Think Like a Pony: An equine-assisted intervention for children who traditional services struggle to support

Paul Walton, Martha Pearson & Annie Mandelstam



Introduction

HINK Like a Pony (TLAP) Community Interest Company has successfully offered equine-assisted intervention for young people since 2013. The approach was developed by Lynn Henry, who has a background in both mainstream secondary school teaching and teaching horsemanship to children. Instructors are trained intensively by Lynn Henry and gain experience over several years of working on the programme. They partake in training in both high-level horsemanship techniques, and how to mentor and support vulnerable children. Lynn supervises day to day instruction at the programme, and her training programme is also accessed by members of other organisations across the country.

Children referred are typically those who

have suffered multiple traumas and are at high risk of:

- losing access to education
- significant mental health problems
- family relationship problems
- isolation

Through learning to build a relationship with a horse, children are empowered to take control of their physical and mental state and regulate their emotions which can help them to build stronger relationships and re-engage with learning.

Although it shares components with other equine-assisted interventions (e.g. educational, psychomotor and relational aspects of horsemanship) the TLAP approach highlights the importance of all instruction and inter-

actions being positive experiences for both child and pony to ensure that young people have multiple opportunities to develop their capacity for empathetic and respectful interactions, to enhance their social and emotional development.

Struggling to support

The term children who services 'struggle to support' is used to acknowledge the position of responsibility when services are unable to accommodate the therapeutic needs of particular children. We wish to acknowledge how traditional services are not always appropriate for all (McKenzie et al., 2008; Tarren-Sweeney & Vetere 2013; Treisman, 2016).

This may include children who struggle significantly in relationships due to complex developmental trauma, and/or those whose unique neurodevelopment makes relationships challenging. We know that when a child cannot feel safe within a relationship, therapeutic or otherwise, it can impact the ability of traditional therapies to be of use (Hubble et al., 1999).

In practice, we see services struggling to know how to help. However, the ongoing difficulties the young people are experiencing (e.g. self-harm, going missing, risk of exploitation, school non-attendance, fire setting, property damage) mean that services are not in a position to simply do nothing.

Equine-assisted interventions

Horses are increasingly used to support people's mental and physical wellbeing. There is good evidence for the impact that horses can have to improve the experience of physical difficulties (hippotherapy; Wood & Fields, 2021). However, the literature on how interaction with horses can promote psychological functioning is largely anecdotal or focused on studies which lack rigorous research design. Equine therapies are often offered as a 'final option' after 'traditional' therapies have failed (Kendall et al., 2015).

As previously mentioned, building a trusting relationship is a key pre-requisite

of any therapeutic work. It is hypothesised that it may potentially be easier for children who have experienced abuse and neglect to connect with animals than with humans, and the use of animals to promote trauma-healing and resilience for adults and children has been discussed in recent literature (Tedeschi & Jenkins, 2019; Bexell et al., 2019; Yorke, 2010; Parish-Plass, 2008). There are indications that specific equine-assisted interventions can be helpful for young people who have experienced abuse and trauma (Mueller & McCullough, 2017; Kemp et al., 2014) and Dunlop and Tsantefeski (2018) found that children who experienced past or present 'problematic parental substance misuse' reported a range of positive experiences following equine-assisted intervention.

There is some early evidence of positive results of equine-assisted interventions for children with diagnoses of Autism and ADHD (Lentini & Knox, 2015; Jang et al., 2015) and for 'at risk' young people (e.g. those with a history of offences, living in residential care, and 'disengaged' from other services; Lentini & Knox, 2015). It is not easy to conduct rigorous research in this area, due to problems using a suitable control group for ethical reasons, small sample sizes, drop-out, and variation in elements and timescales of the interventions which make comparison across interventions difficult.

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The aim of this evaluation was to explore the experience of an equine-assisted therapeutic intervention (TLAP) for children who struggled to access therapies traditionally offered by CAMHS and similar services. The intention of the evaluation was to support the further commissioning of an alternative therapeutic provision should favourable results be concluded.

