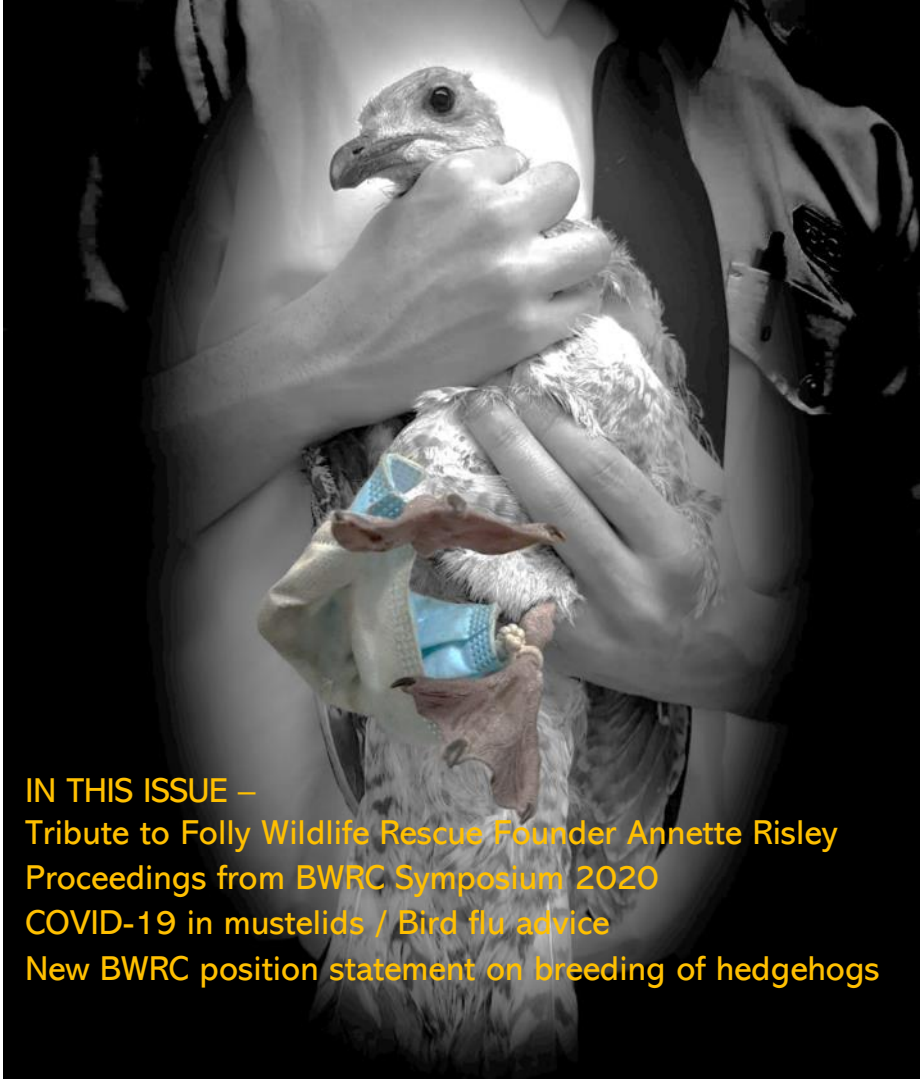




# The Rehabilitator

Spring 2021 Issue 80

B W R C N E W S L E T T E R



## IN THIS ISSUE –

Tribute to Folly Wildlife Rescue Founder Annette Risley

Proceedings from BWRC Symposium 2020

COVID-19 in mustelids / Bird flu advice

New BWRC position statement on breeding of hedgehogs

CONTENTS	
A Word from the Chair	2
Tribute to Annette Risley	4
Proceedings from BWRC Symposium 2020 Part I: “Take care to give care” – Sabrina Brando	5
Mustelids and COVID-19 – Molly Varga	15
Health and safety concerns with Avian Influenza – Chris Riddington & Adam Grogan	18
Publication of a new code of best practice for animal welfare establishments in Wales	21
New BWRC position statement on captive breeding of native hedgehogs	23

## A Word from the Chair

Welcome to the spring 2021 edition of The Rehabilitator! Since our last issue, our focus has been on running our first virtual symposium, which took place on Saturday 21<sup>st</sup> November and attracted over 100 delegates from the UK and Europe. The event was recorded and is now available online to attendees. If you missed the event and would like to purchase access the recordings on our You Tube channel, please get in touch via [bwrcouncil@gmail.com](mailto:bwrcouncil@gmail.com). The presentations will also be reported in this and subsequent editions of The Rehabilitator – in this issue we have Sabrina Brando’s presentation on Compassion awareness in the caring professions (p5).

I mentioned in our last edition that BWRC representatives had taken part in a meeting organised by the Born Free Foundation to discuss “**the veterinary care of British wildlife casualties and orphans in veterinary practices and wildlife centres**”. Since then a number of resources have been under development including a

a series of short lectures aimed at veterinary students intended to introduce key principles and promote understanding and cooperation between vets and the wider wildlife rehabilitation community.

