

# The impact of carer behaviour on wildlife in care

**Author:** Rosemary Elliott

**Affiliation:** Sentient

## Abstract

*Most wildlife carers understand that from the moment we take an animal into our care, we not only have a unique opportunity to make a difference to that animal's outcome, but we also have an ethical and legal responsibility to provide the best standard of physical care and rehabilitation possible. The actions of carers can have a profound impact on the health and wellbeing of native animals and on their chances of successful release. Rosemary will discuss carer behaviours, the broader challenges faced by wildlife carers and the systemic changes required to support wildlife rehabilitation as a recognised and sustainable profession.*

**Keywords:** Wildlife carer, wildlife rehabilitation, animal welfare

## Introduction

I think of wildlife carers as a kind of secret workforce. This is a workforce I was part of for a period of around four years, so I can attest to survey findings that 95% of those who join voluntary wildlife networks in Australia are motivated by animal welfare concerns. Of course, we are all acutely aware of our nation's appalling rate of species extinction and the need to increase conservation efforts. Unsurprisingly, 55% of carers cited this as their motivation for involvement, but the most common reason for rescuing sick, injured and orphaned wildlife is concern for those individual animals (Guy and Banks, 2012).

This work is immensely rewarding, but largely unrecognised. It is also physically demanding, exhausting, financially burdensome and leads to significant emotional strain. Compassion fatigue, burnout, grief reactions and reduced mental health are real risks, all of which compromise the ability to function and harm the welfare of animals in care (Englefield et al, 2018). Older, more experienced carers are better prepared for these challenges, but the younger and less experienced are more vulnerable to compassion fatigue (Yeung et al, 2017). The influx of animals coming into care can only be expected to increase due to threats from habitat destruction, predation and motor vehicles if the population survives well enough to maintain current reproductive rates. There is a paucity of national data, but WIRES (Wildlife Information Rescue and Education Network) alone rescues over 56,000 native animals annually in NSW (WIRES, 2010). The workload for wildlife carers is therefore growing amidst a constant turnover of volunteers, so if organisations cannot attract and retain carers, the stress will be even greater for those who remain (Englefield et al, 2018).

## Discussion

Using my own experience, the anecdotal experiences of others in the veterinary profession and evidence from a survey of current rehabilitation practices for native mammals in Eastern Australia (Guy and Banks, 2012), I will discuss some of the behaviours and practices that can influence outcomes for both animal welfare and conservation. Rather than placing all the onus on carers, I will also address broader infrastructure issues that need to be changed to support carers to achieve the best possible outcomes in wildlife rehabilitation. These include financial and government support, research, collaboration and education.

*Handling:* Capture and handling are sources of acute physiological stress for wildlife and can affect their health status and chances of successful release (Hing et al 2014). Behavioural signs of stress are not always evident, as in the case of wombats, despite physiological indices (such as faecal glucocorticoid metabolites); this suggests a form of learned helplessness has developed (Hogan et al, 2011) or the signs go unrecognised. Furthermore, aspects of the captive environment can cause chronic stress. These include artificial lighting, unfamiliar noise, exposure to domestic animals, human contact, confinement, social isolation or abnormal social groupings. Chronic stress is a disease risk factor and can trigger the development of clinical signs of infectious diseases, such as *Chlamydia* in koalas (Hing et al 2014).

Minimising unnecessary handling, human contact and exposure to other sources of stress in captivity will contribute to better rehabilitation outcomes, as will calm and confident handling. This is well covered in wildlife rehabilitation training but can be more difficult to apply in practice. Wildlife carers are a scarce resource and often feel the pressure to take on more and more animals. This can hinder their usual interactions with those animals, such as when gentle handling or the ability to preserve a quiet and containing setting are compromised by their own stress levels. Competing demands may also result in carers transporting animals into noisy or brightly lit human environments such as shopping centres to facilitate hourly feeding. Another concern is when sick or injured animals are presented at weekly branch meetings for educational purposes, where they are examined and handled by a number of members keen to learn about their condition. In NSW and probably most states this requires the approval from a formal Animal Ethics Committee. If an approval is not gained the use of animals for training is illegal and irresponsible. Some of these animals have already been assessed as unfit for release and requiring euthanasia, yet their lives in captivity are prolonged for the sake of learning. New volunteers who question this practice may be silenced due to their lack of experience and the prevailing utilitarian view that these individual animals are serving a purpose for the greater good of others.

