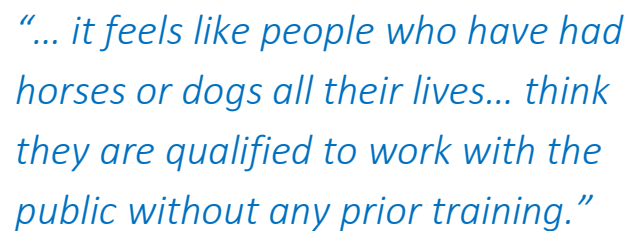


Without a clear portrait of AAS training in Canada, respondent support for standardization often identified improved AAS practitioner training as a key outcome. As one respondent relayed

I feel that this [standardization] is very important because there are all sorts of people popping up shop and calling it therapy. That is very misleading. And it feels like people who have had horses or dogs all their lives, which I have, think they are qualified to work with the public without having any prior training.

Another respondent outlined, “I believe there is a need for an equine assisted services national organization to promote professionalism and to profile and share resources, information, and capacity building.”

Congruently, when asked to identify supports that would be helpful in developing risk management and safety policies and procedures, respondents showed a clear and



*“... it feels like people who have had horses or dogs all their lives... think they are qualified to work with the public without any prior training.”*

repeated interest in further training. One respondent outlined various kinds of training that would be helpful here, “Yes, risk management training, insurance or liability training, definitions of therapeutic animal versus therapy animal.” Another wrote, “Training could be relevant to writing formal policy.”



Table 2. *Attitudes about standardization in relation to AAS practitioner training*

Statement	Mean (SD)
It would be helpful to my practice if there were guidelines or standards for animal assisted services training	5.76 (1.38)
AAS training and certifications need to be carefully sourced to foster credibility.	6.18 (1.36)
Standards would help to inform and develop AAS training programs.	6.07 (1.21)
Not all available sources for AAS training are credible	5.36 (2.23)

*Note:* Responses are on a 7-point scale with 7 = strongly agree and 4 = neutral.

Finally, the expectation that standardization will result in better training is consistent with agreement scale responses showing support for greater standardization in AAS training. The statements that training and certifications need to be carefully sourced and that standards would help in the development of training programs received strong support with mean scores in the six range. However, the relatively lower score and slightly higher standard deviation in response to the statement that training standards would improve their own practices suggests that standardized training may be more appealing in the abstract or when applied to others but less certainly appealing or supported when applied to oneself.

#### *Humane and ethical treatment of*

*animals.* The humane and ethical treatment of animals was another priority for survey respondents in their prescriptive comments. As one respondent asserted, “I feel that there should be an animal handler and a professional involved. Both client

*“Animal training should be more in depth and assessments on animals need to be done on a yearly basis—not just for temperament but any health-related factors.”*

and animal need to be safeguarded.” Another offered this prescription with respect to animal welfare and assessment, “Animal training should be more in depth and assessments on the animals need to be done on a yearly basis—not just for temperament but any health-related



factors.” Comments also tied animal welfare closely to AAS practitioner training, “Training should have a considerable time component on animal language to support them in interventions—for example, learning the dog's calming signals. Many AAS [practices] ignore this language.” Animal welfare was of such concern, that sometimes it elicited strong emotional language.

The group model taught by some EAL groups over a five-day period and open to anyone, needs to be looked at. They are firing groups of dysregulated kids out into an arena with horses that have been purposely desensitized with flooding techniques. Not a great recipe. Horses suffer and remain unheard, being dragged around on the end of two ropes. Kids don't learn what we hope they will, if allowed to ignore what a horse wants/needs/thinks, while they try to solve a maze or riddle. Serious questions about this!

Here, as in the comment before it, the respondent is concerned with whether AAS training adequately prepares practitioners for the humane treatment of animals.

Overall, survey respondents demonstrate concern for animal welfare.

I am often conflicted on the subject of service animals. I cannot deny the good I see service animals do for the end user [and] the enjoyment I see some service animals get from their 'jobs.' But I have seen and am aware that some service animals are treated as unfeeling 'tools' and not given respect or recognition for their own independent status as living creatures. As an animal lover, I struggle...

Even though several comments echo her desire for animal well-being, without a more complete picture of animal treatment, it is impossible to say the degree to which these concerns are justified. Importantly, while the survey data collects respondent concerns, it cannot ascertain the overall health and well-being of animals in the AAS sector.

Notably, some survey respondents did not feel the need for standardization to further support the safety of animals or humans. This respondent reasoned:

People who chose this line of work are animal people already. They love and care for their animals as much if not more than the clients who come to work with them. If the animal is not appropriate, then people are hopefully smart and ethical enough to figure that out on their own and do not need micromanagement from an outside source! Furthermore, I think the general public would have something to say about any animals that are not appropriate.



*“Can’t see more [needed] than [what] we already have, [or] provided by our professional association and our insurance company.”*

Likewise, when answering the question, are there supports you would find helpful in developing policies and procedures for protecting safety and managing risks, slightly more respondents declined the offer of help than did ask for training. Here, comments indicated a sense of satisfaction with their current situation. “I think

we’re good on this.” “All good.” “No, we already have these in place.” This respondent affirms their sense of competence and confidence in emergency, risk, and safety measures: “We develop them for others.” Other comments do likewise and point to other organizations that provide standardization and guidance.

At present I have a wonderful mentor who is Tri-Certified through Pro-EFW Canada. I follow equine risk management through Equestrian Canada and continue to develop myself through my equestrian professional development with the Canadian Pony Club. I also participate in professional social worker development hours.”

This respondent returned, “can’t see more [needed] than [what] we already have, [or] provided by our professional association and our insurance company.”

Among respondents who expressed support for standardization in the comments, however, the humane and ethical treatment of animals was a priority. As one comment emphasized, “My dog can be himself and that’s what works. But that care and well-being must be standardised!” Others felt that this issue was so important that it should be a major goal in any standardization drive. “National standards are imperative for the safety and efficacy of AAI.” “Above all, [there is] a need to supervise the profession to limit improvisation and minimize the risk of incidents.”

*“National standards are imperative for the safety and efficacy of AAI.”*



*Credibility for the AAS sector.* Credibility for the AAS sector also recurred in the comments, with many respondents seeing this as a challenge. One survey respondent relayed, “The lack of knowledge from the general public is palpable when it comes to the animal question and the question of AAS.” For this and other respondents, public misunderstanding

*“The stereotypes are beyond real. It’s a frustrating business to be in and to grow or [to] build one’s reputation.”*

about AAS is connected to the sector’s credibility issues. “[The] stereotypes are beyond real. It’s a frustrating business to be in and to grow or [to] build one’s reputation.” Another added, “People think it’s ‘cute’ or trendy. Everyone who owns a horse, llama, or dog thinks they have a ‘therapy animal’.” As demonstrated by the low mean scores in Table 3, survey respondents felt that AAS was not properly understood by the general public. Although scores are higher for important stakeholders such as government and other professional sectors, the mean remains below the mid-way mark.

Table 3. *Beliefs about perceptions of AAS*

Statement	Mean (SD)
The general public understands AAS.	2.84 (1.62)
AAS receives sufficient recognition as a legitimate therapeutic option by the general public.	3.00 (1.64)
AAS receives sufficient recognition by governments as a legitimate therapeutic option.	3.30 (1.55)
AAS receives sufficient recognition from other professional sectors (e.g. healthcare, social services, justice, and correctional services) as a legitimate therapeutic option.	3.30 (1.55)

*Note:* Responses are on a 7-point scale with 7 = strongly agree and 4 = neutral.

Considering these difficulties, many comments emphasized credibility as an essential outcome of standardization. As one respondent expressed, standardization would “make people understand that my job is serious.” Another believed that “this would greatly help the practice and demystification of zootherapy.” At the same time, however, many respondents felt



that standardization would improve AAS credibility not only by addressing public misunderstanding but also by improving AAS practice itself. Several comments indicate that survey participants did not simply blame the public for their misperceptions but linked the issue of credibility to practices and training within the sector. “I am a huge advocate of standardization, especially in this area. I feel it would make the ones that are credible, more credible. It would also weed out the ones who are just in it as a passing phase.” In light of concerns about animal welfare and improper training, comments in favor of standardization for the sake of credibility often alluded to improvements in those areas as well. As one respondent imparted, “[I] hope we can get standards for AAI sooner [rather] than later as much damage is currently being done to animals, people and the profession.” Another summarized her expectations for standardization thus, “Standardization would lead to more recognition and improve practice.”

*“Standardization would lead to more recognition and improve practice.”*

## **Finding 2: Flexibility required to accommodate diverse practice**

The scope and nature of AAS practice across Canada is diffuse, and thus very few major trends stood out from the survey. However, the data do show that the majority of AAS practitioners are women, that AAS practices are most often privately owned, independent businesses, and that most practitioners work with equines and or dogs. Beyond this, there is considerable diversity in practitioner training, type of animals, sectors and settings, and therapeutic goals. While most

*“A diversity of approaches equals a diversity of practitioners with different values.”*

respondents welcome standardization, they expressed a desire that those standards would accommodate sector diversity, enabling practitioners to continue largely as they have begun. As one respondent observed, “A diversity of approaches equals a



diversity of practitioners with different values.” Another wrote, “My concern is that those who practice and aren’t therapists but use legit healing methods will be put out of business.”

### ***Diversity of animals***

By far the most commonly involved animals in AAS practices are dogs (59% of respondents) or equines (45%). However, respondents reported involving many other species, from cats to farm animals to reptiles, as therapeutic partners. Several noted that standards and training necessarily differ across species, “Different animals require different training.” This respondent elaborated, “We are speaking here of ‘animal assisted’ as all animals ARE NOT the same. Maybe dogs would need special training for special interventions, but here, I am working with horses, which are not the same at all—not the same kind of sessions either... too much generalization?” “I think incorporating horses in with AAS and specifically, service dogs are misleading. The work of horses is not the same as service dogs.” Another noted that

*“Different animals require different training.”*

*“... we need to access a variety of traits in horses for therapy.”*

With regard to certain uses of animals (e.g., facility animal, specific utilization), standards would be helpful to ensure the animal is suitable for the type of work. Having said that, we also need to have access to a variety of traits in horses for therapy (e.g., horses with varying levels of trust and respect for humans) to allow clients to work through their own issues. If the horses were all ‘nice’ and well-behaved, we wouldn’t be able to do the work that needs to be done...

Respondents were clear that standardization needs to account for the differences inherent in different animal species, the type of training or selection criteria for these animals, and the ways they are used in the therapeutic context.



### ***Diversity of sector, setting, approach, and language***

The data clearly demonstrate that AAS occurs in a wide range of sectors and settings for diverse purposes. While most respondents work in mental health, social services, or education, we also heard from practitioners in healthcare, correctional services, and elsewhere. Most often, practitioners worked in private offices but also on farms or in homes, schools, and healthcare settings. The most commonly reported goals of AAS were life or social skills, mental health, communication, and physical therapy (see Appendix B).