BWRC Vice Chair Simon Allen was involved in the development of the new Welsh **Codes of best practice for animal welfare establishments** which were published in September (see page 21 for more details) and BWRC has also written a position statement on why we don't support the use of **captive breeding of wild European hedgehogs** as a conservation strategy at this time. You can read the statement on page 23 and if you would like to add your/ your organisation's name to the list of co-signatories on this statement please contact us via [bwrcouncil@gmail.com](mailto:bwrcouncil@gmail.com).

BWRC trustee and Veterinary Advisor Molly Varga shares her concerns about **COVID-19 in mustelids** with us on page 15, and our newest trustee Chris Riddington from Folly Wildlife Rescue has worked with RSPCA head of Wildlife Adam Grogan to share advice on the potential impacts of the recent outbreak of **bird flu** for UK wildlife rehabilitators on page 18.

BWRC trustees were sorry to hear that **Annette Risley - Founder of Folly Wildlife Rescue Trust** – sadly passed away on 13th January 2021. We pay tribute to Anne on page 4.

Please take care, stay safe, and as always if you have research, experience or concerns to share, write to BWRC at [bwrcouncil@gmail.com](mailto:bwrcouncil@gmail.com) or by post to PO Box 8686, Grantham, Lincolnshire NG31 0AG.

*Terri Amory,  
Editor & Chair, BWRC*

# Tribute to Annette Risley

By Terri Amory



Annette Risley - Founder of Folly Wildlife Rescue Trust – sadly passed away on 13th January 2021. Born in 1955, Annette first began caring for wildlife in 1987 while working for the campaign group Animal Aid, when she took home an injured hedgehog that had been brought into the group’s office in Tonbridge, Kent.

When rising casualty numbers created the need for greater capacity Annette formally started Folly Wildlife Rescue at her family home “Folly Cottage”. The organisation was registered as a charity in 2002, and a project to raise funds to build a dedicated wildlife hospital started in 2005. Building began in 2011 on the site of a commercial plant nursery on the Broadwater Forest near Tunbridge Wells and the Broadwater Forest Wildlife Hospital, which also provided accommodation for sister charity The Fox Project, opened in 2012. The Trust and its hospital, which takes in 4,500 casualties per year, are part of Annette’s legacy.

Folly Wildlife Rescue Trust plans to commemorate Annette’s life’s work with a wildlife garden and dedicated building for small mammal and columbid patients. Our condolences go to Annette’s family, friends and colleagues.



Annette Risley, Founder of Folly Wildlife Rescue 1955 – 2021  
Photo credit: Folly Wildlife Rescue

# “Take care to give care”

Presented at BWRC Symposium 2020

by Sabrina Brando



Saturday 21<sup>st</sup> November 2020 on Zoom



By Sabrina Brando & Terri Amory

Compassion awareness revolves around the myriad of factors positively and negatively affecting, what one of the authors has started to call the joys and sorrows of caring for animals (Sabrina), including compassion satisfaction, resilience and risk assessments, and compassion fatigue.

Compassion fatigue, also described as the cost of caring, is a natural consequence of distress resulting from caring and helping traumatized or suffering people or animals. Empathy for others experiencing physical

*“A heart that  
always understands  
also gets tired.”*

or emotional trauma can be perceived as traumatic in a variety of ways including indirect trauma such as seeing or hearing upsetting stories or footage. Exposure can result and be expressed as a variety of symptoms. Compassion fatigue can be seen as an occupational hazard for professionals working in all caring professions, humans or other animals.

## How do you know if you are suffering from compassion fatigue?

Symptoms may vary, and their intensity or duration and the impact that they may have on your life can be significant.

“A set of symptoms,  
not a  
disease”

*Charles R  
Figley (1995)*

**Physical symptoms** may include prolonged physical exhaustion, insomnia, hypersomnia, irregular sleep and nightmares, nausea, headaches or dizziness, or other persistent physical ailments and reduced resistance to infection.

**Behavioural symptoms** may include withdrawal from people, anger and irritability, problems in personal relationships, impaired decision making at work or at home, increased use of substances (e.g. alcohol, smoking, unhealthy eating) or self-medicating, reduced work satisfaction, excessive complaining, exaggerated sense of responsibility ('only I can do this'), inability to embrace complexity, reduced pleasure in activities you used to enjoy.

**Cognitive symptoms** may include overthinking or dwelling on things, self-blame and guilt, changes in belief systems (beliefs about self, others, world, future) or meaning in life, reduced sense of accomplishment or ability (being harder on yourself), difficulty concentrating, focussing, or making decisions.

**Psychological/emotional symptoms** may include feeling overwhelmed, hopeless, helpless, or powerless, sadness, anxiety or apathy, feeling detached from your surroundings or physical or emotional experience, feeling exhausted, burnt out or numb, or having bottled up emotions that are difficult to control, feeling hypersensitive or insensitive to situations, having limited tolerance for stress and feeling cynical or resentful resulting in a reduced ability to feel empathy in work and personal life.

