

Assessing the Culture of Care: a survey of network members

Penny Hawkins & Rebecca Thomas, RSPCA Research Animals Department
research.animals@rspca.org.uk

1. Introduction

In recent years the concept of a ‘Culture of Care’ has steadily gained momentum within the scientific community. Whilst it has become an important principle, and is referred to in legislation and guidance documents [1,2,3,4,5], there is a risk that *Culture of Care* could be perceived (or used) as a buzzword unless efforts are made to assess and monitor the extent to which it is implemented in practice within organisations. It would also be difficult, or impossible, to monitor progress with the development of an establishment’s Culture of Care without some means of assessing how effectively it is being put into practice.

In this study, we have reviewed whether, and how, establishments within a recently established Culture of Care network¹ are currently assessing and developing the Culture of Care, with the aim of providing some discussion and action points for institutions both within and outside the network. From the eight responses we received, we found that there are some moves towards assessment in a variety of establishments (e.g. via the use of surveys) and we would encourage the further development and sharing of these within the network. This report describes the results of the survey and suggests some action points centred on clear outlining of ‘cultural’ aims, ensuring managerial commitment to the Culture of Care, encouraging staff communication about the Culture and recognition within the establishment of individual contributions.

2. Background to the Culture of Care network

The Culture of Care network, established in September 2016, set out to achieve a forum within which members could discuss, promote and share ideas relating to the Culture of Care. As a member, the RSPCA felt it would be pertinent to take a ‘snapshot’ of current efforts made to assess, and monitor the development of, the Culture of Care status within establishments, seven months after the network was first formed. Our objective was to assess the extent to which member organisations were monitoring progress and developing a Culture of Care within their facility, with particular focus on any challenges faced and how these might be overcome. We hope that the responses received could be used to help produce an assessment ‘toolkit’ for monitoring and motivating positive progress with the Culture of Care both within the network and more widely.

3. Survey method

We created a short survey of six questions, made available for all current network members to complete, encouraging participants to pass the survey on to any institutions that they felt relevant. The survey required individuals to fill in answers on their establishment’s behalf, with no constraints on word limit. Participants were also encouraged to attach any documentation they thought pertinent to the discussion and this was gratefully received. Individuals from eight establishments (of a total of 19 establishments with members within the network) completed the survey and these responses were then anonymised and analysed to produce this report. Whilst our survey included opinions from a variety of establishments, it is important to note the limited response rate and number of responses. Similarly, the survey was completed by one person per establishment, therefore the findings may not reflect the perceptions of others within a given facility.

¹ For further information see norecpa.no/alternatives/culture-of-care

4. Discussion of survey results

The full survey questions and answers are set out in Appendix I, page 7.

4.1 Defining a vision for the Culture of Care

When establishing a Culture of Care, a statement of intent or vision statement can be an effective means of focusing attention and setting out ideals. In a similar manner to signing the UK Concordat of Openness on Animal Research² or the Basel Declaration³, it commits to an ideal and can encourage regular evaluation of the progress made within the establishment. Most survey participants agreed with the importance of outlining a vision, e.g. in relation to the Three Rs (replacement, reduction and refinement), with or without explicitly mentioning the Culture of Care. Two did have an official vision statement and two more were developing this.

A vision statement should be easy for network members to define, as a Culture of Care already appears to be well embedded in most establishments. Establishment F was the only one to formally outline key concepts relating to the Culture of Care as a ‘pledge’, and we would encourage other establishments to consider something similar. When creating these vision documents, both internal and external stakeholder input could help to ensure they reflect a wide variety of opinion, as mentioned by Establishment D and others. The Animal Welfare Body and other similar local committees should also be involved in setting out the vision, which should be supported by senior management.

A working concept for the Culture of Care has previously been endorsed by the network, and is intended to be interpreted and implemented by individual establishments when defining their own vision (see Appendix II).

4.2 Defining Culture of Care indicators

There are a number of documents that include potential indicators relating to the Culture of Care, including the European Commission (EC) working documents on Animal Welfare Bodies and National Committees [1] and Inspections and Enforcement [3], plus the RSPCA/LASA *Guiding principles on good practice for Animal Welfare and Ethical Review Bodies (AWERBs)* [5] and the UK regulator’s advisory note on *Identification and management of patterns of low-level concerns at licensed establishments* [6]. Appendix A to reference [6] includes a table with indicators of good practice, many of which are objective and highly relevant to the Culture of Care.

It was encouraging to see some of the indicators in the above documents in use within establishments, although different indicators will suit different establishments and it is important to choose those indicators which best befit individual institutions and their staff. To provide some examples, many establishments distributed newsletters including elements such as ‘Animal Welfare Body (AWB) news’ and ‘Three Rs news’. Other examples include Three Rs awards and a network of joint meetings for senior animal technologists held with other universities (Establishment A), whilst Establishment G has pioneered an ‘Animal consultation hour’ which is a daily consulting time for animal care staff to confidentially voice issues and concerns with individual animals in research projects.

² concordatopenness.org.uk/

³ basel-declaration.org/

Management was frequently highlighted as an important driver for establishing and supporting a Culture of Care, with most establishments referencing the important ‘buy in’ they had received from establishment managers and heads. Establishment C highlighted how ‘top-level statements’ promoted by management are one of the main reasons for the universal Culture of Care mind set they have achieved within the facility. This is also highlighted in the EC working document on AWBs, which states that it is ‘essential that senior staff should take the lead, and visibly demonstrate their commitment to, and support for, a good culture of care within the establishment’ [1].