*AAS occurs in a wide range of sectors and settings for diverse purposes.*

Diverse approaches may also be indicated by the variety of terms used to describe practices. The most common were Animal-Assisted Activities (53.2%), Animal-Assisted Interventions (53.2%), and Animal-Assisted Therapy (40.3%). Equine-Assisted was also a frequently occurring term, in association with words like “Learning,” “Activities,” “Therapy,” etc. Francophone respondents used the terms Zoo-animation and Zootherapy commonly. Comments revealed that respondents are aware of the diversity of terms and definitions (e.g. “The vocabulary is very different from one country to another”), and see this diversity as problematic. One noted that “It seems like anyone can just call themselves a therapeutic program, without any credibility.” Also, “People like to generalize ‘dog therapy’ or ‘cat therapy’ because it is a generally understood term, but we know that dog therapy is more for a one-on-one therapist setting so breaking that terminology has been challenging.” A benefit to agreeing

*“The vocabulary is very different from one country to another.”*

on language for AAS is that it is “very necessary for consistent research development and measurement of outcomes and accurate client expectations met.”



Table 4. *Education and training among survey respondents*

Education or Training	Number of Respondents
Bachelor's Degrees	25
Master's Degrees	32
Doctorates in psychotherapy	2
Registered mental health professionals	15
Other diplomas and certifications	42

### ***Diversity of practitioner training***

AAS practitioners in Canada vary widely in type and extent of formal education. The most frequently reported field of post-secondary learning was some form of social science or mental health study

such as psychology, social work, or special education. Nearly half have graduate degrees, and most of these are in mental health fields, including counselling, social work, and some physical or occupational therapy.

While many AAS practitioners are formally trained in therapeutic mental health interventions, training specific to the involvement of animals is more varied and often less formal. Over 81% of respondents have had in-person mentored training to include animals in their practice. The duration of such training ranged widely from a few hours to several years, with a median of six months. Several reported some type of formal AAS training and certifications, including Lakeland College's Animal Assisted Wellness Certification program, the University of Guelph, zootherapy, Eagala, Equisomma, etc.

Respondents expressed concern that standardization might jeopardize or devalue their previous training.

I have gone through extensive training (2 years plus my degree and previous employment which were necessary in order to receive my certification). I have significant standards to maintain through Pro-EFW who hold their members HIGHLY accountable. I have ZERO desire to be required to have to do more than I already do in order to maintain my professional status and ethics around my business.



*“...if I don’t have a university or college diploma will my program be shut down? Even if I’ve done four plus years of training and certification?”*

Another noted, “My concern is if I don’t have a university or college diploma, will my program be shut down? Even if I’ve done four plus years of training and certification?” This respondent offered her thoughts on standardization and the need for flexibility by saying, “My concerns with standardization

would be with who established them and the degree of adaptations for different groups.”

Finally, most of the Québec/francophone respondents were members of the Corporation des zoothérapeutes du Québec (CZQ), an organization that was founded in 2006 and requires its members to have “professional training in zootherapy and practice in accordance with the CZQ’s code of ethics” (<https://membres.corpozootherapeute.com/fr/accueil>). One Québec respondent commented that “we already have CZQ support, which is adequate.”

### **Finding 3: National standards need to address existing AAS organizations**

#### ***Many organizations at work***

As comments on training and the role of the CZQ indicate, any effort to create national AAS standards will encounter organizations already involved. The survey results show that 104 out of 112 respondents belong to some type of professional organization; and the collectively, respondents belong to 49 different organizations. The large number of

#### ***Respondent Participation in Professional Organizations***

##### ***112 Survey respondents***

*104 in professional organizations*

*1 per organization, on average*

*23 in CZQ*

##### ***49 Organizations named***

*9 Focused on AAS*

organizations reflects both the diversity and the organizational fragmentation of the AAS sector. These findings suggest that the sector does need a nationally available, AAS-focused

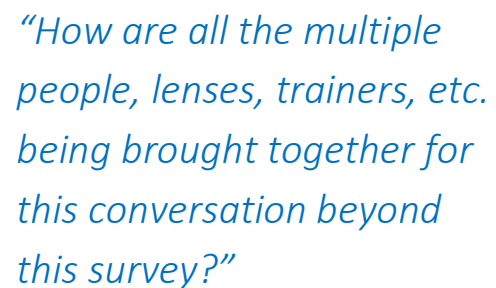


organization. Among respondents, practitioner memberships were diffused over many professional organizations, with an average of only one participant per organization. Moreover, only nine of the 49 organizations focused on AAS. Further, most organizations also have their own standards and training guidelines. One respondent described the situation for AAS practitioners working with horses in this way:

I own my own Equine Guided Learning Facility and run programs... I work with horses and have three different certifications in this field, but even within the Equine Guided learning field, there is no consensus on what is "proper" training.

### ***Respondents Recommend Engaging Existing Organizations***

Because a large number and variety of organizations already populate the field, creating a new, unified set of national standards necessarily raises questions about how existing standards and organizations might be treated or engaged. In a clear effort to encourage more dialogue between different standardizing bodies, one respondent wrote,



*"How are all the multiple people, lenses, trainers, etc. being brought together for this conversation beyond this survey?"*

I teach and consult in this area as well as develop curriculum. I have put in the time and energy to obtain training and credentials through both EFW-CAN and CAIS in the U.S. I am developing a Canadian chapter of HAI. How are all the multiple people, lenses, trainers, etc. being brought together for this conversation beyond this survey?

Another suggested that there was value in engaging organizations outside of Canada as well.

"There are people and organizations outside of Canada that I feel would be good collaborators and resources to aid with regulation of AAI and terminology, which would reinforce AAI's legitimacy." The response of this Quebec practitioner highlights how standardizing without engaging existing organizations can become burdensome for practitioners.



*“We already have many regulations to follow... it doesn’t seem that [standardizing bodies] are communicating with one another... too much is no better than not enough.”*

We also have many regulations to follow and comply to, for animal welfare, human welfare, client protection, etc... Maybe the idea to uniformize all of it would be fine, BUT it doesn't seem that [standardizing bodies] are communicating one with the other... I kind of anticipate that it might become really heavy at some point, trying to comply with [everyone]... too much is no better than not enough.

Moreover, as in comments about training, respondents show a certain level of investment into the standards and memberships of their professional organizations. One respondent wrote, “Dogs International develops standards for our

organization around this and I am satisfied with it.” Another informed, “For my equine assisted therapy, I am already a part of a national body that provides some standardization, Pro-EFW Canada.” Notably, no comments demonstrate dissatisfaction from respondents regarding professional organizations to which they are members.

### ***Consolidated, national standards in AAS***

Although the respondents demonstrated a clear desire for flexibility in standardization to accommodate the diversity of the sector and their own practices, the comments also showed support for consolidated national standards. “Yes, I would like to see AAI policies created on a national level.” “It is crucial in order to ensure everyone is in alignment across the country.”

“Canadian guidelines would be beneficial.” Others were less specific about whether guidelines should be national, but expressed a desire for consolidation, nonetheless. “It would be helpful to have standardized policies that all AAS organizations could abide by.” “I hope that there will eventually be

*“It would be helpful to have standardized policies that all AAS organizations could abide by.”*

one governing body, with one set of policies and procedures to protect everyone's safety and



manage risks that may arise.” While the need for flexibility in standardization has not disappeared, neither does the need for consolidation.

These findings suggest that AAS practitioners have not congregated in a single organization that already exists, and very few organizations focus on AAS. The one exception in the data is the CZQ, to which 23 respondents belong. Not only does this organization focus on AAS, but respondents frequently referenced its standards. Any movement toward national AAS standardization will likely benefit from, and need to engage, this organization. At the same time,

*Any movement toward national AAS standardization will likely benefit from, and need to engage, the CZQ.*

one practitioner from Quebec notes that while multiple organizations are at work, gaps in the regulation still exist. “There are a few groups such as the RQIEC, la corporation des zoothérapeutes du Québec, L'ADI (only non-profit organizations), but no law protects clients, institutions, or beneficiaries in the field involving dogs and animals.” Taken together, the data suggests that respondents desire both national consolidation to provide clarity as well as sufficiently adaptable standards to meet the diverse needs of AAS practitioners.

#### **Finding 4: The AAS sector struggles financially and is under-insured**

AAS practitioners demonstrate resourcefulness and creativity in funding their practices. While some manage to ensure their practices are economically sustainable, nearly half reported that

*AAS practitioners demonstrate resourcefulness and creativity in their funding practices.*

revenues do not cover expenses. A major expense for AAS practices is insurance coverage. While most have insurance for their practices, few have veterinary insurance for their animals, citing cost as a significant

barrier. The perception that the AAS sector is insufficiently recognized by the public and major



potential funding sources such as governments and private insurance companies may contribute to the challenges associated with achieving economic sustainability.

### *Economic Sustainability of Respondent Practices*

*41% fully supported by AAS  
revenue*

*42% partially supported by  
AAS revenue*

### ***Economic sustainability of practice***

Many respondents run private for-profit AAS practices (~30%), while others are registered charities (~8%) or non-profit (~17%). Of the 38 respondents who reported an annual income, the median was \$30,000. However, several commented that their practices are either integrated into their workplace (e.g. schools), are

new, or were significantly slowed by the pandemic, and thus did not report an income; many simply left this question blank. In all cases, however, economic sustainability would be a desired goal. Yet while 41% of respondents reported that their AAS services are sustainable—that is, fully covered by revenue sources—over 42% said that their services were only partly covered by income. The pandemic has also had an impact on economic sustainability, as respondents reported losing clientele for extended periods. In particular, covid restrictions suspended group AAS sessions. One-on-one services were less fully disrupted, although virtual contact is particularly difficult in AAS. At the time of the survey (2020-21) many were not yet able to re-establish relationships with organizations and clients, and several expressed concern and hope that they would be able to recover as restrictions subside.



### *Funding from Insurance*

*Clients' private insurance coverage is the most common source of revenue.*

*Less than 10% comes from provincial health insurance.*

### **Sources of Funding**

Revenue for most practices primarily comes from clients' private insurance coverage, with in-kind support being another significant source. Less than 10% receive funding from provincial health insurance, though about 30% obtain federal or provincial government grants. Other funding comes from foundations and donations.

### **Insurance**

Just over 92% of respondents have some form of insurance for their practice: essential liability coverage for lawsuit protection (78%), directors' and officers' liability (17%), specialty business liability (58%), property crime coverage (37%). Only 3 of 90 respondents reported having insurance specifically for AAS, although others may have interpreted "specialty business liability" as covering this category.

In contrast, only 26% of respondents have veterinary insurance for their animals. Numerous respondents noted that the cost is prohibitive. One pointed out that "I prefer paying for the care of animals if needed than paying for insurance. For the moment, it's more cost-efficient." Some work with older or rescued animals that cannot be insured. Others lease their animals (usually horses), which are covered by the owners' veterinary insurance.

*Over 92% of respondents have some form of insurance for their practices, but only 26% of respondents have veterinary insurance for their animals.*



*“Many individuals have indicated that they would like counselling, however... many insurance providers do not cover counsellors.”*

### **Credibility of AAS as a barrier to sustainability**

As Table 3 (see p. 13) indicates, respondents believe that the general public has a poor understanding of AAS, and that AAS is not appropriately recognized as a therapeutic option by the public nor by governments. Respondents were more neutral, though still in general

agreement, that AAS is also not recognized as legitimate by other related professional sectors. This lack of perceived credibility may explain why AAS practices struggle economically. Private insurers and government health insurance plans may be reluctant to include AAS in their lists of covered services. As one respondent noted, “Many individuals have indicated that they would like counselling, however, are not able to afford it at this time as many insurance providers do not cover counsellors” and another said, “Third-party payors (e.g. insurance companies such as Worker’s Compensation) will not fund animal assisted therapy even when incorporating evidence-based therapies.” The perception that AAS is insufficiently recognized supports the need for sector standardization, as standards are perceived by respondents to be useful in enhancing AAS credibility.