## The difference between stress and burnout

Burnout often stems from work, but anyone who feels overworked and undervalued is at risk. Other factors contribute, including lifestyle and personality traits. In fact, what you do in your downtime and how you look at the world can play just as big a role in causing overwhelming

stress as work or home demands. Where stress manifests as heightened pressures and emotions, burnout tends to be the opposite – feelings suppressed, lowered and numbed.

Factors that contribute to these problems include:

- In individuals - an overdeveloped sense of responsibility, perfectionism, placing others' needs before our own, personality traits, lack of boundaries, lack of healthy coping skills, challenges and lack of support
- In cultures – limited time, resources, control, understaffing, lack of training, high volume of work and failure to value self-care
- The killing/caring paradox – responsibility for euthanasia can be a source of primary and secondary traumatic stress and moral distress

## What does not work?

Ignoring it, sucking it up, suppressing, shoving it down, hoping it will go away...because it will not. Suppressing or trying to ignore your awareness of your symptoms of compassion fatigue becomes an EXTRA pressure on you, and unless solutions are found will end up in 'implosion' (inward) or 'explosion' (outward) in short- and long-term consequences.

***“Taking care of yourself doesn't mean me first,  
it means me too.” L. B. Knost***

## When do I need to get professional help?

If you work in a role which places you at risk of compassion fatigue and or feelings of distress or chances of becoming burned out, it is crucial to research contacts and help before you need it (i.e. when you still have the capacity to do so!).

Criteria for seeking professional help include –

- If your symptoms don't improve or get worse despite self-care
- If your symptoms are identifiable as clinical depression, anxiety disorder, post-traumatic stress disorder (PTSD), deep grief and loss
- Hopelessness and/or suicidal thoughts
- You have a history of unresolved trauma or pain

While careers working with animals are often prized as wonderful and rewarding opportunities, the joys, for which many candidates compete, it is important to recognise and not deny that there are negative elements, the sorrows, which can take their toll on animal care workers.

## One Care by AnimalConcepts

### **One Care: Individual & Organisational wellbeing programs**

“The 'One Care' approach is based on optimal human and animal wellbeing. Compassionate self-care and we-care approaches combined will support the commitment and desire of serving animals and the environment. When we take care to give care, people and animals flourish.”

Individual and organizational care approaches are both key. No amount of individual, or self-care, can overcome an unhealthy working environment, and no amount of supporting processes, and other organizational goals, can overcome a lack of individual commitment to self-care.

## Corporate responsibility – ‘We care’

In the UK corporate responsibility for physical health and safety is well recognised, but compassion awareness remains limited, and susceptibility to negative stress can still be viewed as a weakness, rather



‘when people suffer stress their symptoms are incorporated into the ‘corporate culture’, over time replacing the original purpose with policies, procedures and goals that reflect dysfunction’

– Smith, 2008

than a problem that should be dealt with proactively on an organisational or field level.

Employers should recognise their responsibilities and opportunities to mitigate for compassion fatigue, burn out, and other risks, through a risk and resilience assessment in the workplace. Employers should also clearly communicate opportunities for support, including mental health guidance and coaching, to their staff.

Under-recognition of compassion awareness has long-term negative consequences in a workplace because when people (at all levels) suffer stress their symptoms, or their consequences, are incorporated into the ‘corporate culture’ of the organisation, over time replacing the original purpose of the organisation with policies, procedures and goals that reflect dysfunction. As this is becoming recognised, organisations and workers are being encouraged to challenge working practices and conditions that ignore or exacerbate compassion fatigue.

Compassion fatigue is a predictable and normal consequence of all helping fields and should be expected and proactively mitigated. Negative workplace stressors that should be assessed in terms of risk resilience include:

- Practical workload – role overload in terms of tasks or responsibilities
- Emotional labour – the rate of exposure to emotionally challenging situations at work
- Exposure to primary trauma – physical danger, grief, or loss

- Exposure to secondary trauma – exposure to the suffering of others
- Moral/ethical stress resulting from working practices which are not in line with a person’s personal and professional values
- Vicarious trauma – changes in our view of the world and/or ‘faith in human nature’

Impacts at home as well as at work

It is essential to tackle compassion fatigue in professional settings, because no amount of individual self-care helps against an unhealthy and unsafe environment. Questions that should be asked of employers include - How have employers and facilities celebrated or supported staff? Which sorrows have staff experienced? What positive outcomes and activities can be celebrated? How can self-care and we-care be supported?

### ‘Take care to give care’

Individuals must also think about taking care of themselves. The Green Cross Academy of Traumatology publishes guidelines for individuals aiming to support two key aims:

- “First do no harm to yourself in the line of duty when helping/treating others
- Attend to your physical, social, emotional and spiritual needs”

These aims are based on a series of ethical principles of self-care which argue posit that we should value ourselves through personal dignity and self-worth. It is each person’s responsibility to take care of themselves and that this is essential in order to enable a person to perform care of others. It is important to think about self-care while we are feeling well, and not to leave it until we are struggling – and consequently less able to help ourselves.