Linked to this concept is the importance of management ‘visibility’ and good communication at all levels. Establishment D runs a system of AWB ‘facility walk rounds’, whilst Establishment G holds staff meetings for the entire animal facility of around 80 staff. Both of these methods ensure staff awareness of the management structure and are effective ways of facilitating dialogue between sometimes disparate stakeholders. Whilst management should promote engagement with these concepts, many participants highlighted the importance of staff taking a proactive role in raising welfare concerns, echoing the ethos of a ‘shared responsibility (without loss of individual responsibility) towards animal care, welfare and use’ [1]. This was seen in the clearly defined protocols for raising concerns (sometimes referred to as ‘whistleblowing’) present at all eight establishments, which provided anonymous submission points to encourage an open and responsible attitude to reporting welfare concerns.

Establishment C ensured that Three Rs goals were ‘cascaded’ to individual performance plans by including attitude assessment as part of training and Culture of Care criteria on staff appraisal forms. Staff responsibility was also encouraged in Establishment F’s incident log, and Establishment A’s ‘near miss list’ which encouraged proactive staff reflection and discussion of any mistakes made, to prevent repetition of these in the future.

Acknowledging and appreciating staff is another key element for establishments to consider, however few indicators relating specifically to staff wellbeing were included in any survey answers. It is increasingly recognised that the Culture of Care also applies to human (staff) welfare, for example as implemented by a UK employment agency for animal technologists by providing training mentors and 24/7 staff support⁴. Most institutions mentioned staff awards, for example employees at Establishment C were chosen on their ability to ‘strive to improve the conditions of animals’ in line with the company’s commitment to the Three Rs. Award schemes can be an effective means of motivating staff, emphasising a commitment to welfare and raising awareness of new initiatives throughout the establishment. Peer recognition is often a more than sufficient draw, meaning that this concept does not have to be a costly one. Ensuring that the establishment caters for its staff can also be a very effective method of achieving staff buy in to the Culture of Care scheme, therefore it would be a good idea to review staff wellbeing and include outcomes for staff within mission statements.

4.3 ‘Measuring’ Culture of Care indicators

A key aim of the survey was to understand how many network members were currently assessing the Culture of Care within their establishment, and how they were achieving or working towards this. The survey results show that six establishments out of a total of eight respondents are already assessing this to varying extents. Actual structured assessment was undertaken using various surveys which either focussed on an internal staff perspective or an external viewpoint, as given by members of the estates teams when they toured the facility. One establishment, C has trialled an official Culture of Care survey, with other members relying on existing non-specific surveys to gauge development.

⁴ Agenda RM Welfare First programme, agendalifesciences.co.uk/welfare-first

Appendix III sets out some suggestions for an approach to identifying and measuring or assessing Culture of Care indicators, which is intended as a thought starter for the network to consider with respect to further information sharing and joint work.

There may be potential for future projects in which network members could consider regular Culture of Care surveys to a range of individuals affiliated both directly and indirectly with their establishment, sharing the survey protocols and results with the rest of the network.

4.4 Challenges faced by establishments

Establishments that felt they were yet to take any steps towards monitoring Culture of Care indicators were asked to outline challenges they believed they might face, and it is interesting to compare the perceived to the actual challenges experienced by other members. Perceived obstacles included necessary buy in from management with respect to completing evaluations, with Establishment A stating that discussion of criteria is not currently ‘acknowledged or embraced’ higher up in the establishment, as well as concerns focused on time and compliance. These issues were also listed as actual challenges, which suggests that the two network members yet to measure indicators have a good awareness of the relevant challenges that they may face.

Time commitments were a common theme throughout all survey responses and were listed as both perceived and actual challenges. Establishment H revealed the lack of priority placed on welfare improvements, stating that ‘the staff [are] orientated to other fields’, whilst establishment G had to end scheduled visits to areas of the animal facility by an animal welfare officer due to insufficient time and staff. These findings are concerning, and of all the challenges raised provide the biggest issue for establishments, many of which ‘already struggle in order to fulfil legal requirements’ as stated by establishment G.

The links between a good Culture of Care and good animal welfare, and between better welfare and better science, are widely acknowledged, including within EC Working Documents [1,2]. From this perspective, we would ask whether establishments can afford not to find time to invest in measures that will improve welfare when it impacts scientific outcomes so strongly. Support from senior management, as mentioned above, is absolutely critical here and this may be an issue on which network members could work together to champion time, staff and resource investments into an active Culture of Care.

Issues relating to the size of the establishment were also common. Larger facilities, such as Establishment C, found it difficult to unify their vision statement into something that was applicable across the whole organisation, due to the number of varied subcultures in existence; these influence how well action points that have been outlined by management will be received and implemented. Equally there may be a dilution in the effectiveness of management, as structurally there is a larger gap between the person responsible for ensuring compliance (Directive article 20(2) [4]), or establishment head, and the rest of the organisation, which can make it difficult to progress a Culture of Care. Smaller establishments also raised size as a key concern, though issues centred on having insufficient staff numbers to complete extra tasks and the cost of implementing assessments. Establishment D stated that implementation and maintenance of policy can take just as much time in a small facility as it does in one of the largest. These are interesting findings as both large and small establishments can perceive the other as being in a key position to efficiently implement a Culture of Care when the survey respondents report that size-specific challenges occur across the board. Similar sized establishments could look to engage within the network, communicating effective

solutions to size specific challenges to provide more tailored and therefore more effective advice to other members.