### **Finding 5: Pandemic.**

The Covid-19 pandemic, beginning in early spring 2020, resulted in restrictions on in-person gatherings that had a significant impact on many AAS practices. Several commented that they had to significantly reduce or completely halt operations: “I have had to shut down

*“I have had to shut down operations... Some of [my clients] have come to ground themselves and are suffering the consequences of isolation.”*



*“I lost school groups and workshops, and my business revenue was extremely impacted.”*

operations and face the frustration of my clients. Some of them came to ground themselves and are suffering the consequence of isolation.” Many who work in or with schools were completely shut down or had to restrict their practice to families and smaller groups. One reported, “I lost school groups and workshops,

and my business revenue was extremely impacted.” Others lost contracts, clients, and in some cases, almost all their income which was a particular hardship for equine therapists who still had the expenses of maintaining their animals.

Several were able to reopen in a limited way by putting into place safety protocols and by conducting their work outdoors, although this was difficult during the winter.

We closed for two months during our initial Code Red but reopened with full support due to a high demand to keep the mental health of our clients from declining. Staying open with reduced capacity has proven to be effective.

“Our organization has been able to resume program delivery during covid through communication, increased safety protocols, and problem-solving related to restrictions and concerns.” One common safety protocol involved wearing masks, but this created its own problems. “The wearing of masks around animals makes reading facial expressions difficult, and I think it can be detrimental to human-animal interactions.” Another also cited the “challenge of working with a mask considering that it is important for clients to see our faces.”

Others dealt with the pandemic by going online, primarily those with pre-existing therapist-client-animal relationships.

Despite being online, the clients still see my dog, cat, and dragon behind me in the virtual office...I occasionally will post an update on my business' social media page with my rescue animals. Clients enjoy keeping in touch and following the animals, despite not being

*“The wearing of masks around animals makes reading facial expressions difficult, and I think it can be detrimental to human-animal interactions.”*



able to visit them in session. I still receive inquiries from people who prefer to work with me, knowing that I live with all these rescue animals. It has somehow managed to continue to create connection with my clients despite all the physical distancing and virtual care. I am so grateful for this.

However, virtual interactions were recognized as less than ideal. “We introduced virtual visits for interim services which has been successful, but ultimately not the same as in-person visits.”

Another noted that “there have been periods of time when I could not offer my equine assisted therapy work to my clients, I did use virtual methods for a while, but they were not the same.”

Respondents also expressed awareness that their services were particularly needed during the pandemic and worked creatively to find ways to support their clients. “Covid and the restrictions placed on people have had, and will continue to have, a tremendous impact on mental health. People need us now even more than ever.” Another agreed that “people need help now more than ever, and if more programs could do it safely, it would assist the need.”

The comments also contained several notes of gratitude and hope. Québec respondents commented that CZQ provided guidance and support to navigate the pandemic. Another said that “our generous community and clients have helped support [us] during these times.” And as the pandemic slowly winds down, “I do see an increase in people coming forward as restrictions are lifted, and I have also added [a] source of revenue since Covid so it’s not all bad!” “I have not been doing anything during the pandemic; but seeing that our provincial restrictions are starting to lift, I hope to be offering this soon.” Another said, “I think Covid-19 has expanded our creativity and revisioning for practice,” and yet another reported that “our business was affected on the one side, but we found that certification had remarkable growth. The interest in EAL certification was strong because of the need for this type of programming for mental health issues.”

*“I do see an increase in people coming forward as restrictions are lifted, and I have also added [a] source of revenue since Covid so it’s not all bad!”*



## **APPENDIX A**

### **Research Methods**

#### ***Survey Design and Content***

Working together, the Psychology Department research team and the community partners identified two survey objectives: first, to obtain data about how AAS is practiced in Canada; and second, to gauge AAS practitioner interest in collaborating on a standardization to enhance the accessibility, credibility and sustainability of AAS across Canada. Likewise, TKU researchers and community partners worked together to develop the survey, which was then tested by AAS practitioners who provided feedback on the survey structure, content, and types of questions. The survey consisted of three main sections. The first asked participants to provide demographic information about themselves, such as age, gender, and residential location. The second focused on current AAS practice including types of services provided, types of animals used, and funding. The third section provided participants with an opportunity to voice their perceptions of the AAS sector, the possibility of standardization, and the sector's needs. The survey was also translated into French by a fluently bilingual translator.

#### ***Ethics and Consent***

Ethics approval for this study was granted by the King's University Research Ethics Board. Participants also viewed the study information letter and provided informed consent online, prior to accessing the survey.

#### ***Data Collection***

Because no comprehensively compiled list of AAS practitioners in Canada exists, the research team recruited participants through modified snowball sampling. A preliminary distribution list was created through web searches and referrals from CFAS and Dreamcatcher Nature Assisted Therapy. The TKU research team then emailed the English version of the electronic survey to



participants on the distribution list and asked them to circulate the survey through their own networks. Through a contact in Quebec, the French language version of the survey was distributed to francophone AAS practitioners. To participate in the survey, respondents must use animals in their professional practice. All data was collected anonymously, and participants were assured that their identities will remain anonymous even if the results of the survey are published or used for future research.

### ***Data Analysis***

Data analysis proceeded in three parts. First, quantitative analysis of the close-ended, short-answer, and agreement scale questions yielded descriptive statistics as well as data visualization.

Second, the long-answer questions that permitted more flexible and varied responses were analyzed using thematic analysis and a team-based, open-coding protocol. Three members of the TKU research team worked together to identify major themes in the survey responses with the goal of capturing issues, ideas, or opinions that were both the most commonly expressed and of the greatest importance to respondents. This procedure used for developing the major themes and testing the reliability of the team's thematic analysis draws upon guidelines commonly used in public health research.

Third, the descriptive statistics and the thematic analysis of the comments were brought together to identify major findings. Together, the agreement scales and comments conveyed a complex but coherent set of opinions and concerns held by respondents—not only about standardization but also about other issues in the AAS sector as well. Similarly, the close-ended and short-answer questions about the scope and nature of AAS practice combined with comments created a portrait of the realities facing AAS practitioners in Canada. These findings about the scope and nature of AAS practice also provided context for opinions about standardization and concerns about the AAS sector.



## APPENDIX B

### Detailed Data on Scope and Nature of AAS Practices

Figure 1. *Region of practice*

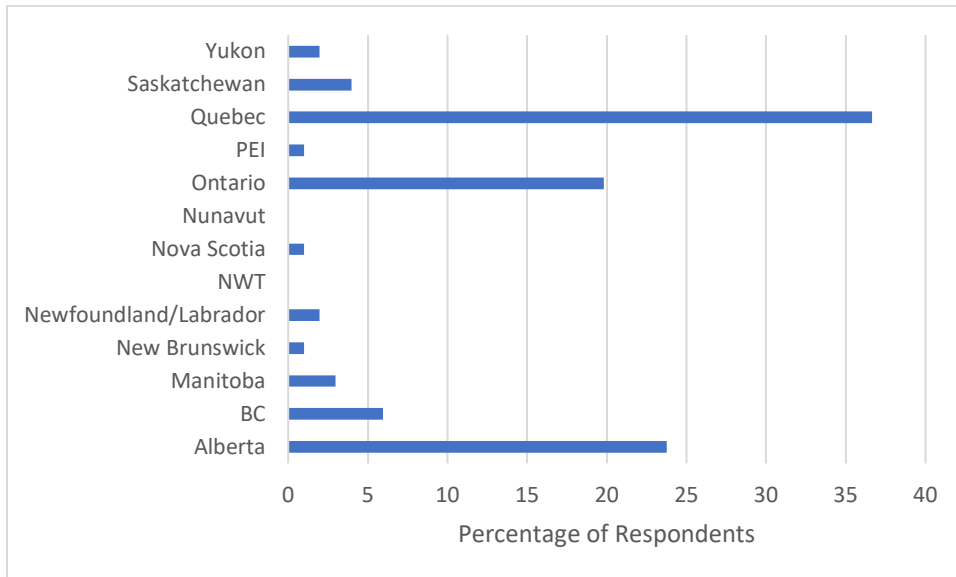


Figure 2. *Gender of practitioners*

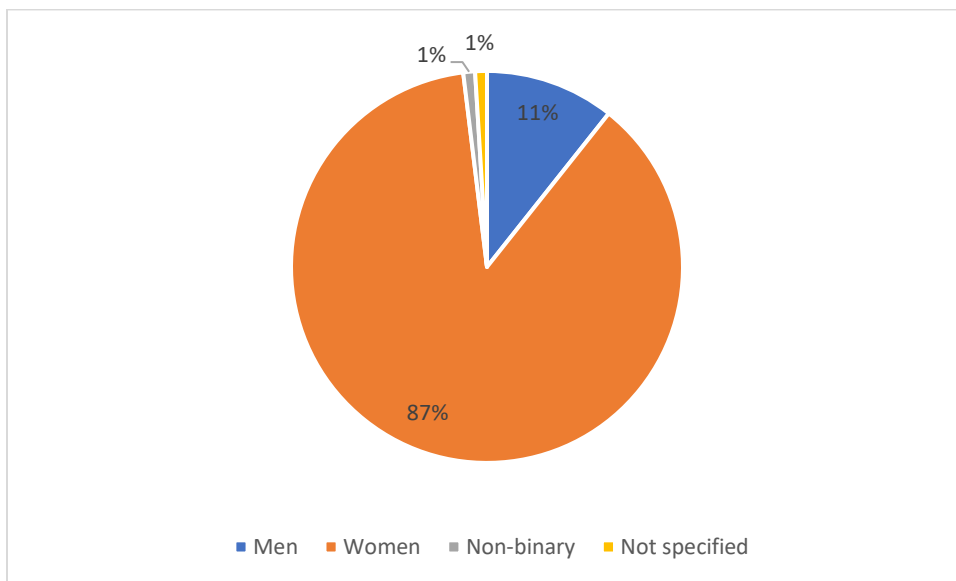
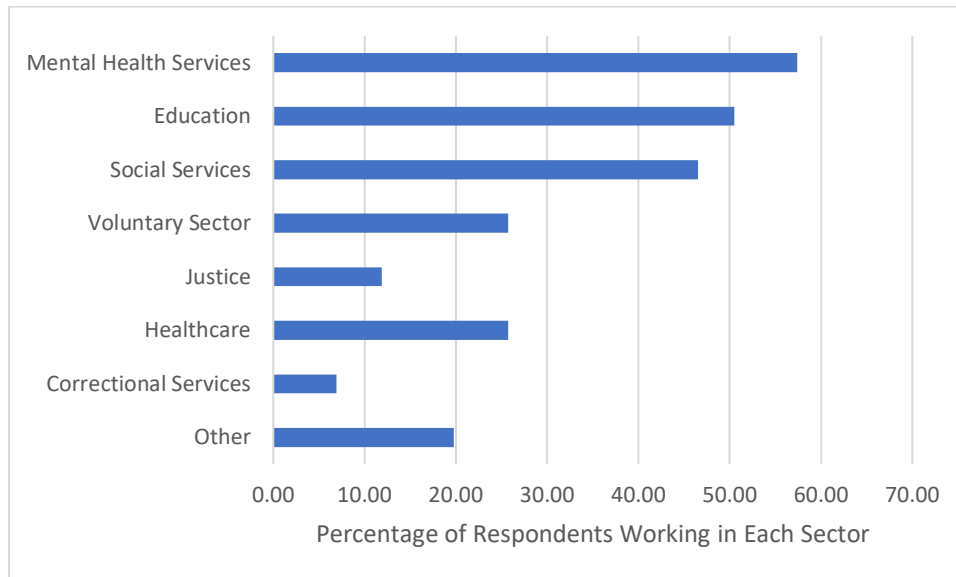