The following quotes from the work of Dr Rachel Naomi Remen describe how failing to deal with emotional trauma through grieving can reduce people's ability to tolerate or cope with future trauma:

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

This sort of denial is no small matter.

The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life and help.

We burn out not because we don't care but because we don't grieve. We burn out because we've allowed our hearts to become so filled with loss that we have no room left to care”. *Rachel Naomi Remen, MD 1996.*

It is important to establish the underlying causes of symptoms of stress, because – as listed above – workplace stressors such as work overload, primary trauma or moral/ethical stress may all occur and cause similar symptoms to compassion fatigue.

## Good mental health

Your mental health influences how you think, feel and behave in daily life. It also affects your ability to cope with stress, overcome challenges, build relationships, and recover from life's setbacks and hardships. Strong mental health isn't just the absence of mental health problems. Being mentally or emotionally healthy is much more than being free of depression, anxiety, or other psychological issues. Rather than the absence of mental illness, mental health refers to the presence of positive characteristics. These might include:

- A sense of contentment
- A zest for living
- Ability to laugh and have fun

- A sense of meaning and purpose
- Flexibility to learn new skills and adapt to change
- A balance between work and play, rest and activity etc.

If we have good mental health, we are able to 'bounce back' from adversity, trauma and stress. This ability is called RESILIENCE and can be developed through practice. Resilient people have the tools for coping with difficult situations and maintaining a positive outlook, and can remain focused, flexible and productive in bad times as well as good. Resilience makes you less afraid of new experiences or an uncertain future. Even when they don't immediately know how a problem will get resolved, they are hopeful that a solution will eventually be found.

*"If your  
compassion  
does not  
include  
yourself it is  
incomplete."*

*– Jack Kornfield*

## Compassion satisfaction

Compassion satisfaction is the pleasure you derive from being able to do your work. You feel positively about being able to do your work and derive pleasure from helping others and contributing to society. **Studies show that the most effective way to lower compassion fatigue, along with practicing authentic, sustainable self-care, is to increase compassion satisfaction.**

Humans pay SEVEN times more attention to negative information than we do positive. We benefit from reminding ourselves daily why we do what we do and focusing on the joy it brings us. This can be done through conscious mental practice or using a notebook to make a 'positivity journal'. Reviewing your notes daily, especially when you feel like the day didn't go so well may help you realise that more good things happened than you remember. Being more mindful and accepting of

positive things and focusing less on negative events can help in creating good self-care practice and sustainable healing.

**Resilience is a skill, and so building better resilience takes time, effort, commitment and focus, and is an ongoing process.** Focussing on positive things that happen to others (people or animals) can enable us to 'soak up' vicarious resilience.

## Self-care

Self-care can comprise many elements which all rest on getting enough and good sleep like exercise, healthy nutrition, social contact, setting boundaries (to protect oneself), humour and laughing, enjoying the outdoors, journaling, art and sports – looking after yourself and making time for whatever you enjoy doing, alone or with others.

*“Self-care is giving the world the best of you instead of what is left of you”*

Lifestyle changes should be made through the action and philosophy of small steps every day. This maybe the same steps, with only little variability. One exercise proposed by Smith (2008) is to think of your ideal day.

1. Close your eyes and imagine what your day would be like if you were well? Use the images to create the beginnings of your personal plan. Instead of focussing on stopping bad habits, focus on starting good habits.
2. List five things (or less) that you must do every day to be well, for example eat, get enough sleep, shower etc.
3. Then list five things (or less) that would energize you such as exercise, contact a friend, or practice a hobby
4. Write these as action items and schedule them/ set them up to make it more likely that they will happen (e.g. get your exercise clothes ready the night before, make that date with a friend).

Notice how things change for you over time – perhaps through a journal. Be kind and patient with yourself – think about how you would treat a friend, and then treat yourself that way.

## Surf the waves and ask for help

Compassion fatigue is a predictable and normal consequence of working in a caring profession. The potential for a burn out or other negative stressors can be expected in our intense and but rewarding work when we do not set clear boundaries and care for ourselves first. The combination of a self-care approach as an individual, along with a ‘we-care’ approach from employers can enable animal carers to get the help that we need to support each other and grow vicarious resilience together.

**“You can’t stop the waves but you can learn  
how to surf” - Jon Kabat-Zinn**



*Photo by Jeremy Bishop on Unsplash*

**For more information and support visit -**

<https://www.facebook.com/AnimalConceptsEU> &

<https://animalconcepts.mykajabi.com/home>





# Mustelids and COVID-19

By Molly Varga BVetMed, DZooMed, MRCVS  
BWRC Trustee and Veterinary Advisor

It is generally accepted that SARS-CoV-2 (COVID-19) has spilled into the human population from a wildlife reservoir, likely bats. In recent months human to ferret, ferret to ferret, human to mink, mink to mink and mink to human transmission have all been demonstrated. The ability of an animal to become infected with COVID-19 is a result of the shape of certain receptors on cells in the lining of the respiratory tract (ACE2 receptors). The shape of these receptors tends to be similar in related species, meaning the species closely related to ferrets and mink could potentially be at risk of infection.