The actual assessment process was seen as a challenge by one establishment who raised an issue with an institution's ability to define and use indicators in a meaningful way. For example, indicators such as 'Everyone respects and listens to the attending veterinarian' will vary in compliance between staff members, mainly on the basis of personality differences. These issues may fade over time, as and when trust is established between individuals, but these discrepancies may not reflect the overall attitude of management or necessarily correlate with how well an establishment cultivates its Culture of Care. Whilst indicators may not always reflect the beliefs of all members of the organisation, if carefully selected and evaluated they should represent the majority and capture an accurate 'snapshot' of how well a Culture of Care is implemented by all staff. Organizations should continually define and assess indicators and should be prepared to update these as the culture develops.

5. Action points for facilities – positive learning outcomes

From this survey we have gained an understanding of Culture of Care monitoring and assessment within network member establishments, which we have used to suggest some action points for an effective Culture of Care.

- Outline a clear vision statement for the local Culture of Care, or a similar concept, and display this in the establishment
- Compile relevant documentation, establishment policy and current practice into a list of key concepts relating to the Culture of Care, using relevant documents and guidance (the working concept in Appendix II of this document can be used as a basis for both this and the above action point)
- Outline a clear list of indicators for a good Culture of Care, encouraging staff to submit ideas for these
- Create a Culture of Care Survey for all staff to complete on a regular basis, sharing surveys and results with other network members
- Ask for managerial commitment to championing the local Culture of Care; review visibility and accessibility of management within departments
- Review training and induction material for staff, including the establishment's Culture of Care and how this is implemented
- Discuss and implement policies to encourage staff to maintain and buy into the Culture of Care, e.g. peer recognition and rewards
- Keep up communication between Culture of Care network members to enable tailored advice sharing
- Review the impact of internal establishment communications – e.g. newsletters, focus groups
- Include the Culture of Care vision statement, and an appropriate level of information regarding how this is implemented and monitored, within public-facing establishment web pages and other materials

6. Conclusion

This survey has been a first step in surveying and encouraging structured monitoring and assessment of the Culture of Care within establishments, as well as revealing a variety of interesting thoughts and ideas relating to establishment culture. All respondents had a clear idea of what a Culture of Care meant within their establishments, and at least some steps had been taken towards assessing how effectively this is implemented, but more structure would help to ensure sound commitment

from all concerned. Please see Appendix III for some initial thoughts as to how this could be approached. However this is undertaken, it will require steadfast support from management and should be rewarded the necessary time and resource to implement.

The network presents members with a unique opportunity to discuss and challenge key concepts and we are grateful to everyone who provided their opinion on this issue. Whilst a number of key action points have been raised, by far the most important is the call for network wide collaboration on these issues, particularly from establishments which have yet to discuss or define indicators. Many establishments stated that they would be ‘very willing’ to collaborate with others in the network and learn from their challenges, which is a promising sign – cementing the need for, and giving focus to, the Culture of Care Network.

Acknowledgements

Thanks to Thomas Bertelsen for setting up the Culture of Care network, to all of its members for embracing the concept, and to all of the survey respondents.

References

- 1 European Commission (2014) *A working document on Animal Welfare Bodies and National Committees to fulfil the requirements under the Directive*. Download at ec.europa.eu/environment/chemicals/lab_animals/interpretation_en.htm
- 2 European Commission (2014) *A working document on the development of a common education and training framework to fulfil the requirements under the Directive*. Download at ec.europa.eu/environment/chemicals/lab_animals/interpretation_en.htm
- 3 European Commission (2014) *A working document on Inspections and Enforcement to fulfil the requirements under the Directive*. Download at ec.europa.eu/environment/chemicals/lab_animals/interpretation_en.htm
- 4 European Union (2010) Directive 2010/63/EU of the European Parliament and of the Council of 22 September 2010 on the protection of animals used for scientific purposes. *OJ L276*: 33-79.
- 5 RSPCA & LASA (2015) *Guiding principles on good practice for Animal Welfare and Ethical Review Bodies, 3rd edition*. Download at tinyurl.com/RSPCA-LASA-AWERB
- 6 UK Animals in Science Regulation Unit (2015) *Identification and management of Patterns of low-level concerns at licensed establishments*. Download at gov.uk/guidance/research-and-testing-using-animals, scroll down to ‘Patterns of low level concerns’

All URLs in this document were last viewed on 19 May 2017.

Appendix I: Survey questions and answers

Dear Culture of Care Network member,

As we members are expected to share and disseminate results, ideas, initiatives and ideas relating to the Culture of Care, we (RSPCA), as a member of the Network, would like to suggest a snapshot of progress with assessing the Culture within establishments. During the session on the Culture of Care at FELASA 2016 which gave rise to the Network, Thomas presented an outline of the pilot study to 'measure' the Culture of Care at Novo Nordisk, and the potential to take a more structured approach was also discussed at a recent meeting on the Culture of Care held by EFPIA. We therefore thought it might be helpful to see whether other facilities had started thinking about monitoring progress and development with respect to their Culture of Care in some way.

So ...please could you answer these questions (it doesn't matter how long the answers are, and there is no need for perfect text)? If you could give us as much information and material as you can manage, we will collate it all and circulate it to members for discussion, then perhaps the Network could collectively identify some action points. Depending on confidentiality and what we receive, we may be able to produce something that we could pass on to the EC and other facilities that are not in the Network - but this can be discussed at a later date.

If you are not associated with an establishment yourself, but you do know of one that has set up a system for assessing its Culture of Care, please feel free to pass this message on to them in case they might like to respond.

Please could you send us your responses by Friday 31st March? If you would find it easier to talk about this on the phone instead, I would be happy to give you a call. There are 6 questions:

1. Does your establishment have an agreed, stated vision setting out what the Culture of Care (or an equivalent concept) means to them? If so, what is this?