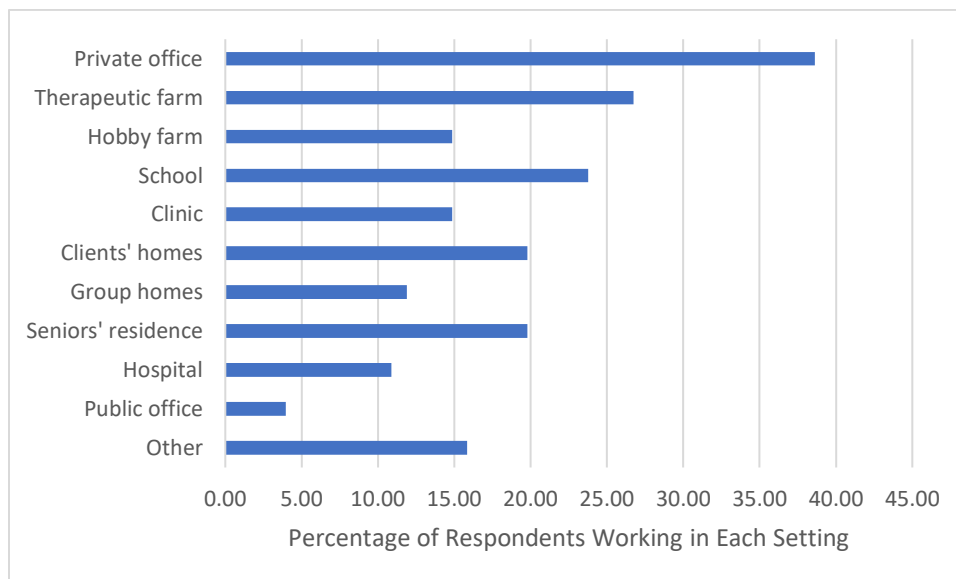


Figure 3. *Sectors in which practitioners work*



*Note:* Percentages add up to more than 100% as respondents could indicate more than one sector. The “other” category includes farms/ranches, equestrian centres, schools, faith communities, private homes, child and family services, the military, and paramedics.

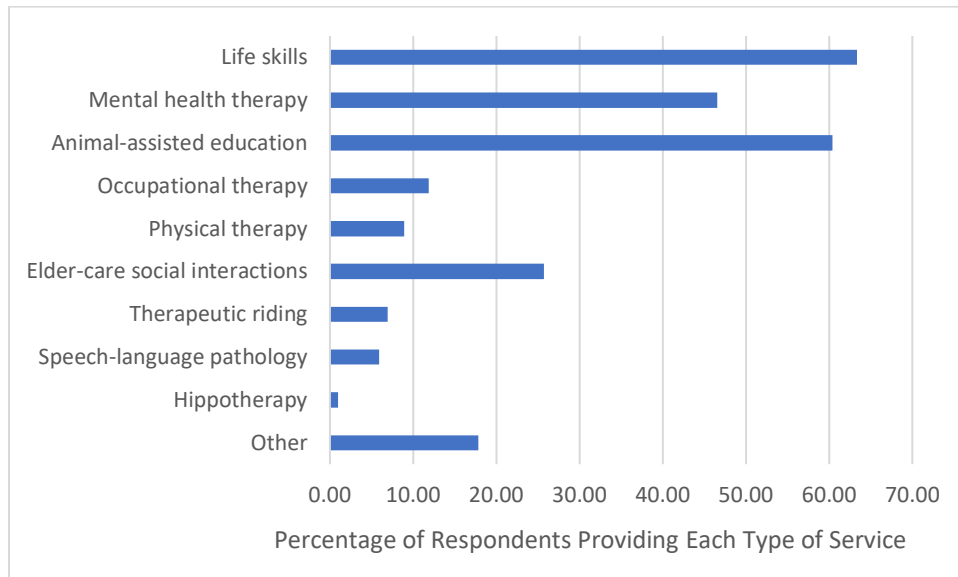
Figure 4. *Settings in which practitioners work*



*Note:* Percentages add up to more than 100% as respondents could indicate more than one setting.

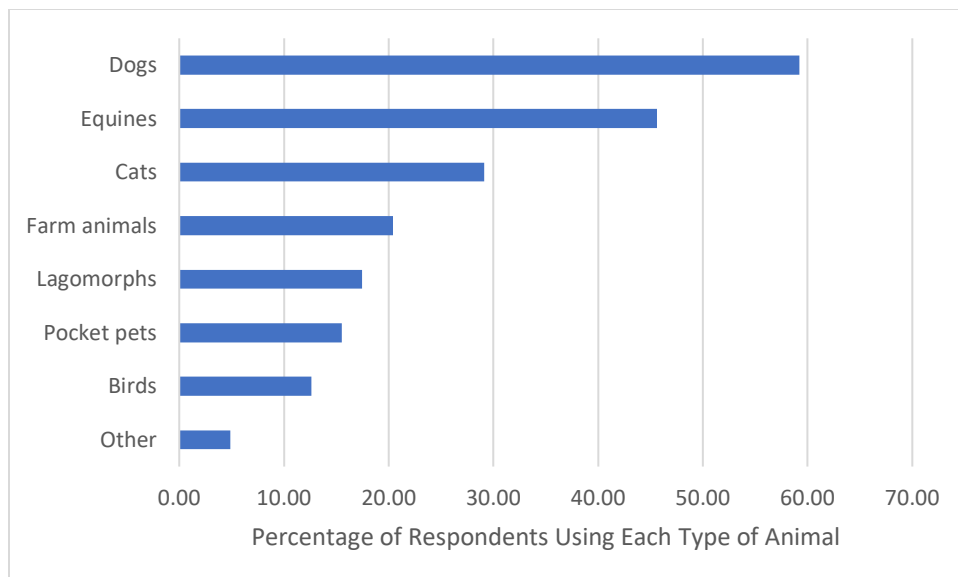


Figure 5. *Types of services provided.*



*Note:* Percentages add up to more than 100% as respondents could indicate more than one service.

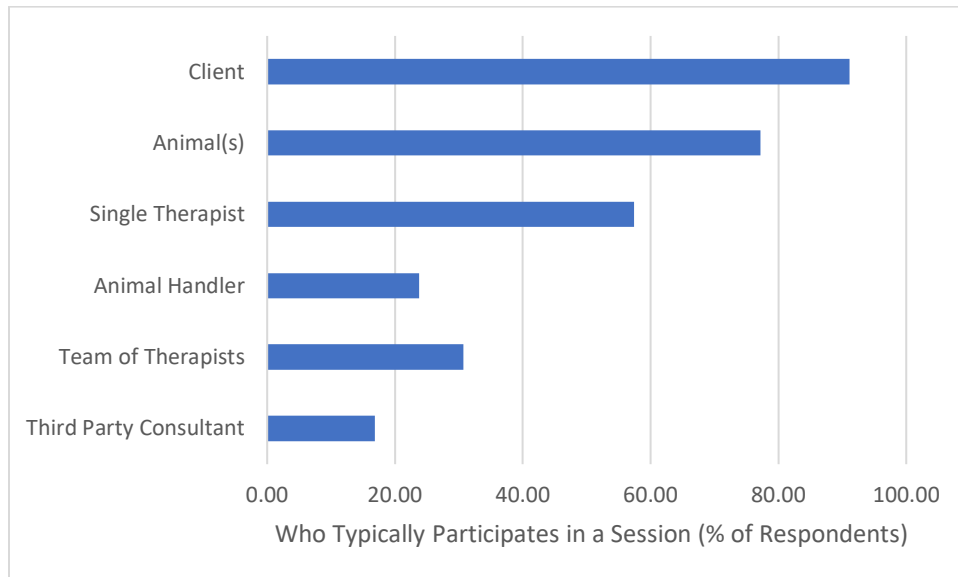
Figure 6. *Animal species involved in practices*



*Note:* Percentages add up to more than 100% as respondents could indicate more than one species.



Figure 7. *Who typically participates in an AAS session*



*Note:* Percentages add up to more than 100% as participants could indicate more than one response.