Ferrets have shown to become infected by human owners who are COVID-19 positive. These ferrets become unwell, with a fever, and loss of appetite. While unwell ferrets can pass infection to other ferrets via direct contact, there has been no proven transmission from a ferret back to a human.

Mink have been infected via contact with infected workers in an intensive farming situation. These mink become unwell, and an increased mortality rate is noted. Mink can infect other mink via direct (same cage) and indirect (adjacent cage) contact. Within the captive mink population, a mutation in SARS-CoV-2 occurred, which has been passed back into the human population. Humans are able to pass this infection to other humans. Immunity to the original SARS-CoV-2 does not give good immunity to the mink mutation form. Currently the mink mutation SARS-CoV-2 is not circulating in the UK, and 17 million mink in Denmark and the Netherlands have been culled in order to stop the spread of this mutation within the captive and to the wild mink population.

Within the wildlife rehabilitation situation, it may become important to understand the implications of SARS-CoV-2 potentially spilling into an alternative wildlife reservoir and to take appropriate steps to avoid this. Mustelids such as mink, polecats, otters, pine martens and weasels are all potential candidates, although those species that are more habituated to living near humans would present the greatest risk.

While the risk of spread into wildlife is small, we know from our experience with badgers and tuberculosis in the UK, and raccoon/skunk and rabies in the US that the potential for a wildlife reservoir should be avoided if possible. It is essential that wildlife rehabilitators take appropriate steps to avoid infection within their facilities.

Steps that a wildlife rehabilitation centre should consider:

- 1) Isolating all ferrets/polecats from other mustelids.
- 2) Any staff showing clinical signs should self-isolate, and the importance of these staff not coming into contact with mustelids (e.g. in a foster or hand-rearing situation) should be emphasised.
- 3) Suitable PPE should be used in all cases and changed between mustelid patients.
- 4) Cage furniture should not be shared between mustelid patients. Any cage furniture that is re-usable (such as bowls, litter trays) should be cleaned and then disinfected between patients. Cage furniture that cannot be adequately cleaned (ie anything wooden) should be discarded after use.



## REFERENCES

Gautam A et al (2020) Susceptibility to SARS, MERS and COVID-19 from an animal health perspective. *Open Vet J* 2020, Aug 10(2):164-177

Heegaard PMH et al (2020) Animal models for COVID-19: More to the picture than ACE2, rodents, ferrets and non-human primates. A case for porcine respiratory coronavirus and the obese Ossabaw pig. <https://doi.org/10.3389/fmicb2020.573756>

Kim Y et al (2020) Infection and rapid transmission of SARS CoV2 in ferrets. *Cell Host Microbe* 27, 704.e2

Khatri I et al (2020) Blocking the high-affinity interaction synapse between SARS CoV2 spike and human ACE2 proteins likely requires multiple high-affinity antibodies: an immune perspective. *Frontl Immunol* 2020; 11:570018

Kutter JS et al (2020) SARS CoV and SARS CoV2 are transmitted through the air between ferrets over more than one meter distance. *bioRxiv* <https://doi.org/10.1101/2020.10.19.3453636>

Manes C et al (2020) Could mustelids spur COVID-19 into a panzootic? *Veterinaria Italiana* 09 Sept 2020 DOI: 10.12834/vetit.2375.13627.1

Munnink BBO et al (2020) Anthroozoonotic and zoonotic transmission of SARS CoV 2 on mink farms. *bioRxiv* doi: <https://doi.org/10.1101/2020.09.01.277152>

Oreshkova N et al, (2020) SARS CoV 2 infection in farmed minks, the Netherlands April & May 2020. *Euro Surveill.* 2020;25(23):pii=2001005

Sawatzki K et al (2020) Ferrets not infected by SARS CoV2 in a high exposure domestic setting. *bioRxiv* <https://doi.org/10.1101/2020.08.21.254995>

# Health and safety concerns with

## Avian Influenza



By Chris Riddington (Folly Wildlife Rescue/ BWRC) and  
Adam Grogan (RSPCA/BWRC)

With avian influenza cases on the rise this winter in the UK, the first responders who attend stricken birds or have them presented at their hospital receptions need to consider the risks to themselves and the animals in their care. With the focus mainly being on the poultry industry and captive birds, what can wildlife rehabilitators do to reduce the risks to personnel, and what should you do if you suspect a case?

The risk to human health is low but it is there. Perhaps more importantly, this virus puts our other wildlife casualties at risk if we admit these birds into our care without taking sensible precautions. From the very beginning, consider treating all sick avian species as suspect AI, and be aware of the clinical signs to look out for:

- swollen head
- blue discolouration of neck and throat
- loss of appetite
- respiratory distress such as gaping beak, coughing, sneezing, gurgling or rattling
- diarrhoea
- neurological signs have also been noted/observed in birds of prey and some swans

Recognising these signs and isolating accordingly is crucial. First responders should be aware of what to look for and the correct personal protective



*Photo credit: Keith Evans Avian Influenza Bird Flu Sign CC BY-SA 2.0*

equipment should be worn from the start. All rescuers should be wearing gloves at the very least. It is very difficult in a rescue situation to implement strict PPE, but it is important to bear in mind that this virus can be transmitted via dirty clothes and footwear, so a change of clothes and sensible footwear after a rescue is a must!