A	Not for animal research but it is acknowledged in other areas of the establishment
B	In our agreed, stated vision document it says: "It is our mission to create a careful and responsible design and execution of animal experiments, and an optimal application of the 3Rs, through counselling, fine-tuning and internal supervision. These activities are conducted within a 'culture of care', which is created with partners."
C	C has a comprehensive multi-tiered approach to our behaviour and mind-set. CoC is not explicitly addressed, but the concept of a caring culture is embedded in this approach. The top level is The C Way which describes who we are, where we want to go and the values that characterise our company. Next there are ten essentials – one being 'We never compromise on quality and business ethics'. This essential is further supported by

	<p>our Bioethics Policy, which states: In C we will discover, develop and produce biological medicines with respect for people, animals and the environment. This means that we will:</p> <ul style="list-style-type: none"> • continuously improve our performance • promote bioethical awareness in C • operate by high ethical global standards in research involving people, animals, human materials and gene technology • require adherence to high ethical standards by our external partners, contract research organisations and suppliers, and monitor their performance • engage in stakeholder dialogue and partnerships helping us to deal with ethical dilemmas • act in accordance with international conventions. <p>C's position on animal experimentation; C's position on use of non-human primates; C's principles for the use of animals</p>
D	Not currently, although this is something being addressed. As we probably all know, this is many different things to different people!
E	No. However, in our assessment of competencies attitude is assessed and considered an important part of the assessment
F	Yes. We have a Culture of Care Pledge developed by the staff in the Establishment (those working directly with animals and others who indirectly contribute e.g. through sample analysis, study design etc.) The pledge is on display.
G	<p>Currently, we do not have a clear vision statement about CoC at G, but already in process by discussing with our directorate. In our opinion, there is a need to have an in-house statement of the directorate to support the CoC on different levels and attract attention as well empower the AWB to implement a sufficient CoC.</p> <p>As one starting point, we have signed the Basel Declaration in 2012, but the membership and leading consequences are less common within the institute and only a few people are aware of it. Furthermore, we endorsed a G Animal Welfare Directive together with our Animal Welfare Committee. This was hard work and discussions within our AWB. Finally, it is much more a summary of legal requirements and some internal regulations rather than a statement on CoC. Recently, we started the discussion in a small group of AWOs, communication department and a scientist who has particular interest into ethical questions and who was part of the national ethics committee. Our objective is to formulate a statement on ethics/responsibility for our institution regarding animal experiments. We presented the idea in our AWB and the feedback was positive. Thus, we will further processing our objective to push forward a stated vision on CoC, that should be endorsed and communicated by our directorate.</p> <p>[G also has its own Animal Welfare Directive.]</p>

H	We currently don't have a CoC related plan, apart from the basic features in our legislation (founding an animal welfare body and a daily care of animals – our legislation is almost identical to the Directive). We also promote continuous education, however the staff is oriented towards other fields. I would say they are more sensitive than in the part regarding animal welfare, however this is not promoted in a purpose-specific or organized way.
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2. Does your establishment have an agreed list of criteria or concepts that are critical to your Culture of Care (irrespective of whether you have an agreed, stated vision), e.g. care staff and veterinarians are respected and listened to and their roles and work are supported throughout the establishment, or consistent ethical principles and welfare standards are adopted when collaborating, sourcing animals or contracting studies externally? If so, can you share these?

A	<p>We have a short statement about whistle blowing as well as ethical use of animals and cover compliance as part of the Code of Practice, which people need to read as part of the induction process.</p> <p>Our regulator says we have a Culture of Care but not well formulated; this will hopefully change with the new AWB structure in place</p>
B	No not specifically. We do as an AWB work with a well-defined quality plan and communications plan, to get all animal workers involved and participating towards a high standard of animal experimentation.
C	<p>C has a comprehensive supporting structure to assure and facilitate the concept of a caring culture: Global Bioethics Management with the objective is to maintain C's leading and trendsetting position within bioethics</p> <ul style="list-style-type: none"> • The R&D Bioethics Council, who is responsible for the implementation of C's Bioethics Policy (see above). • Five expert groups, - one of them being 'Animal research ethics'. This expert group contribute with their expertise in strategy development, risk evaluation and promote bioethics in their own networks. • Ethical Review Council, embedding the AWB. • Focus Group on Non-human primates. Some of the remits of this group is to perform ethical review of all C-sponsored studies on NHP's in accordance with ERC procedures incl. reporting and documentation and to issue governance documents. • Global Pharmacology Council: approval of standard pharmacology models and technologies. A 3R Award has been established to appreciate employees who strive to improve the conditions for animals used in research, bringing C's commitment to the 'Reduction, Refinement and Replacement' (3R) principles into action. The event creates awareness of the many great new 3R initiatives in R&D and emphasizes the importance of animal welfare. An external jury chooses the winner and is invited to visit the animal facility and challenges on current ways are welcomed.