## APPENDIX C

### Financial Aspects of AAS Practices

Figure 8. *Economic structure of practice*

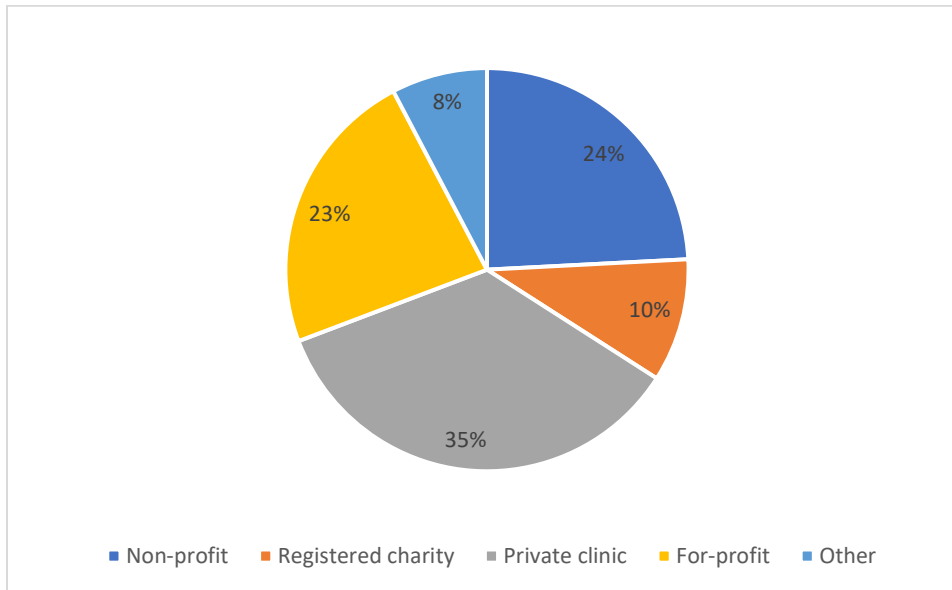


Figure 9. *Ownership of practice*

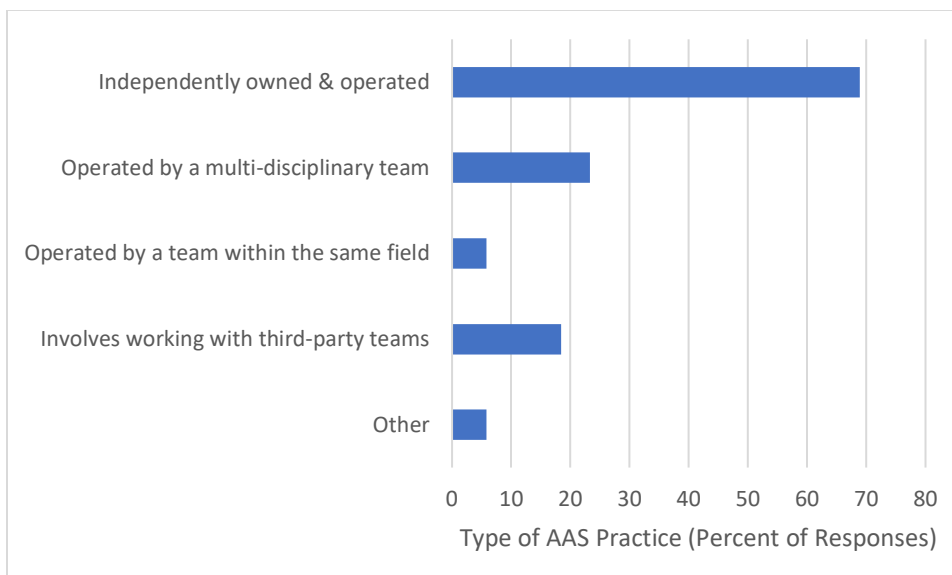
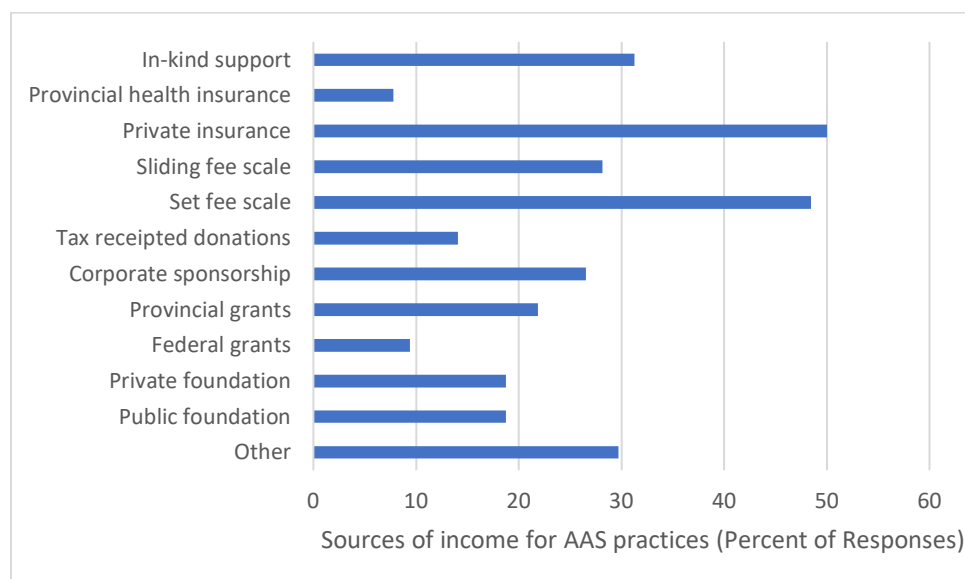


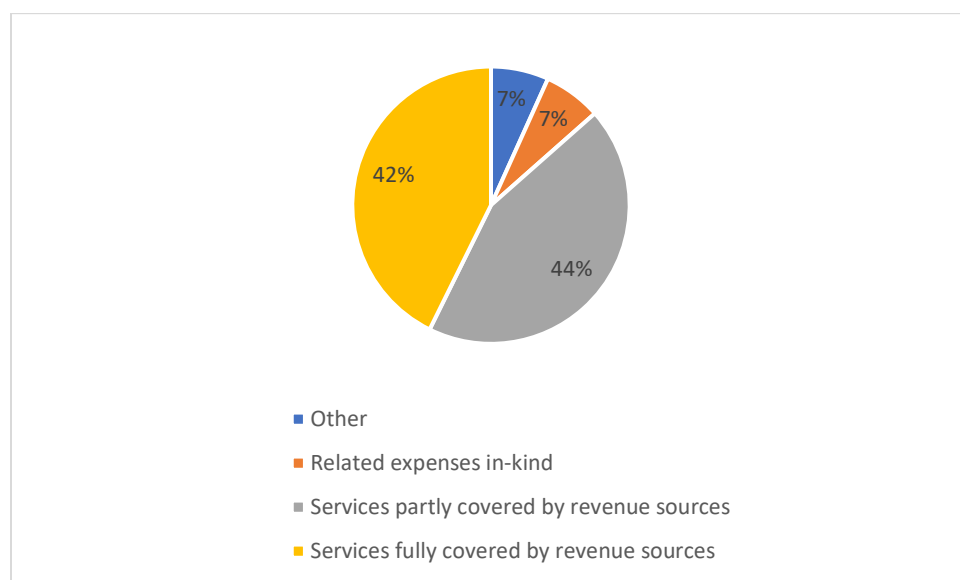


Figure 10. *Sources of revenue*



*Note:* Percentages add up to more than 100% as participants could indicate more than one response.

Figure 11. *Economic sustainability of practice*





## **APPENDIX D**

### English-Language Survey

#### Animals Helping People: Re-Imagining Animal-Assisted Services Across Canada, A National Dialogue

We invite you to be part of a nationwide dialogue about the future of the Animal-Assisted Services Sector in Canada. This survey is being conducted for The Canadian Foundation for Animal-Assisted Support Services (CFAS).

CFAS is an impartial national non-profit and registered charity that promotes Canada's Animal-Assisted Services Sector. The organization is dedicated to AAS clients' wellbeing and the welfare of animals in service while working collaboratively with practitioners to foster public confidence. CFAS builds bridges among communities, disciplines, and sectors to inform and achieve mutually beneficial outcomes. For more information, [please visit CFAS online](#).

#### **A Burgeoning Sector**

Animal-Assisted Services (AAS) in this survey refers to the increasingly widespread practice of incorporating animals in professional disciplines such as social work, clinical psychology, occupational therapy, speech pathology, physical therapy, and education in ways that foster One Health for People, Pets, and Partners™. Segments within the evolving AAS sector incorporate animal-assisted activities, therapy, and interventions that benefit the health of vulnerable persons and their families. "Health" includes the physical, mental, emotional, academic,



spiritual, and social wellbeing of people, pets, and other animals involved in the services, activities, or interventions.

### **Focusing on Assets to Tackle Common Challenges**

Presently, the AAS sector is fragmented and self-regulated, making it difficult to understand the scope of AAS practices. Responding to this survey will help CFAS better understand how to collaborate with and support practitioners in this sector to address emerging front-line challenges such as increasing demands for Canadian industry standards. The ultimate goal is to ensure that AAS, in its many forms, is recognized for its positive impact. Thank you in advance for considering being part of this national dialogue.

### **The Survey**

This survey should take you approximately 30 minutes to complete. We do not anticipate any risks to you resulting from your participation in this study. You may find some benefit in reflecting on the needs or limitations you experience in your practice.

All responses will be kept anonymous: Your IP address (computer address) used for responses will not be recorded. Although it is impossible to guarantee the complete privacy of any online material, we have done our best to ensure that your privacy will be respected. SurveyMonkey data is backed up in the United States and is therefore subject to the privacy laws of the US.

We would greatly appreciate you answering every question; however, you are under no obligation to answer questions you would prefer to skip. You may also withdraw from the survey at any time without consequence. To withdraw from the survey, close the survey tab in your browser. Responses submitted prior to withdrawal may be included in analysis and reporting.



As an expression of our gratitude, all participants will be invited to enter a draw for one of four \$25 Pet Valu gift cards. To enter this draw, please provide your contact information through a separate link at the end of the survey. This contact information will not be connected to your survey responses.

### **Survey Results**

CFAS will use the survey results to structure national dialogues among AAS practitioners and may reference findings in grant proposals and/or CFAS presentations. Results may also be published or presented in journals, reports, conferences, websites, or other media alternatives. All responses to closed-ended questions will be reported in group form. Quotations from written responses may be included in publications and presentations, but they will not be linked with identifying information. Furthermore, the study's results may be used in future research or for teaching purposes. We remain committed to ensuring your privacy.

### **Discovery Partners**

This survey is a joint initiative between The Canadian Foundation for Animal-Assisted Support Services (CFAS) and The King's University Psychology Department ([kingsu.ca/research/cer](https://kingsu.ca/research/cer)), with collaboration from Dreamcatcher Nature-Assisted Therapy (<https://www.dreamcatcherassociation.com/>).

### **Questions**

If you have any questions about this survey, please contact Dr. Heather Looy, Professor of Psychology ([heather.looy@kingsu.ca](mailto:heather.looy@kingsu.ca)) or Heidi Walker, Program Manager for Community Engaged Research ([heidi.walker@kingsu.ca](mailto:heidi.walker@kingsu.ca)) at The King's University.



This research has received ethics approval from The King's University Research Ethics Board. If you have any questions about your rights as a study participant, you may contact the Research Ethics Board: Dr. Danielle C. Brosseau, Vice-Chair (Danielle.Brosseau@kingsu.ca or 780-465-3500 Ext. 8058).

### **Participation**

By clicking "**Next**" below, you are confirming that you:

- are a professional practitioner who involves animals in your work;
- understand what is required of you based on the previous information provided in this letter,
- recognize that your participation is voluntary and you may withdraw at any time by simply closing the corresponding tab in your browser,
- know that your responses will be anonymous, and you
- affirm that you are 18 years of age or older.



## The Basics

For the purposes of this survey, we are defining **Animal-Assisted Services (AAS)** as any therapeutic services, activities, responses, or interventions that involve working with animals to help people.