*Providing environmental enrichment:* Providing as natural an environment as possible allows animals to rehabilitate and increasingly engage in the behaviours that sustain survival in the wild. Despite having no financial support for this, wildlife carers are extremely creative in offering such environmental enrichment for a range of different species. Guy and Banks (2012) reported that 70% of wildlife carers provided enrichment strategies. These included a naturalistic environment, materials for climbing, hiding spaces and foraging opportunities. Species-specific strategies are also introduced, such as helping wombats to build burrows or introducing macropods to the outdoor environment and providing objects for practising their hopping skills. An important aspect of environmental enrichment is feeding natural food items, which was reported by 98% of carers surveyed.

*Psychological readiness for wildlife care:* Wildlife carer organisations endeavour to prepare potential volunteers for the emotional journey ahead. This journey can involve hours of care and devotion to an animal who may die in care and must be euthanased if not 100% fit to survive in the wild or released if rehabilitation is successful. Experienced wildlife carers describe the exhilaration of watching an animal return to their natural habitat, and how this motivates them to continue their work. In the lead up to release, the majority (95%) have reported consciously reducing human contact. But for others, the discipline of minimising human contact to prevent imprinting or bonding that is more appropriate for a domestic animal is a challenge. It is easy to be drawn to wildlife care with an idealised view of high success rates. Some people envisage cuddling the animals and keeping them around as pets,

which makes release impossible. Carers who struggle to navigate the emotional roller coaster of caring for animals that must ultimately remain wild may find ongoing reasons to delay release, keeping the animals on in a semi-domesticated state.

Wildlife carers who are compelled to take more animals than they can look after properly become overwhelmed as their standards of care drop and they may find themselves in a hoarding situation. Although we would expect this to be uncommon, those who hoard animals are attracted to all animal organisations with varying motivations, such as a mission to rescue with the belief that no-one else can help the animals, or a need to control or even exploit animals in some way. This behaviour exposes animals to filthy conditions that promote infectious diseases, and to a plethora of welfare problems due to confinement, which is particularly devastating to wildlife.

*Providing appropriate medical care:* State-based guidelines and codes of practice require wildlife rescuers to have animals medically assessed as soon as possible, and certainly within 24 hours, by a veterinarian or experienced rehabilitator. This ensures that animals requiring euthanasia will have their suffering ended, and those with a chance of rehabilitation will receive accurate diagnoses and appropriate treatments, including analgesia, with advice to carers regarding quarantine requirements. The majority of carers (73%) provide medical assessments of newly arrived animals, but most do not seek medical testing of animals before release (Guy and Banks, 2012). This is concerning because these animals could be unfit to survive in the wild and have the potential to spread infectious diseases or parasites to existing populations.

*Euthanasia:* In many cases, the most appropriate medical care for rescued wildlife is euthanasia, which should be provided if at all possible by a veterinarian. Whilst the codes of practice all specify approved methods of euthanasia for animals where veterinary assistance is not accessible, I have worked with wildlife carers in urban areas who euthanase animals using prohibited methods that cannot ensure a rapid loss of consciousness followed closely by death. These included running over their heads with a four-wheel drive, freezing small animals such as microbats or keeping a stock of chloroform handy in their car boots. This exemplifies how people can believe they are doing the right thing by an animal because this is how things have always been done in an organisation. Outsiders who raise concerns can be met with numerous rationalisations for practices that in reality, inflict further pain and suffering.

*Forming collaborative relationships:* Wildlife carers who foster positive working relationships with more experienced carers, veterinarians and veterinary nurses are in a better position to provide optimal rehabilitation. Within all organisations, poor communication and lack of cooperation can hinder best practice. This is dangerous where animal care is concerned. Relationships between veterinarians and wildlife carers can be mutually enriching but this requires a two-way respect that is often missing. As a wildlife carer, I frequently felt demoralised by the lack of interest in wildlife, being told to leave them for assessment without even speaking to the veterinarian or seeing veterinarians who had little experience treating or even handling non-domestic species and did not listen to my observations or concerns. I often had the impression that the default option with wildlife was euthanasia when somebody had time, rather than euthanasia following a sound assessment. On the other hand, in veterinary practice I saw how veterinarians attempted to limit their dealings with wildlife carers renowned for rudeness, such as those who demand certain drugs or instruct the veterinary staff on which diagnostic procedures to conduct. There is also pressure in most