Consideration should also be given to disinfecting your vehicle when collecting casualties. The main transmission routes for AI are droppings and parking a vehicle on the grass where waterfowl has been may be a way to carry the virus back to the centre. A list of approved disinfectants is available on the Defra website along with dilutions for AI (see below). A normal garden sprayer can be used to apply the disinfectant in the field.

Hospitals can also help by improving biosecurity and being prepared for when these cases arrive. Following biosecurity guidance from DEFRA and APHA, Folly Wildlife Hospital were already prepared to deal with a young peregrine falcon which came in last year with suspected AI, because they had previously implemented the following protocols:

- DEFRA approved disinfectant footbaths
- A dedicated isolation room (avoiding entry to the main hospital)
- Strict barrier nursing – face masks, disposable aprons, gloves
- Limited staff access
- Separate food and bedding, all soiled bedding incinerated

(Further advice is available at [www.gov.uk](http://www.gov.uk) - details below).



Peregrine (*Falco peregrinus*) admitted to Folly Wildlife hospital with avian influenza. (Photo: Chris Riddington).

As AI is a notifiable disease, all cases must be reported to DEFRA and the APHA. This is crucial to monitor the disease in the UK, the strain involved and its epidemiology. After the death of the falcon mentioned earlier, DEFRA and APHA were contacted and the carcass collected. A few days later Public Health England contacted the hospital and explained the bird had returned positive with H5N8. PHE also monitored the staff at Folly for 10 days to confirm that there had been no transmission to humans.

APHA do not normally apply control methods to wild birds, but as a result of the protocols that were followed in this case, APHA decided that no further action was required, validating the centre's choice to take precautionary measures.

Correct procedures and protocols are critical to ensure the welfare of staff and birds alike. Triaging these casualties correctly and euthanising at the earliest opportunity to avoid cross-contamination and reduce the spread is paramount.

It is also crucial that wildlife rehabilitators and their associates share information to assist others in becoming more aware and able to deal effectively with these cases. Anything that prevents this important and crucial information sharing will only have a negative impact on the wildlife we deal with.

#### **For Defra information on avian influenza:**

<https://www.gov.uk/guidance/avian-influenza-bird-flu>

- Current restrictions, advice for bird keepers and the general public and how to report suspicions of AI in wild birds. It also has links to other pages such as:

**Reports of wild birds  
with AI from England:**

[https://www.gov.uk/government/publications/  
avian-influenza-in-wild-birds](https://www.gov.uk/government/publications/avian-influenza-in-wild-birds)

**Biosecurity advice:**

[https://assets.publishing.service.gov.uk/govern  
ment/uploads/system/uploads/attachment\\_dat  
a/file/941139/biosecurity-poultry-guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941139/biosecurity-poultry-guide.pdf)

**Approved disinfectants:**

[https://www.gov.uk/guidance/defra-approved-  
disinfectant-when-and-how-to-use-it](https://www.gov.uk/guidance/defra-approved-disinfectant-when-and-how-to-use-it)

# Publication of a new code of best practice for animal welfare establishments in Wales

By Terri Amory & Simon Allen



In September 2020 the Welsh Government publish a new Code of Best Practice for Animal Welfare Establishments.

This is the culmination of work by the Animal Welfare Network for Wales ([www.awnwales.org](http://www.awnwales.org)) an independent initiative set up in 2006 to bring together all organisations with volunteers in the animal welfare world in Wales.

AWNW holds the seat for animal welfare on the Welsh Government's Third Sector Partnership Council (TSPC) and reserves an ex-officio seat for Welsh Government to allow a Government representative to observe full meetings and take part in the organisation's activities.

Stakeholders including BWRC provided feedback on the draft document in summer 2019. BWRC trustee and AWNW member Simon Allen from Gower Bird Hospital has been involved in the project from the beginning:

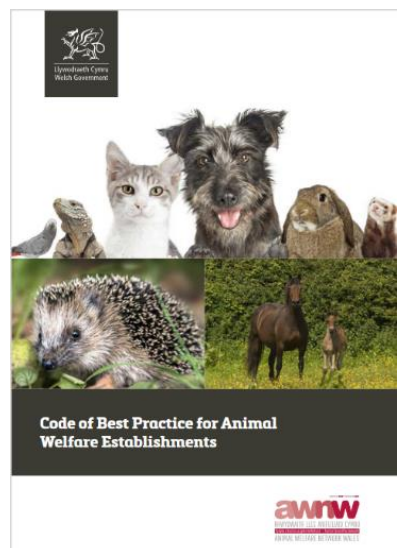
“This has been a long journey which began for me when the issue was first broached in an AWNW seminar held in Llandudno on the 4th of June 2009. I was invited as one of the keynote speakers to provide a wildlife rehabilitators perspective on the regulation of AWEs. The seminar was very well attended and sparked animated discussion amongst members which resulted in a resolution to establish the AWNW Sanctuaries Working Group.