1. Please specify your gender:

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Prefer not to answer
- ☐ None of the above. I identify as:

2. Enter your age in years:

3. What is/are your professional title(s)?

4. In which province or territory do you work?



5. My AAS practice is a: [Please select all that apply]

- ☐ Non-profit
- ☐ Registered charity
- ☐ Private Clinic
- ☐ For-profit entity
- ☐ Other (please specify)



## **About Your Practice**

6. Which of the following animals do you work with? [Please select all that apply]

- ☐ Dogs
- ☐ Cats
- ☐ Birds
- ☐ Farm animals
- ☐ Equines (horses, donkeys, etc.)
- ☐ Pocket pets (guinea pig, hamster, gerbil, mice, etc.)
- ☐ Lagomorphs (rabbits)
- ☐ Other (please specify)

7. Who typically participates in a session? [Please select all that apply]:

- ☐ Client
- ☐ A single therapist/teacher
- ☐ A team of therapists/teachers
- ☐ Animal(s)
- ☐ Animal handler
- ☐ Third party consultant



8. In which sectors(s) do you work with animals and people? [Please select all that apply]

- ☐ Healthcare (e.g., hospital rehabilitation)
- ☐ Social services (e.g., group homes, private homes)
- ☐ Justice (e.g., law officer, police officers)
- ☐ Correctional services (e.g., prisons, community correctional centres)
- ☐ Voluntary sector services (e.g., charities, non-governmental organizations)
- ☐ Education services (e.g., schools, learning centres)
- ☐ Mental health services (e.g., private practice, institutional settings)
- ☐ Other (please specify)

9. What location(s) are you currently working in [Please select all that apply]?

- ☐ Private office
- ☐ School
- ☐ Hospital
- ☐ Clients' homes
- ☐ Group homes
- ☐ Public office
- ☐ Clinic
- ☐ Therapeutic farm
- ☐ Hobby farm
- ☐ Seniors' Residence
- ☐ Other (please specify)

10. In your sessions, do you work with: [Please select one of the following options]

- ☐ Individuals
- ☐ Groups
- ☐ Both individuals and groups



11. Which of the following services do you provide? [Please select all that apply]

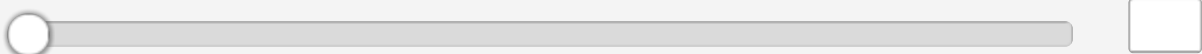
- ☐ Life skills building
- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Elder-care social interactions
- ☐ Speech-language pathology
- ☐ Mental health therapy
- ☐ Hippotherapy
- ☐ Therapeutic riding
- ☐ Animal assisted education services
- ☐ Other (please specify)

12. To which age group(s) do you provide services? [Please select all that apply]

- ☐ Children (ages 2-12)
- ☐ Adolescents (ages 13-18)
- ☐ Young adults (ages 19-25)
- ☐ Adults (ages 26-54)
- ☐ Seniors (ages 55+)

13. Please mark on the scale below approximately what percentage of your work activities involve AAS?

0% 50% 100%

☐

14. My AAS practice is: [Please select all of the options that apply]

- ☐ Independently owned and operated
- ☐ Operated by a team of practitioners within the same discipline
- ☐ Operated by a multi-disciplinary team
- ☐ Involves working with third-party teams
- ☐ Other (please specify)



15. If your workplace involves a multi-disciplinary team, how many people are involved in delivering services?  
What are their areas of expertise?

16. Does your AAS workplace involve volunteers?

☐ Yes

☐ No

17. Does your workplace involve unpaid staff?

☐ Yes

☐ No

18. Does your workplace offer unpaid practicums/internships?

☐ Yes

☐ No

19. Does your workplace offer paid practicums/internships?

☐ Yes

☐ No

20. Service delivery in my AAS professional practice is funded by [Please select all that apply]

☐ In-kind support (e.g., volunteer hours)

☐ Provincial health insurance

☐ Private insurance

☐ Sliding fee scale

☐ Set fee scale

☐ Tax receipted donations

☐ Corporate sponsorship

☐ Provincial government grants

☐ Federal government grants

☐ Private foundation grants

☐ Public foundation grants

☐ Other (please specify)



21. Economic Sustainability [Please select one of the following options]

- ☐ My AAS practice is economically sustainable (i.e. expenses are fully covered by the revenue sources indicated in the previous question)
- ☐ My services are partially covered by the revenue sources indicated in the previous question.
- ☐ Related expenses are in-kind with no expectation of cost recovery.
- ☐ Other (please specify)

22. What is your approximate gross income per year from your AAS practice? (Please skip this question if it is not applicable)



## **About Your Practice**

23. Do you currently have insurance for your practice?

- ☐ Yes  
☐ No

24. If yes to question 23, please indicate what type of coverage is included in your policy.

- ☐ Essential liability coverage for financial protection against lawsuits  
☐ Directors and Officers Liability coverage  
☐ Specialty business liability coverage to protect you from claims (including abuse liability for work with vulnerable populations)  
☐ Property crime coverage to cover any buildings or other property your group owns  
☐ Other (please specify)

25. Does your insurance provider provide risk management training?

- ☐ Yes  
☐ No  
☐ I'm not sure

26. Do you have veterinary insurance for your animals?

- ☐ Yes  
☐ No

27. Do you have formal policies and procedures in place to manage or respond to risks/emergencies involving clients, staff, and/or animals?

- ☐ Yes  
☐ No



28. If you responded Yes to the previous question, please briefly explain.

29. Do you have formal processes for evaluating the effectiveness or outcomes of your services?

☐ Yes

☐ No

30. Please explain.

31. Are there supports that you would find helpful in developing policies and procedures for protecting safety and managing risks?



## Animals Helping People: Re-Imagining Animal-Assisted Services Across Canada, A National Dialogue

### Current Level of Training

32. What are your current educational qualifications? Please select all that apply.

- ☐ Bachelor of Education
- ☐ Master of Physical Therapy
- ☐ Master of Occupational Therapy
- ☐ Certified or registered mental health professional
- ☐ Master's degree in psychotherapy/counselling
- ☐ Ph.D. in psychotherapy/counselling
- ☐ Master of social work
- ☐ Bachelor of social work
- ☐ Bachelor of nursing
- ☐ Bachelor of social sciences (e.g., psychology, sociology)
- ☐ Other (please specify)

33. Are you currently a member of any professional association(s)?

- ☐ Yes
- ☐ No

34. If yes, please list the association(s).

35. Did you have in-person mentored training in using animals in your practice?

- ☐ Yes
- ☐ No



36. If yes, for how long were you mentored?

37. Do you have any online training for working with animals in your practice?

☐ Yes

☐ No

38. If yes, for how long and which ones?

39. What contributes to your decision to obtain or not obtain veterinary insurance?

40. Have the animals you work with received any specific training for their role in the AAS activities?

☐ Yes

☐ No

41. If yes, please list.



## **Vocabulary/Definitions**

42. What terms do you use to describe your work? Please select all applicable terms from the following list, or use the space provided below to add any additional terms you use in your daily work.

- ☐ Animal-Assisted Activities
- ☐ Animal-Assisted Crisis Response
- ☐ Animal-Assisted Interventions
- ☐ Animal-Assisted Therapy
- ☐ Equine-Assisted Activities
- ☐ Equine-Assisted Interventions
- ☐ Equine-Assisted Therapy
- ☐ Other (please specify)



## **Discipline Vocabulary and Terminology**

43. Please indicate the extent to which you agree or disagree with the following statement

	1 - Strongly disagree	2	3	4 - neutral	5	6	7 - Strongly agree	I'm not sure
There is a need for a standardized vocabulary, terminologies and corresponding definitions for the AAS Sector.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Please add any further comments you have on the implementation of a standardized vocabulary in the AAS sector.



## **Perceptions and recognition of the AAS Sector**

45. Please indicate the extent to which you agree or disagree with the following statements

	1 - Strongly disagree	2	3	4 - neutral	5	6	7 - Strongly agree
The general public understands AAS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAS receives sufficient recognition as a legitimate therapeutic option by the general public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAS receives sufficient recognition by governments as a legitimate therapeutic option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAS receives sufficient recognition from other professional sectors (e.g., healthcare, social services, justice, and correctional services) as a legitimate therapeutic option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of community with other AAS professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be interested in attending an annual AAS sector conference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Do you have anything to add about perceptions and recognition of the AAS sector in Canada?



## **Voluntary Standardization Within the AAS Sector**

Minimum national standards for the AAS sector could establish a framework that would enrich the credibility and integration of AAS throughout Canada. Development of this framework and standards could be facilitated on a voluntary basis through a consensus-decision making process with practitioners working in the field. We are interested in what you think about the potential development of such standards.

47. Please indicate the extent to which you agree or disagree with the following statement

	1 - Strongly disagree	2	3	4 - neutral	5	6	7 - Strongly agree
Standardization would provide guidelines to help me in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased standardization would be advantageous for my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National industry standards would be disadvantageous to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardization would be instrumental in enhancing the credibility of the industry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A national framework would promote evidence-based practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardization would inform decision-making about my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



48. Is there anything else you would like to share on the topic? If so, please use the text box below



## **Practitioner Training and Education Standards**

49. Please indicate the extent to which you agree or disagree with the following statements

	1 - Strongly disagree	2	3	4 - neutral	5	6	7 - Strongly agree	I'm not sure
It would be helpful to my practice if there were guidelines or standards for animal assisted services training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standards would help to inform and develop AAS training programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAS training and certifications need to be carefully sourced to foster credibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not all available sources for AAS training are credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think all available AAS training is credible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Do you have any additional thoughts about education and training standards (e.g., professional education/training, animal training and certification)? If so, please use the text box below to share.



## **Animal Care and Training Standards**

51. Please indicate the extent to which you agree or disagree with the following statements

	1 - Strongly disagree	2	3	4 - neutral	5	6	7 - Strongly agree	I'm not sure
There is a need for standardized animal care requirements in the AAS sector.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a need for animal training or training equivalents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a need to develop standards to assess the suitability of the animals involved in AAS practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. If you have anything to add about the need for standards related to animal care and training, please elaborate in the text box below.



### **Navigating the Covid-19 Pandemic**

The COVID-19 pandemic has profoundly affected people and organizations working to address the needs of vulnerable populations. Challenges may also emerge around getting the supplies and help needed to care for animals in service.

53. Please consider using the text box below to briefly share some of the challenges you've had and are experiencing due to the pandemic. Furthermore, if you have discovered ways to manage these challenges and would like to offer some words of encouragement, please use the text box below.

### **Resources**

In November 2020, The International Association of Human-Animal Interaction Organizations (IAHAIO) developed a series of webinars to offer tips and resources to help assist practitioners navigate the pandemic. To access the webinars, please visit <https://iahaio.org/webinars/>.



## **Final Thoughts**

54. If there is anything else you would like to tell us, please use the text box below.



Thank you for taking the time to complete this survey. Your experience and input are vital to help CFAS facilitate and support the development of AAS practices in Canada.

Again if you have any questions about the survey, please contact Dr. Heather Looy, Professor of Psychology ([heather.looy@kingsu.ca](mailto:heather.looy@kingsu.ca)) or Heidi Walker, Community Engaged Research Program Manager at The King's University ([heidi.walker@kingsu.ca](mailto:heidi.walker@kingsu.ca)).

As an expression of our gratitude for your time and expertise, we invite you to enter your name into a draw for one of four \$25 gift certificates to Pet Value, generously donated by Alex Stepanov VandenBerg and Alyssa Stepanov of Pet Value Stony Plain and Spruce Grove Alberta (<https://store.petvalu.com/ca/location/3233/>, <https://store.petvalu.com/ca/location/3243/>)

To enter the draw, the link below will take you to a separate location so that your survey responses cannot be connected to your name and contact information.

[Click here to enter the survey](#)

If you would like to receive communications from CFAS in the future, please consider providing your contact details at <http://eepurl.com/hnvmob>. Note: this link is owned by CFAS and any information you provide will not be connected to your survey responses.



## APPENDIX E

### French-Language Survey

Les animaux à l'aide des gens : Réimaginer les services assistés par l'animal à travers le Canada, un dialogue à l'échelle nationale

Nous vous invitons à prendre part à un dialogue à l'échelle nationale à propos de l'avenir du secteur des services assistés par l'animal au Canada. Ce sondage est mené pour la Canadian Foundation for Animal-Assisted Support Services (CFAS).

CFAS est un organisme à but non lucratif enregistré et impartial qui fait la promotion du secteur des services assistés par l'animal au Canada. L'organisation est dédiée au bien-être des client·e·s des services assistés par l'animal et des animaux en service, tout en collaborant avec les praticien·ne·s du domaine pour promouvoir la confiance du public. CFAS construit des ponts entre les communautés, les disciplines, et les secteurs pour informer et atteindre des résultats mutuellement bénéfiques. Pour plus d'information, [veuillez visiter le site web de CFAS](#).