D	Again, not formally agreed and accepted but would include views of people 'canvassed/completing questionnaire's from various stakeholder areas, both internal and external to the establishment.
E	No. However, the AWB has a requirement that significant collaborative work that is performed in third countries (for example when we send our animals to other labs for collaborative work (rather than just "sharing" GAAs) that a subset of the AWB (namely the Director of biological services, myself and the chair) are required to confirm that we are happy that the use is appropriate and could be authorised under our national legislation. This would apply for contracting work elsewhere. The senior animal technologists and designated veterinarian are definitely respected and listened to on the AWB and I feel that generally the support is good. The structure I set up so that I answer to senior management and not to the Director of Biological Service (who is line managed to the same person) means that we can both be independent and disagree with each other and know it will be heard higher up the establishment – not that, I hasten to add, this situation has arisen.
F	8 principles are outlined in the Culture of Care Pledge. We continue to explore this through the Culture of Care group sponsored through the AWB
G	Animal Welfare Directive and Basel Declaration (see above), which only includes AWB, scientists and directorate. Animal caretakers are not included. Furthermore, the AWOs have a regular Jour fixe with the directorate two times a year for exchanging/discussing of animal welfare issues. In general, major animal welfare concerns have to be reported to the directorate, e.g. if there were to be use of animals without prior project approval.
H	See answer to 1

3. Has your establishment drawn up any qualitative or quantifiable indicators of the Culture of Care (again, irrespective of whether you have an agreed, stated vision), for example from the European Commission Working Documents on Animal Welfare Bodies and National Committees, or Inspections and Enforcement? For example, this could include: a well-understood and clear procedure for 'whistle-blowing'; on-going education and training in animal care and welfare which is accessible to and encouraged for all levels of staff; condition and care of animals; information on refinement is reviewed and refinements implemented as appropriate; quality of project documentation. Please give details.

A	We do not have clear qualitative or quantifiable indicators in place but we have a policy on whistle blowing but no clear procedure; we do not have a training policy in place but SOPs for training and competency for regulated procedures, criteria for a trainer, assessment sheets; in addition to that our designated person responsible for ensuring that staff are educated, trained and competent provides reports to the Advisory group to the person responsible for compliance (our governance and policy overarching committee of the AWB) about training; in house we do staff seminars, joined senior animal technologist meetings with other establishments, in house training as required e.g. on severity assessment for the technicians; staff who go away to CPD meetings are required to either do small presentations on what they have learned or write a report which is circulated to
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	everybody but none of this is stated as a clear procedure; we provide information on refinements achieved to the Advisory group but not reviewed as such; we also have a near miss list, which is reviewed more formally now
B	<p>The AWB at B works via a well-defined quality plan. In which we setup our goals per year. Based on risk analyses we have a large emphasis on auditing all sites regularly and follow the projects, this way we achieve compliance. Additionally by visiting all sites and researchers regularly we work towards a culture of care in which all members of the team are involved and know their responsibility. Being visible on the work floor and easily accessible is helping to get all people involved.</p> <p>Culture of care might be translated into => wanting to comply to the quality standards</p>
C	<p>Some of the supportive elements that can serve as indicators of the Culture of Care include:</p> <ul style="list-style-type: none"> • Most of the above mentioned items • Local guides and requirements implemented from national legislation • Stocking density requirements beyond national legislation • Encouraging staff to pause, reflect and suggest animal welfare improvements • Severity assessment guide • Dissemination of new developments to license holders and staff • Internal education course, that is meeting the requirements of the EU Directive re competencies of staff, offered to all personnel involved directly or indirectly with animal experimentation • Animal welfare audits of external collaborators • Meetings where scientists present results to animal care staff and listen to learnings • A constructive and open interaction with national authorities • An internal procedure for justification on and approval of the use of NHPs • Empowerment of caretakers and veterinarians to decide if animals can be included into studies. • Pre-approval of in vivo PhD and PostDoc applications prior to submission. • Internal review and approval of all studies performed at or on behalf of the company on top of the permit granted by the authorities • 3R goals in research departments cascaded to individual performance management plans • Reporting of concerns to a Compliance Hotline (whistle-blowing)
D	Not as yet recorded all in one place as a single Culture of Care document, but there is much evidence in various facility (BRF) management documentation in relation to induction to the BRF, training (including Licensee training), animal technician ongoing training and CPD. Feedback from the regulator on their assessment of the facility which includes their view/assessment of Culture of Care, AWB documentation and member

	feedback.
E	We have a clear whistle blowing process (recently reviewed at the AWB) and a policy agreed by the senior management and AWB that users are required to attend local refresher training – initially this requirement is for users to have attended (in person not via surrogate) at least once every 2 years and for those authorised to conduct regulated procedures to attend annually and to have been assessed as competent (or re-assessed) in at least one technique annually. Our technical staff are encouraged to take the staged courses/ exams set up by their professional body. We arrange external speakers, e.g. two 6 hour sessions on recognition of pain.
F	Independent mechanism for raising concerns through AWB mailbox Recognition awards through AWB for any improvements in practice, animal care and welfare AWB purpose statement – includes science and evidence based decision making – written to engage scientists in AWB process Refinements reviewed and ongoing e.g. rat exercise, enrichment, euthanasia methods, aligned staff with UK NC3Rs year of laboratory rodent welfare Regular CPD Training process being reviewed Audit of facility Quarterly newsletter focused on staff, AWB news, 3Rs, science achievements from the animal work conducted Incident log and learning process Mechanism for users to collectively feedback annually (part of retrospective review) on progress, culture, named people, improvements they want to see Openness – numbers of tours, annual open poster event etc.
G	At the entrance of our largest animal facility, we have a post box for animal welfare concerns, also for anonymous messages addressed to the animal welfare officer. Unsatisfactory, this box is not frequently used (only one message since the end of 2013), so we currently think about how to find new strategies, e.g. the establishment of an anonymous reporting system through the intranet. Regarding to this point we newly established a daily animal consulting time for the animal caretaker. During the “Animal Consultation Hour” specific cases or seeks (non-acute cases) could be discussed with veterinary assistance within a closed/warm atmosphere. The idea is also to encourage the discussion concerning animal welfare issues and to improve the training of the animal caretakers on the same time within welfare assessment as well as to give better support for the daily decisions and train the animal caretakers on the same time. For acute cases, a veterinarian is ad-hoc available. Another step into CoC development was that our AWB has decided that all projects, assigned to the severe category, must be discussed in the Animal Welfare Committee prior to the submission to the authority.