veterinary practices to focus on paying clients, which means wildlife can be left to the end of the day or even overlooked. Even the physical setup is not always conducive to areas where wildlife can be kept separately from domestic animals, let alone where they can be quarantined from each other if needed. The choice of antibiotic and analgesic medications can be limited in small practices. For all these reasons, wildlife carers tend to consult those veterinarians who make wildlife a priority and who, as a result, become inundated whilst others are not getting the skills and experience to contribute.

*Selecting a release site and conducting post-release monitoring:* The chances of rehabilitated wildlife being successfully released are seriously reduced by the risk of predation. In the absence of sufficient research to guide carers, the reintroduction literature can be used to suggest factors to consider when selecting release sites. These factors include areas with no introduced predators or the option of predator control, high quality habitat, proximity to conspecifics, falling within the animal's former range and accessibility for monitoring. Despite this, some carers routinely release animals onto their own properties or to a local nature reserve, which risks overcrowding and competition for resources. The significance of long-term post-release monitoring is to provide information about the success of wildlife rehabilitation, and yet only 58% of wildlife carers conduct this monitoring, and usually for less than a month. Constraints included lack of time, training or suitable equipment, concerns about using tracking devices on animals or the need for ethics committee approval (Guy and Banks, 2012). If the use of tracking devices is recognised as routine for release it likely does not require ethics committee approval as it is not research. Without post-release monitoring, how do we know that what we are doing actually helps?

*Self-care:* Due to the risks of compassion fatigue and burn-out, wildlife carers need to care for themselves first to continue caring for the animals. Wildlife organisations and training courses have traditionally offered little to address this need. It is also not routinely part of the training for veterinary professionals. Attending workshops on stress management or preventing burnout, debriefing with supportive colleagues and limiting the amount of vicarious trauma experienced in other areas of life are suggestions from experienced wildlife carers. Learning your limits and not overcommitting are also protective factors. There is always the dynamic in volunteer organisations that some people feel the need to prove themselves by how much they take on, and judge others for doing less. Giving into this pressure as a new volunteer is a dangerous way to begin and organisations should take steps such as buddying, mentoring systems and co-ordinators to oversee workloads. The onus should not lie with wildlife carers as individuals to recognise when compassion fatigue is setting in. Perhaps all rehabilitation centres and wildlife organisations need a human resources manager to periodically check in with every volunteer to ensure they are not becoming so overwhelmed they are unable to act in the best interests of the animals they so desperately want to help.

## **Conclusions**

Wildlife carers are a precious resource but they need support to maintain the behaviours and practices that offer animals the best chance of successful rehabilitation. The following systemic changes are needed:

- Government funding for wildlife hospitals with 24-hour access
- Government funding for wildlife corridors and crossings to reduce rates of 'roadkill'

- Increased access to veterinary support for wildlife organisations and rehabilitation centres
- Protocols for establishing collaborative relationships between wildlife carers and veterinary professionals
- Wildlife rehabilitation rotations in veterinary training to enhance the skills of all veterinarians to work with native animals
- Government funding for research into the factors that improve the success of wildlife rehabilitation, particularly the success of release programs and best practice veterinary care (including pain relief)
- Government or other funding for wildlife organisations to monitor animals post release, such as via tracking devices, tags, microchips or motion-sensing cameras
- Mental Health First Aid Training and workshops on stress management and burnout prevention targeted to wildlife organisations and carers
- Established structures within wildlife organisations to provide mentoring, buddying and debriefing for wildlife carers and to oversee the wellbeing of volunteers
- National standards for wildlife rescue and rehabilitation training, accreditation and administration of volunteer wildlife care

## **Acknowledgements**

Many thanks to insightful comments from Frances Bell, Veterinary Nurse with Certified Wildlife Rehabilitation qualification obtained through the IWRC and years of rehabilitation experience, and to Dr Adele Lloyd, veterinarian and Vice President of Sentient, who has a special interest in treating wildlife.

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