### **Un secteur florissant**

Les services assistés par l'animal (SAA) dans ce sondage font référence à la pratique de plus en plus répandue d'intégrer des animaux dans des disciplines professionnelles comme le travail social, la psychologie clinique, l'ergothérapie, l'orthophonie, la physiothérapie et l'éducation de manière à promouvoir Une santé pour les gens, les animaux et les partenaires (One Health for People, Pets, and Partners™). Le secteur croissant des services assistés par l'animal inclut les activités assistées avec des animaux, la thérapie et les



interventions bénéfiques pour la santé des personnes en situation de vulnérabilité et de leur famille. La notion de « santé » inclut le bien-être physique, mental, émotionnel, académique, spirituel et social des gens, des animaux de compagnie et des autres animaux impliqués dans les services, activités ou interventions.

## **Le sondage**

La complétion de ce sondage devrait nécessiter approximativement 30 minutes de votre temps. Nous n'anticipons aucun risque résultant de votre participation à cette étude. Vous pourrez tirer certains bénéfices à réfléchir aux besoins ou aux limitations que vous rencontrez dans votre pratique.

Toutes les réponses seront gardées anonymes : votre adresse IP (l'adresse de votre ordinateur) utilisée pour les réponses ne sera pas enregistrée. Bien qu'il soit impossible de garantir une confidentialité totale de quelconque matériel en ligne, nous avons fait notre possible pour s'assurer que votre vie privée sera respectée. Les données de SurveyMonkey sont sauvegardées aux États-Unis et sont donc sujettes aux lois américaines sur la vie privée.

Nous apprécierions grandement que vous répondiez à chaque question, toutefois, vous n'avez aucune obligation de répondre aux questions que vous préféreriez passer. Vous pouvez également vous retirer du sondage à tout moment sans conséquence. Pour vous retirer du sondage, fermez l'onglet du sondage dans votre navigateur. Les réponses soumises avant votre retrait pourraient être incluses dans l'analyse et dans le rapport.

Comme expression de notre gratitude, tou-te-s les participant-e-s seront invité-e-s à participer à un tirage pour gagner l'une des quatre cartes-



cadeaux chez Pet Valu. Pour participer à ce tirage, veuillez fournir vos coordonnées au moyen d'un lien séparé à la fin du sondage. Ces coordonnées ne seront pas associées à vos réponses au sondage.

### **Résultats du sondage**

La CFAS utilisera les résultats du sondage afin de structurer des dialogues à l'échelle nationale parmi les praticien·ne·s des SAA et pourront faire référence aux résultats dans des demandes de subventions et/ou lors de présentations de la CFAS. Les résultats pourront aussi être publiés ou présentés dans des journaux, rapports, conférences, sites web, ou autres médias alternatifs. Toutes les réponses à des questions fermées seront rapportées de façon groupée. Des citations provenant de réponses écrites pourraient être incluses dans des publications et des présentations, mais elles ne seront pas associées avec des informations permettant l'identification. De plus, les résultats de l'étude pourront être utilisés dans la recherche future ou à des fins d'enseignement. Nous restons engagé·e·s à assurer votre vie privée.

### **Partenaires de découverte**

Ce sondage est une initiative conjointe entre la Canadian Foundation for Animal-Assisted Support Services (CFAS) et le département de psychologie de The King's University ([kingsu.ca/research/cer](https://kingsu.ca/research/cer)), en collaboration avec Dreamcatcher Nature-Assisted Therapy (<https://www.dreamcatcherassociation.com/>).

### **Questions**

Si vous avez des questions à propos de ce sondage, veuillez contacter Dr. Heather Looy, Professeure de psychologie ([heather.looy@kingsu.ca](mailto:heather.looy@kingsu.ca)) ou Heidi Walker, gestionnaire de programme pour la recherche engagée avec la communauté



([heidi.walker@kingsu.ca](mailto:heidi.walker@kingsu.ca)) à The King's University. Cette étude a obtenu l'approbation du comité d'éthique de The King's University. Si vous avez des questions à propos de vos droits comme participant·e à une étude vous pouvez contacter le comité d'éthique : Dr. Danielle C. Brosseau, Co-présidente ([Danielle.Brosseau@kingsu.ca](mailto:Danielle.Brosseau@kingsu.ca) ou 780-465-3500 Ext. 8058).

## **Participation**

En cliquant sur le bouton « suivant » ci-dessous, vous confirmez que vous :

- êtes un·e praticien·ne professionnel·le qui inclut des animaux dans son travail;
- comprenez ce qui est attendu de vous en vous basant sur l'information fournie dans cette lettre;
- reconnaissez que votre participation est volontaire et que vous pouvez vous retirer à n'importe quel moment, simplement en fermant l'onglet correspondant dans votre navigateur;
- savez que vos réponses seront anonymes, e



## Questions de base

Aux fins de ce sondage, nous définissons les services assistés par l'animal (SAA) comme tout service thérapeutique, activité, réponse ou intervention qui implique de travailler avec des animaux pour aider les gens.

1. Veuillez spécifier votre genre

- ☐ Homme
- ☐ Femme
- ☐ Personne non-binaire
- ☐ Préfère ne pas répondre
- ☐ Aucune de ces réponses, je m'identifie comme :

2. Indiquez votre âge en années :

3. Quel est votre (vos) titre(s) professionnel(s)?

4. Dans quelle province ou territoire travaillez-vous?



5. Ma pratique de SAA est au sein [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ D'un organisme à but non lucratif
- ☐ D'un organisme de bienfaisance enregistré
- ☐ D'une clinique privée
- ☐ D'une entité à but lucratif
- ☐ Autre (veuillez préciser)



## À propos de votre pratique

6. Avec quels animaux parmi les suivants travaillez-vous? [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Chiens
- ☐ Chats
- ☐ Oiseaux
- ☐ Animaux de ferme
- ☐ Équidés (chevaux, ânes, etc.)
- ☐ Petits animaux (cochon d'inde, hamster, gerboise, souris, etc.)
- ☐ Lagomorphes (lapins)
- ☐ Autres (veuillez spécifier)

7. Qui participe généralement à une séance? [Veuillez sélectionner toutes les réponses qui s'appliquent] :

- ☐ Client-e
- ☐ Un-e seul-e thérapeute/enseignant-e
- ☐ Une équipe de thérapeutes/enseignant-e-s
- ☐ Animal/animaux
- ☐ Préposé-e aux animaux
- ☐ Consultant-e externe



8. Dans quel(s) secteur(s) travaillez-vous avec des animaux et des gens? [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Santé (p.ex., hôpital de réhabilitation)
- ☐ Services sociaux (p.ex., foyers de groupes, maisons privées)
- ☐ Justice (p.ex., avocat-e-s, policier-ère-s)
- ☐ Services correctionnels (p.ex., prisons, centres communautaires correctionnels)
- ☐ Services du secteur bénévole (p.ex., organismes de bienfaisance, organisation non-gouvernementales)
- ☐ Services de l'éducation (p.ex., écoles, centres d'apprentissage)
- ☐ Services de santé mentale (p.ex., pratique privée, contexte institutionnel)
- ☐ Autre (veuillez spécifier)

9. À quel(s) endroit(s) travaillez-vous présentement? [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Bureau privé
- ☐ Écoles
- ☐ Hôpital
- ☐ Maisons de client-e-s
- ☐ Foyers de groupes
- ☐ Bureau public
- ☐ Clinique
- ☐ Ferme thérapeutique
- ☐ Ferme de plaisance
- ☐ Maison pour personnes âgées
- ☐ Autre (veuillez spécifier)

10. Dans vos sessions, vous travaillez avec : [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Des individus
- ☐ Des groupes
- ☐ À la fois des groupes et des individus



11. Quels services fournissez-vous parmi les suivants? [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Développement d'aptitudes à la vie quotidienne
- ☐ Physiothérapie
- ☐ Ergothérapie
- ☐ Interactions sociales pour les personnes âgées
- ☐ Orthophonie
- ☐ Thérapie en santé mentale
- ☐ Hippothérapie
- ☐ Cours thérapeutiques d'équitation
- ☐ Services éducatifs assistés par l'animal
- ☐ Autre (veuillez spécifier)

12. À quel(s) groupe(s) d'âges prodiguez-vous ces services? [Veuillez sélectionner toutes les réponses qui s'appliquent]


- ☐ Enfants (2 à 12 ans)
- ☐ Adolescents (13 à 18 ans)
- ☐ Jeunes adultes (19 à 25 ans)
- ☐ Adultes (26 à 54 ans)
- ☐ Personnes âgées (55 ans et plus)

13. Veuillez indiquer sur l'échelle ci-dessous quel pourcentage approximatif de votre travail implique des activités de SAA?

0%

50%

100%



14. Ma pratique de SAA est [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Détenu et opérée de manière indépendante
- ☐ Opérée par une équipe de praticien-ne-s dans la même discipline
- ☐ Opérée par une équipe multidisciplinaire
- ☐ Implique de travailler avec des tierces parties
- ☐ Autre (veuillez spécifier)



15. Si votre lieu de travail implique une équipe multidisciplinaire, combien de personnes sont impliquées dans la prestation de services? Quels sont leurs domaines d'expertise?

16. Est-ce que votre lieu de travail SAA implique des bénévoles?

☐ Oui

☐ Non

17. Est-ce que votre lieu de travail implique des employé-e-s non rémunéré-e-s?

☐ Oui

☐ Non

18. Est-ce que votre lieu de travail offre des stages ou des internats non rémunérés?

☐ Oui

☐ Non

19. Est-ce que votre lieu de travail offre des stages ou des internats rémunérés?

☐ Oui

☐ Non

20. La prestation de services dans ma pratique de SAA est financée par [Veuillez sélectionner toutes les réponses qui s'appliquent]

☐ Appui non financier (p.ex., heures de bénévolat)

☐ Assurance de santé provinciale

☐ Assurance privée

☐ Honoraires mobiles (p.ex., en fonction des revenus)

☐ Honoraires fixes

☐ Dons admissibles à un reçu d'impôt

☐ Commandites corporatives

☐ Subventions du gouvernement provincial

☐ Subventions du gouvernement fédéral

☐ Subventions de fondations privées

☐ Subventions de fondations publiques

☐ Autre (veuillez spécifier)



21. Viabilité économique [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Ma pratique de SAA est économiquement viable (i.e., les dépenses sont totalement couvertes par les sources de revenus indiquées dans la question précédente)
- ☐ Mes services sont partiellement couverts par les sources de revenu indiquées dans la question précédente.
- ☐ Les dépenses associées sont non-financières (p.ex., bénévolat, temps, ressources), donc sans attente de récupérer les coûts
- ☐ Autre (veuillez spécifier)

22. Quel est votre revenu brut approximatif par année découlant de votre pratique de SAA (veuillez sauter cette question si cela n'est pas applicable)



## **À propos de votre pratique**

23. Avez-vous actuellement une couverture d'assurance pour votre pratique?

- ☐ Oui  
☐ Non

24. Si vous avez répondu oui à la question 23, veuillez indiquer quel type de couverture est incluse dans votre police.

- ☐ Couverture en responsabilité civile essentielle pour la protection financière contre des poursuites  
☐ Couverture en responsabilité civile des administrateur-trice-s et dirigeant-e-s.  
☐ Couverture spécialisée en responsabilité civile des entreprises pour vous protéger contre les réclamations (y compris la responsabilité en cas d'abus pour le travail avec des populations vulnérables)  
☐ Couverture contre les crimes contre les biens pour couvrir tous les bâtiments ou autres biens que votre groupe possède  
☐ Autre (veuillez spécifier)

25. Est-ce que votre assureur fournit une formation à la gestion des risques?

- ☐ Oui  
☐ Non  
☐ Je ne sais pas

26. Avez-vous une assurance vétérinaire pour vos animaux?

- ☐ Oui  
☐ Non

27. Avez-vous des politiques formelles et des procédures en place pour gérer ou répondre aux risques/urgences impliquant des client-e-s, des employé-e-s et/ou des animaux?