	<p>Once per month, a staff meeting of the entire animal facility (about 80 employees) takes place. Presentations of scientists working within animal experiments are integral part of each meeting. Furthermore, as training for severity assessment, one example is given by an AWO and the severity and possible treatments are discussed.</p> <p>Moreover, we organize mainly for scientists 4 presentations (a short symposium, over a year on different topics of laboratory animal science, animal welfare and ethics, which are accepted as regular training of researchers in animal experimentation. Based on the decision of our AWB we routinely keep a register attendance</p> <p>We also have a laboratory animal course in-house training that consists of a theoretical part (script) and a one day hands-on seminar, including standard procedures in mice and rats. This course is mandatory for every person that is going to work with animals in scientific procedures at our institute. Since a couple of month, we are working on the implementation of an extended LAS course, that will consist of an online theoretical part (20h) and a hands-on seminar (20h).</p> <p>A regular and mandatory training due to the legal requirements or recent developments has not been established until now, but it is under discussion. Presently, we have once or twice a year an animal facility meeting, to communicate recent developments concerning animal housing and animal welfare. The participation is on a voluntary basis. Furthermore, we have pages within our intranet portal, where forms and information can be found.</p>
H	See answer to 1

4. If question 3 was a 'yes', has your establishment defined or trialled any approaches to 'measuring' these indicators, e.g. interviewing or surveying staff, looking at conditions in the animal house and staff areas, gauging public responses to the facility and its work? Have you been developing any systems for monitoring, recording and representing these indicators? Anything you could share would be greatly appreciated.

A	Not yet, but it is on the to do list but we first need to get our new AWB structure in place, which hopefully will be approved soon by the Advisory group.
B	We have a monitoring group ('Klankboord') to discuss our work and policy with the animal workers, and a biennial communications survey with quantified results.
C	A pilot survey on Culture of Care has been initiated. The methodology was presented at the FELASA Congress 2016. It is too premature to present data.

D	Although answer to point 4 might be a partial YES, short brief reviews/questionnaires/discussions with a variety of stakeholders have given a 'snapshot' assessment that progress appears to be resulting from efforts so far. AWB committee members do complete facility walk around and review periodically which is reported in AWB minutes. We encourage and offer explanation tours to engineers who come to work within BRF for various maintenance purposes which allows us to gauge their opinions.
E	We are in the process of developing a DOPS (Direct Observation of Procedural Skills) approach to assessment, which includes a score for attitude
F	Not formally – but receive feedback after tours, conducted the EFPIA survey with staff.
G	In 2014 and 2015, the AWOs followed a regular schedule to visit each area of the animal facility. It turned out to be a good idea to invite a scientist to participate and discuss the projects together with them and the animal caretaker. Those visits are important to get a feedback of the animal caretakers on, e.g. communication with the working groups, usefulness of score sheets etc. Nowadays we visit the different areas irregular, focusing on the conducting of animal experiments. This decision was a matter of risk assessment and time management. We would need more persons to do both intensively.
H	See answer to 1

5. If your establishment has not yet begun to think about discussing criteria or defining indicators, do you think this is something you could initiate? What, if any, challenges might there be?

A	Yes we will; I think we do already a lot on the ground but it is not embraced and acknowledged yet higher up
B	Positive learning: Be visible at every corner of the site => monitor your visibility Be approachable for everyone in the team, also the animal care takers=> monitor our accessibility + are people actually finding the AWB? Be informative => monitor the impact of communications: do people actually read, understand and use our newsletters and website etc.? Be open for discussion and set-up your team in a facilitating manor and keep critical about the procedures needed=> Actively look for collaboration with other departments (statistics, teaching, human resources)
C	Not applicable
D	Is being progressed but we are also keen to see what others develop!

E	This is a difficult one – I think it is very hard to actually have meaningful criteria or defining indicators in a meaningful way. For example “everyone respects and listens to the designated veterinarian”. I feel listened to; and yet I know there is greater “buy-in” from some than others. Why? Some it's a personality thing, some are naturally conservative, some are more scared by their user's reaction in case changing something to meet a 3Rs suggestion means that the work is slowed or can't get published. With experience and building of trust, most of these go away over time – but some people are always going to be a harder challenge than others. How does this reflect the culture of care – I could put “numbers” on the difficult ones, but that doesn't reflect the overall attitudes of the management or other staff and will vary in time related to those people rather than necessarily our culture of care.
F	We have an ongoing challenge at this site as the group is on an exit trajectory. Having seen many colleagues leave provides particular morale challenges. It also provides challenges regarding visibility of the work and its value more broadly in F. This is something we try to keep on top of through constant feedback. We are a small Establishment. As person responsible for compliance and head of the Lab Animal Science group I am very close to the work and staff. I can imagine the biggest challenge in many other Establishments is sheer size and complexity meaning person responsible for compliance is often quite removed from operations and AWBs focus on compliance.
G	Yes, that is possible. The challenge is to motivate scientists and animal caretakers to join, as most scientists already struggle to fulfil the legal requirements on applying and conducting animal experiments. Often it is a matter of time management. Also awareness and attitude. We have to work on visibility and systems of incentives.
H	I would like to promote a CoC initiative, the challenges are mainly time and compliance. Of course, prior approval from the management would be necessary but I believe it would be positive. I would be very willing to collaborate with our network for a plan on “naïve” facilities, this is a reason I joined, to promote the CoC in the establishment and in our country.

6. If your establishment has begun using criteria or defining indicators, what challenges have you encountered and what positive learnings have you had?