At the inaugural meeting of the working group on the 12th of December 2009 it was decided that proportionate legislation to address current and future problems was the ultimate goal of the group. It took several years of written and oral evidence gathering, involving 26 separate organisations, before the case for the regulation of AWEs in Wales was published.

In conclusion, the working group strongly recommended that regulation of AWEs be introduced in Wales. This sentiment was also reflected by a majority of those organisations who submitted evidence to the enquiry, and so should be seen as a welcome and relatively uncontroversial move from within the sector and the wider public.

Due to the economic backdrop of the past 10 years - recession and Brexit - any chances of legislation were off the table. Although we do not yet have new legislation for the regulation of AWEs in Wales, the voluntary code of practice is a huge step forward, especially since this is the first time that wildlife welfare sits alongside the high standards of domesticated animal codes. The working group went to great lengths not to include individual species in the code so as to cover as many bases as possible.

Governance of establishments as well as attitude and approach is extremely important and central to animal welfare.”





# JOINT STATEMENT ON CAPTIVE BREEDING OF HEDGEHOGS IN RESPONSE TO POPULATION DECLINE

## Summary

The signatories to this statement do not support the use of captive breeding of European hedgehogs (*Erinaceus europaeus*) for release into the wild at this time. This position is based on concerns for the welfare of wild hedgehogs kept in captivity as breeding stock, the viability of captive bred animals released into the wild and the potential effects on wild populations of hedgehogs where captive bred animals are released. Releasing captive bred animals is likely to be ineffective and lead to suffering and mortality if the underlying problems causing population decline have not been identified and rectified. Captive breeding should only be considered a suitable strategy if the decline in the wild hedgehog population progresses despite other conservation actions and should only then be considered as a last resort measure, under carefully managed conditions.

## Background

In July 2020, the Mammal Society published a report entitled “IUCN-compliant Red List assessment for Britain's terrestrial mammals”. This report classified the UK population of the European hedgehog (*Erinaceus europaeus*) as ‘vulnerable’, citing “a decline of at least 46% over 13

years”.<sup>1</sup> This report consolidated concerns from a variety of sources about the suspected decline in the UK hedgehog population in recent decades, some of which have been widely reported in the media and attracted considerable interest from the general public.

In January 2017, the People’s Trust for Endangered Species (PTES) and British Hedgehog Preservation Society (BHPS) published a “Conservation strategy for hedgehogs in the United Kingdom (2015-2025)”. The report cites loss, reduced quality, and fragmentation of habitats as causes of hedgehog population decline supported by evidence, as well as other suggestions which require further investigation.<sup>2</sup> The strategy for hedgehog conservation makes recommendations related to further research leading towards habitat improvement but does not include the use of captive breeding for release as a strategy for British hedgehog conservation.

Although captive breeding and release programmes have been used in attempts to counteract population decline in wild animals, such programmes require very careful planning and organisation. They are often based in zoos and other animal collections, working in partnership with conservation and scientific organisations based in the geographical regions of origin of the animal species concerned and follow Guidelines published by the International Union for the Conservation of Nature (IUCN)<sup>3</sup>. Captive breeding programmes require genotyping of all participant animals for known polymorphic markers and the maintenance of a studbook, managed by a species co-ordinator to prevent inbreeding in order to maintain the genetic vigour of animals bred. The presence of hedgehog casualties, some of which are kept as permanent captives if they are disabled, may seem to offer a source of breeding stock which could be used to breed young animals for release in an attempt to boost a wild population. However, this approach is misguided for a number of reasons (listed below).



## Potential negative consequences of captive breeding for release

- Releasing captive bred animals is likely to be ineffective if the underlying problems causing population decline (such as habitat degradation) have not been identified and rectified<sup>4</sup> – leading to suffering and mortality in released animals. IUCN guidelines state that habitat issues must be resolved before releases take place. Perpetrators might also be liable for prosecution for the ‘abandonment’ of animals.
- Captivity (of breeding stock) is stressful for animals that have previously lived wild, and so good animal welfare is difficult to achieve and maintain over prolonged periods.<sup>5</sup>
- Use of casualty animals as breeding stock may be selecting less ‘fit’ animals from the wild population from which to breed, and there is evidence of inadvertent selection for docile behaviours<sup>6</sup> and adaptation to captive environments.<sup>7</sup>
- Captive breeding removes much of the pressure of ‘natural selection’ on the population, meaning that subsequent generations of animals quickly become less ‘fit for survival’<sup>8</sup>
- There is currently no evidence available regarding potential impacts of releasing captive-bred hedgehogs on local wild populations or *vice versa* (for example, related to releasing animals which have not previously been exposed to natural parasites).