- ☐ Oui  
☐ Non



28. Si vous avez répondu oui à la question précédente, veuillez expliquer brièvement.

29. Avez-vous des processus formels en place pour évaluer l'efficacité ou les résultats de vos services?

☐ Oui

☐ Non

30. Veuillez expliquer.

31. Est-ce qu'il y a une forme de soutien que vous trouveriez utile pour le développement de politiques et de procédures pour assurer la sécurité et gérer les risques?



Les animaux à l'aide des gens : Réimaginer les services assistés par l'animal à travers le Canada, un dialogue à l'échelle nationale

**Niveau actuel de formation**

32. Quel est votre niveau d'éducation actuellement? [Veuillez sélectionner toutes les réponses qui s'appliquent]

- ☐ Baccalauréat en éducation
- ☐ Maîtrise en physiothérapie
- ☐ Maîtrise en ergothérapie
- ☐ Professionnel-le de la santé mentale certifié-e
- ☐ Maîtrise en psychothérapie
- ☐ Doctorat en psychothérapie
- ☐ Maîtrise en travail social
- ☐ Baccalauréat en travail social
- ☐ Baccalauréat en soins infirmiers
- ☐ Baccalauréat en sciences sociales (p.ex., psychologie, sociologie)
- ☐ Autre (veuillez spécifier)

33. Êtes-vous actuellement membre d'une ou de plusieurs associations professionnelles?

- ☐ Oui
- ☐ Non

34. Si oui, veuillez lister les associations.

35. Avez-vous eu de la formation ou du mentorat en personne sur l'utilisation d'animaux dans votre pratique?

- ☐ Oui
- ☐ Non



36. Si oui, pour combien de temps avez-vous bénéficié de ce mentorat?

37. Avez-vous reçu de la formation en ligne pour le travail avec les animaux dans votre pratique?

☐ Oui

☐ Non

38. Si oui, pour combien de temps et quelles formations avez-vous reçues?

39. Qu'est-ce qui a contribué à votre décision de prendre ou non une assurance vétérinaire?

40. Est-ce que les animaux avec lesquels vous travaillez ont reçu un entraînement spécifique pour leur rôle dans les activités de SAA?

☐ Oui

☐ Non

41. Si oui, veuillez mentionner.



## **Vocabulaire/Définitions**

42. Quels termes utilisez-vous pour décrire votre travail? Veuillez sélectionner tous les termes applicables dans la liste suivante, ou utilisez l'espace ci-dessous pour ajouter les termes additionnels que vous utilisez dans votre travail au quotidien.

- ☐ Activités assistées par l'animal
- ☐ Zoo-animation
- ☐ Réponse de crise assistée par l'animal
- ☐ Interventions assistées par l'animal
- ☐ Thérapies assistées par l'animal
- ☐ Zoothérapie
- ☐ Activités équinées assistées
- ☐ Interventions équinées assistées
- ☐ Thérapie équine assistée
- ☐ Hippothérapie
- ☐ Autre (veuillez spécifier)



Les animaux à l'aide des gens : Réimaginer les services assistés par l'animal à travers le Canada, un dialogue à l'échelle nationale

## **Vocabulaire et terminologie de la discipline**

43. Veuillez indiquer à quel degré vous êtes en accord ou en désaccord avec l'énoncé suivant

	1 - Fortement en désaccord	2	3	4 - Neutre	5	6	7 - Fortement en accord	Je ne suis pas certain-e
Il y a un besoin pour un vocabulaire standardisé, des terminologies et des définitions correspondantes dans le secteur des SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Veuillez ajouter tout autre commentaire que vous avez concernant l'implantation de vocabulaire standardisé dans le secteur des SAA.



## **Perceptions et reconnaissance du secteur des SAA**

45. Veuillez indiquer à quel degré vous êtes en accord ou en désaccord avec les énoncés suivants

	1 - Fortement en désaccord	2	3	4 -Neutre	5	6	7 - Fortement en accord
La population générale comprend les SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Les SAA reçoivent une reconnaissance suffisante comme option thérapeutique légitime de la part de la population générale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Les SAA reçoivent une reconnaissance suffisante comme option thérapeutique légitime de la part des gouvernements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Les SAA reçoivent une reconnaissance suffisante de la part d'autres secteurs professionnels (p.ex., la santé, les services sociaux, la justice et les services correctionnels) comme option thérapeutique légitime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Je ressens un sentiment de communauté avec d'autres professionnel-le-s des SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J'aurais de l'intérêt à assister à une conférence annuelle du secteur des SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



46. Avez-vous autre chose à ajouter concernant la perception et la reconnaissance du secteur des SAA au Canada?



### **Standardisation volontaire à l'intérieur du secteur des SAA**

Des standards minimaux pour le secteur des SAA pourraient établir un cadre qui accroîtrait la crédibilité et l'intégration des SAA à travers le Canada. Le développement de ce cadre et de ces standards pourrait être fait sur une base volontaire à travers un processus consensuel de prise de décision avec les praticien·ne·s travaillant dans le domaine. Nous sommes intéressé·e·s à savoir ce que vous pensez du développement potentiel de tels standards.



47. Veuillez indiquer à quel degré vous êtes en accord ou en désaccord avec les énoncés suivants

	1 - Fortement en désaccord	2	3	4 - Neutre	5	6	7 - Fortement en accord
La standardisation fournirait des lignes directrices qui m'aideraient dans ma pratique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Une amélioration de la standardisation serait avantageuse pour ma pratique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Des standards nationaux d'industrie seraient nuisibles à ma pratique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La standardisation serait déterminante pour améliorer la crédibilité du domaine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un cadre national favoriserait les pratiques basées sur des données probantes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La standardisation informerait la prise de décision à propos de ma pratique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Y a-t-il autre chose que vous aimeriez partager sur ce sujet? Si oui, veuillez utiliser la boîte de texte ci-dessous



## **Les standards d'éducation et de formation des praticien·ne·s**

49. Veuillez indiquer à quel degré vous êtes en accord ou en désaccord avec les énoncés suivants

	1 - Fortement en désaccord	2	3	4 - Neutre	5	6	7 - Fortement en accord	Je ne suis pas certain·e
Cela serait utile à ma pratique s'il y avait des lignes directrices ou des standards de formation pour les services assistés par l'animal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Des standards aideraient à informer et à développer des programmes de formation pour les SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La formation et les certifications pour les SAA doivent être soigneusement sélectionnés afin de promouvoir la crédibilité.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ce ne sont pas toutes les sources disponibles pour la formation sur les SAA qui sont crédibles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Je pense que toute la formation disponible concernant les SAA est crédible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Avez-vous d'autres réflexions concernant les standards de formation et d'éducation (p.ex., l'éducation et la formation professionnelle, l'entraînement des animaux et la certification)? Si oui, veuillez utiliser la boîte de texte ci-dessous pour les partager.



## **Le soin des animaux et les standards d'entraînement**

51. Veuillez indiquer à quel degré vous êtes en accord ou en désaccord avec les énoncés suivants

	1 - Fortement en désaccord	2	3	4 - Neutre	5	6	7 - Fortement en accord	Je ne suis pas certain-e
Il y a un besoin pour des exigences standardisées en matière de soins aux animaux dans le secteur des SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Il y a un besoin pour l'entraînement des animaux ou des équivalences de formation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Il y a un besoin pour le développement de standards afin d'évaluer le caractère adéquat des animaux impliqués dans les pratiques des SAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Si vous avez autre chose à ajouter concernant le besoin de standards en relation aux soins à l'animal et à l'entraînement, veuillez élaborer dans la boîte de texte ci-dessous.



### **Naviguer la pandémie de la COVID-19**

La pandémie de la COVID-19 a profondément affecté les gens et les organisations travaillant à répondre aux besoins des populations vulnérables. Des défis ont aussi pu émerger dans l'acquisition des ressources et de l'aide nécessaire pour s'occuper des animaux en service et les soigner.

53. Veuillez utiliser la boîte de texte ci-dessous pour partager brièvement quelques-uns des défis que vous avez expérimentés ou que vous expérimentez présentement en raison de la pandémie. De plus, si vous avez trouvé des moyens de surmonter ces défis et voudriez offrir quelques mots d'encouragement, veuillez utiliser la boîte de texte ci-dessous.

### **Ressources**

En novembre 2020, The International Association of Human-Animal Interaction Organizations (IAHAIO) a développé une série de webinaires pour offrir des trucs et des ressources afin d'aider les praticien·ne·s à traverser la pandémie. Pour accéder à ces webinaires, veuillez visiter <https://iahaio.org/webinars/> (en anglais seulement).



Les animaux à l'aide des gens : Réimaginer les services assistés par l'animal à travers le Canada, un dialogue à l'échelle nationale

## **Réflexions finales**

54. S'il y a autre chose que vous souhaiteriez nous dire, veuillez utiliser la boîte de texte ci-dessous.



Les animaux à l'aide des gens : Réimaginer les services assistés par l'animal à travers le Canada, un dialogue à l'échelle nationale



Merci d'avoir pris le temps de compléter ce sondage. Votre expérience et votre contribution sont vitales pour aider la CFAS à faciliter et à soutenir le développement des pratiques des SAA au Canada.

Encore une fois, si vous avez des questions concernant ce sondage, veuillez contacter Dr. Heather Looy, Professeure de Psychologie ([heather.looy@kingsu.ca](mailto:heather.looy@kingsu.ca)) ou Heidi Walker, gestionnaire de programme pour la recherche engagée avec la communauté à The King's University ([heidi.walker@kingsu.ca](mailto:heidi.walker@kingsu.ca)).

Pour vous remercier pour votre temps et votre expertise, nous vous invitons à participer à un tirage pour l'une des quatre cartes-cadeaux de 25\$ à Pet Valu, une généreuse contribution de Alex Stepanov VandenBerg et Alyssa Stepanov des magasins Pet Valu Stony Plain et Spruce Grove Alberta (<https://store.petvalu.com/ca/location/3233/>, <https://store.petvalu.com/ca/location/3243/>)

Pour participer à ce tirage, le lien ci-dessous vous conduira à une page différente, de sorte que vos réponses au sondage ne puissent pas être associées à votre nom et à vos coordonnées.

[Cliquez ici pour participer au sondage](#)

Si vous aimeriez recevoir des communications de la part de CFAS dans l'avenir, veuillez considérer fournir vos coordonnées au <http://eepurl.com/hnvmob>. Note : Ce lien est la propriété de CFAS et toute information que vous fournirez ne sera pas associée à vos réponses au sondage.