A	No answer
B	No answer
C	As there are ‘sub-cultures’ in a large and global organisation like C it is a challenge to develop and use tools that are universally relevant and can

	<p>embrace these differences.</p> <p>A positive learning is that the Culture of Care mind-set is present everywhere. This is undoubtedly to a large extent due to the top-level statements in e.g. our essentials combined with a dedicated effort to promote this. Another positive learning is that you get behavioural buy-in from staff when operational procedures take the corporate values into account (e.g. it is OK that an animal handling procedure takes extra time in order to handle the animal as gentle as possible?).</p>
D	<p>As with so many things, time available and other commitments taking precedence are the greatest challenges. Being a relatively small facility, the number of individuals that these tasks can be shared amongst is problematic because of time and cost this entails compared with large institutions who often have opportunity to appoint ‘specialist’ persons who have less diverse roles (Job Descriptions). i.e it takes just about as much to get a policy together and maintain it for a small facility as it does one of the largest. Getting ‘buy in’ and encouragement from senior people within the organisation has been good, so a positive.</p>
E	No answer
F	<p>The learning from incident log has been a positive step – it has helped maintain an open culture and when it works well ensures any recognition award through AWB is promoted as widely as possible (including other sites or externally) promoting good practice more widely.</p>
G	No answer
H	No answer

Appendix II: The Culture of Care - a working concept

The text below setting out essential factors for a good Culture of Care is summarised from:

- the *European Commission National Competent Authorities for the implementation of Directive 2010/63/EU on the protection of animals used for scientific purposes: A working document on Animal Welfare Bodies and National Committees to fulfil the requirements under the Directive*, pp. 16-18; ec.europa.eu/environment/chemicals/lab_animals/pdf/endorsed_awb-nc.pdf
- the *RSPCA/LASA Guiding Principles on Good Practice for Animal Welfare and Ethical Review Bodies: Chapter 11; Promoting a Culture of Care*; tinyurl.com/RSPCA-LASA-AWERB

The concept, principles and structural and behavioural elements that contribute to a Culture of Care have been **well described** in these documents. Establishments need to **interpret and implement these** within their own organisations, with a clear vision of what a Culture of Care means for them.

The culture of an organisation relates to the beliefs, values and attitudes of its staff and the development of processes that determine how they behave and work together. A Culture of Care is one that demonstrates caring and respectful attitudes and behaviour towards animals and encourages acceptance of responsibility and accountability in all aspects of animal care and use. **This should go beyond simply having animal facilities and resources that meet the minimum requirements of the legislation.**

A healthy Culture of Care requires a shift away from merely responding to externally imposed standards, to one in which leaders and frontline staff are actively committed to improving Three Rs, animal welfare and research and working together to do so.

The key factors which blend together to foster the appropriate Culture of Care within an establishment include:

- Appropriate behaviour and attitude towards animal research from all key personnel.
- A corporate expectation of high standards with respect to the legal, welfare, Three Rs and ethical aspects of the use of animals, operated and endorsed at all levels throughout the establishment.
- Shared responsibility (without loss of individual responsibility) towards animal care, welfare and use.
- A pro-active approach towards improving standards, rather than merely reacting to problems when they arise.
- Effective communication throughout the establishment on animal welfare, care and use issues and the relation of these to good science.
- The importance of compliance is understood and effected.
- Those with specified roles know their responsibility and tasks.
- Care staff and veterinarians are respected and listened to and their roles and work are supported throughout the establishment.
- All voices and concerns at all levels throughout the organisation are heard and dealt with positively.

The Animal Welfare Body (AWB) in every establishment is in ideal position to drive the Culture of Care, and should demonstrate effective leadership in this area. The AWB should ensure, in collaboration with senior management, that there are appropriate structures in place to promote a suitable culture, and that these structures are kept under review to ensure the outcomes are delivered effectively.

Appendix III: Thought starter with suggestions for an approach to identifying and ‘measuring’, or assessing, Culture of Care indicators

It is relatively easy to identify the key factors which contribute towards a good Culture of Care, as listed in Appendix II (e.g. appropriate behaviour and attitude towards animal research from all key personnel), because these have already been set out in guidance which has been agreed by a range of stakeholders such as the EC working documents.

The next step is to identify suitable and feasible objective indicators that relate to these factors, choosing those which are most meaningful to the individual establishment and can be assessed in practice. There are already useful materials which list potential indicators, particularly EC working documents on AWBs [1] and inspections and enforcement [3].

For example, the document on inspections and enforcement states that inspections should consider the attitudes and Culture of Care within the establishment, and it lists some factors that are likely to indicate a good Culture of Care:

- openness of all staff: keen and able to answer questions;
- effective designated veterinarian whose input is respected by researchers and care staff;
- high quality, respected care staff;
- positive approach towards seeking and utilising external expertise;
- on-going education and training in animal care and welfare which is accessible to and encouraged for all levels of staff;
- effective communication between care staff and research workers e.g. regular meetings; experimental planning;
- knowledge and awareness of the Three Rs;
- demonstration of and commitment to Three Rs in practice, for example
 - strategy to minimise animal surplus
 - strategy for sharing of tissues
 - implementation and ongoing refinement of humane end-points for specific projects (e.g. trend of reduction in actual severities)
 - introduction of replacements
 - engagement with animal welfare science community, for example publications/presentations; involvement / use of biostatisticians;
- well-understood and clear procedure for ‘whistle-blowing’.