The welfare of captive hedgehogs used for breeding would also be a concern. Minimising the period of captivity for wild hedgehogs is considered by BWRC to be an essential underpinning principle for promoting animal welfare in responsible wildlife rescue and rehabilitation. Aside from the stress of captivity and the resulting restriction of natural behaviours, anecdotal evidence suggests that some

disabled animals are physically less able to groom themselves thoroughly and can consequently suffer ecto-parasitism even when confined to a secure garden/enclosure. Anecdotal evidence also suggests that many UK rehabilitation centres are already at risk of overcrowding at certain times of the year. Keeping permanent captives for breeding or other reasons would reduce the available capacity for new patients, and increase the risk of disease transmission within facilities, exacerbated by the chronic stress caused by captivity itself. For these reasons the signatories do not support the permanent captivity of disabled hedgehogs.

On these grounds the signatories to this statement do not support the use of captive breeding and release of European hedgehogs as a conservation strategy at this time.

**List of signatories as of 7<sup>th</sup> March 2021 (alphabetical order):**

Blyth Wildlife Rescue

British Hedgehog Preservation Society (BHPS)

British Veterinary Zoological Society (BVZS)

British Wildlife Rehabilitation Council (BWRC)

East Sussex Wildlife Rescue & Ambulance Service (WRAS)

Folly Wildlife Rescue

Gower Bird Hospital

Hedgehog Welfare

People's Trust for Endangered Species (PTES)

Royal Society for the Prevention of Cruelty to Animals (RSPCA)

Secret World Wildlife Rescue (SWWR)

South Essex Wildlife Hospital (SEWH)

Timothy Partridge BVSc, MRCVS, Lead Vet at Vale Wildlife Hospital

Vale Wildlife Hospital and Rehabilitation Centre

## References:

1. Mathews F, Harrower C, and *Mammal Society* (2020). *IUCN-compliant Red List assessment for Britain's terrestrial mammals*. Natural England, Peterborough.
2. **Johnson, H.,** (2017) Conservation strategy for hedgehogs in the United Kingdom (2015-2025). PTES & BHPS.  
<https://ptes.org/wp-content/uploads/2015/11/Conservation-strategy-for-the-hedgehog-in-the-UK-2015-2025-v2.pdf>
3. IUCN (2013) Guidelines for reintroductions and other conservation translocations. ISBN: 978-2-8317-1609-1.  
<https://portals.iucn.org/library/sites/library/files/documents/2013-009.pdf>
4. Mammal Society Press Release 30<sup>th</sup> July 2020:  
<https://www.mammal.org.uk/2020/07/one-quarter-of-native-mammals-now-at-risk-of-extinction-in-britain/> Downloaded (23/11/20).
5. Dickens, M. J., Delahanty, D. J., & Romero, L. M., (2010). Stress: An inevitable component of animal translocation. *Biological Conservation*, 143(6), 1329-1341.  
<https://doi.org/10.1016/j.biocon.2010.02.032>

6. Willoughby J. R, Ivy J. A, Lacy R. C, Doyle J. M, DeWoody J, A. Inbreeding and selection shape genomic diversity in captive populations: Implications for the conservation of endangered species. PLoS One. 2017;12(4):e0175996. Published 2017 Apr 19. doi:10.1371/journal.pone.0175996
7. Frankham, R., Hemmer, H., Ryder, O.A., Cothran, E.G., Soulé, M.E., Murray, N.D. and Snyder, M. (1986), Selection in captive populations. Zoo Biol., 5: 127-138. <https://doi.org/10.1002/zoo.1430050207>
8. Lynch, M., O'Hely, M. Captive breeding and the genetic fitness of natural populations. Conservation Genetics 2, 363–378 (2001). <https://doi.org/10.1023/A:1012550620717>

### **Acknowledgements:**

This statement was prepared by trustees of the British Wildlife Rehabilitation Council. Thanks are also due to Dr Angela Thomas of Writtle University College for guidance on captive breeding procedures and pitfalls, and to Dr Elizabeth Mullineaux and Dr Romain Pizzi from BVZS, and to Fay Vass from BHPS for technical advice and editing.

# BWRC Trustees



Registered Charity No. 1157841

Terri Amory, Simon Allen, Janet Peto, Molly Varga, Adam Grogan, Dan Forman, Lucy Bearman-Brown, Mike Brampton, Lucy Cosgriff, Chris Riddington and Sue Schwar.

**BWRC** would like to thank volunteer Jayne Morgan for managing our **Facebook Page**

Newsletter designed and produced by Terri Amory

**If you would like to submit an article or letter for publication or give a presentation at a future symposium please contact:**  
bwrccouncil@gmail.com

All photos are copyrighted and remain the property of their owners

The views and opinions expressed in this

newsletter are those of the authors and do not necessarily reflect the official policy or position of the British Wildlife Rehabilitation Council

BWRC WEBSITE: [www.bwrc.org.uk](http://www.bwrc.org.uk)

Follow us on Facebook at:

[www.facebook.com/BritishWildlifeRehabilitationCouncil](http://www.facebook.com/BritishWildlifeRehabilitationCouncil)



Follow us on Twitter: @bwrc\_uk