It also lists some factors that indicate a lack of a Culture of Care:

- poor attitude of staff e.g. no time, “talk to my deputy”, how they judge the importance of inspection;
- unwillingness to contribute to discussions on animal care and use;
- too many people having access to restricted areas;
- project leader being too distant or removed from research workers and care staff;
- status of staff – not encouraged to contribute; not listened to;
- care staff/junior researchers not aware of the project details e.g. with regard to care, management of adverse effects;
- key people elusive;
- resistance to change/introduction of refinement and improvements;
- lack of acknowledgement that improvements are possible;
- failure to implement establishment practices; ineffective management;
- absence of or poor standard of working practices;
- lack of understanding of / poor engagement with animal welfare issues by scientists;
- poor communication between scientists and care staff.

Another useful reference is the UK Animals in Science Regulation Unit (ASRU) report on identifying and managing patterns of low-level concerns at licensed establishments [6]. Although the title sounds negative, its Appendix A sets out a positive list of indicators of good practice that should be helpful for all facilities. Factors such as sufficient time and resource for daily, adequate routine monitoring; good staff relationships with positive team-working by duty holders; designated veterinarian actively advising on good surgical practice; AWO (Article 24 1a) well respected and a good role model; adequate resource for the person responsible for ensuring staff have species-specific information (Article 24 1b); and clear audit trails of communications between scientists and animal technologists cover a range of quantifiable and qualitative indicators, which would lend themselves well to becoming Culture of Care indicators.

A question which network members may like to consider is how to use documents such as these to define a workable approach to assessing and monitoring a Culture of Care. One approach could be to take an element of the working concept in Appendix II:

Care staff and veterinarians are respected and listened to and their roles and work are supported throughout the establishment

- and consider which points from documents such as the EC working document on inspections [3] and ASRU low-level concerns document [6] would fit the bill as practical indicators for this.

Some potential indicators from the ASRU document (UK terminology, equivalents in the Directive are in parentheses):

- NACWO (person responsible for overseeing animal care and welfare, Article 24 1a) appropriately supported and empowered by the PELh (person responsible for ensuring compliance) and senior management;
- NACWO has regular liaison with PPL holders and personal licensees (users) through meetings and with other named persons;
- PELh is well respected by scientists and technical staff;
- PELh supports named persons (Articles 25 and 25); clear audit trails of communications between scientists and animal technologists; and
- designated veterinarian's advice on anaesthesia and analgesia readily accessible and always followed.

Potential indicators from the EC working document on inspections:

- first impressions such as on state (condition and tidiness) of support areas e.g. the cage washrooms (hardest work – respect to all levels);
- status including formal authority of key people – empowerment of staff;
- attitude of researchers towards the establishment AWB;
- openness of all staff: keen and able to answer questions;
- effective designated veterinarian whose input is respected by researchers and care staff;
- high quality, respected care staff;
- on-going education and training in animal care and welfare which is accessible to and encouraged for all levels of staff; and
- effective communication between care staff and research workers e.g. regular meetings; experimental planning.

And from the EC working document on AWBs [1]:

- scientists encouraged to work with (and value the contribution of) animal care staff;

- on-going involvement of project holders in the AWB; and
- staff provided with opportunities to attend AWB meetings and encouraged to raise issues.

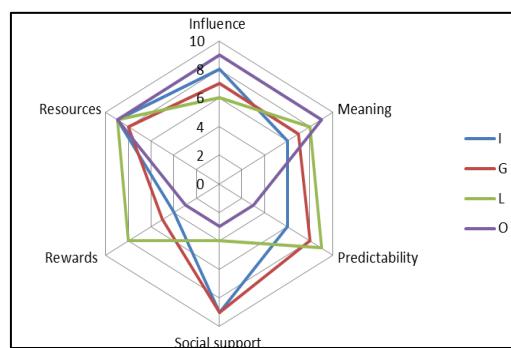
This is obviously a very long list, and it would not be feasible to survey and analyse all of these indicators. A realistic number of meaningful indicators could be set up for individual establishments by establishing a group, including key members of staff such as users, animal technologists, the designated veterinarian, person responsible for compliance and management, to consider which key factors of the Culture of Care (in Appendix II) are most important and ought to be assessed and monitored.

The group could then identify suitable indicators from documents such as [1], [2], [3] and [6]. All of this could be done by the AWB (or the AWB should at least have oversight and input), in line with the principle that the AWB is in an ideal position to drive the Culture of Care and should demonstrate effective leadership in this area [1].

Following this process, a refined list of key indicators for *Care staff and veterinarians are respected and listened to and their roles and work are supported throughout the establishment* could be:

- Clear audit trails of communications between scientists and animal technologists
- Designated veterinarian's advice on anaesthesia and analgesia readily accessible and always followed
- Uncluttered and ergonomically designed cage wash areas (because taking care of human welfare is an important component of the overall Culture of Care)
- Good level of formal authority of key people in Article 24 – empowered staff
- Ongoing involvement of project holders in the AWB
- Scientists encouraged to work with care staff, with positive outcomes

Once a realistic number of relevant and tailored indicators have been identified, a protocol will have to be drawn up for assessing these. In practice, this would probably involve a combination of staff surveys (e.g. attitudes of researchers towards the AWB), audit trails (e.g. effective communication between care staff and research workers, including meetings) and visual inspections (e.g. condition of staff support areas). Outcomes will also need to be recorded and presented in an accessible way, e.g. one facility has trialled the use of 'spider diagrams' to monitor progress:



All of the above will inevitably require resource, which ought to be justifiable in the context of helping to achieve better animal welfare, better science, improved staff morale, reduced risk to the establishment (e.g. through non-compliance) and better accountability and corporate social responsibility. However, resource and management support may be variable, and a high level of discussion, sharing approaches and materials, and mutual support within the Culture of Care network will likely be necessary to help progress assessment and monitoring, if this is something that the network would like to do.