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such services offer assessment and intervention to children, young people and families where there is significant concern regarding the mental wellbeing of a child or young person.

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Big Lottery Funding was sourced by TLAP to fund attendance. Questionnaires were completed by children and caregivers at the beginning and end of the intervention. The data from E1 and E2 were analysed separately.

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Children who participated in either study were required to meet the following criteria:

- ongoing emotional, social, behavioural or mental health difficulties unresponsive to the core therapeutic offer from CAMHS or CLATS
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Children meeting the criteria were referred by therapeutic staff in both services. Parent/ carer permission was obtained for the referral. The programme was then explained to children and parents/carers in more detail and consent to take part and provide feedback was obtained.

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In E1 young people were offered a series of six, two-hour horsemanship appointments over a four-month period. In E2 young people were offered a series of twelve, two-hour horsemanship appointments over an eight-month period.

Each young person worked with their own personal instructor and a pony. All the ponies at TLAP have been rehabilitated for a range of reasons. TLAP use positive behaviour management strategies to train their ponies, prioritising consistency and the relationship between horse and rider.

Through instruction and practice, young people learn to a) read horse body language b) effectively mentalise (Fonagy et al., 2007) for the pony and c) act to help the pony relax and cooperate. To achieve this, children must learn to regulate their own affect (e.g. anxiety, frustration) through grounding techniques and to harness their cognitive abilities through problem-solving. The instructors encourage the generalisation of these skills from TLAP into the rest of a young person's life.

Questionnaires

The following questionnaires were completed before (timepoint 1) and after (timepoint 2) the programme:

1. Wellbeing ratings (Child)

Children rated their experience of well-being across a 0–10 scale (0 being low, 10 being high) in the areas of self, relationships, education and overall. This was similar to the domains used in the Child Outcome Rating Scale (CORS, Miller & Duncan, 2004) but slightly adapted to be more applicable for children who were not in the care of their families of origin or were not attending mainstream school. This measure is referred to as the Child Wellbeing Rating.

2. Wellbeing ratings (Carer)

Caregivers also rated the child's wellbeing across a 0–10 (0 being low, 10 being high) scale

in the same areas of self, relationships, education and overall. The form used is referred to here as the Carer Rating of Child Wellbeing.

3. Think Like a Pony Questionnaire (TLAP-Q)

Caregivers were also asked to rate their child across a 1–10 scale (1 being low, 10 being high) on a number of abilities/factors referred to here as TLAP abilities, hypothesised to be targeted by the TLAP approach based on anecdotal evidence. The Questionnaire was developed by TLAP and asks for ratings on 'willingness to try', 'confidence', 'self-awareness', 'regulation', 'communication', 'problem solving', 'respect', 'self-esteem', 'empathy' and 'taking responsibility'.

Qualitative feedback

Children and parents/carers were asked to give qualitative feedback on their experiences of the intervention at the end of the programme. Several quotes from this feedback can be found at the end of the report.

Results

Missing data

Due to missing carer ratings on the TLAP-Q, the data from 1 child in each pilot group could not be analysed, leaving 8 in E1 and 7 in E2.

Statistical Analysis

Differences at timepoint 1 (T1) and timepoint 2 (T2) across all measures indicate an upward trend, showing higher ratings of wellbeing and skills/abilities following the TLAP programme. Due to the small sample size of each pilot, the non-parametric Wilcoxon signed-rank test was used to test for changes on each measure. A two-tailed significance level of 0.05 was used. The results of these tests can be found in Table 1 (CAMHS population) and Table 2 (CLATS population) below.

In the CAMHS population the children engaged in the programme reported improvements in their wellbeing, with all but 'education' reaching significance. Their carers also reported a positive shift in children's wellbeing, but only the 'overall' rating reached statistical

Table 1: Evaluation 1 – CAMHS Population. Wilcoxon Signed Rank Test from Pre to Post Intervention on Child and Carer Measures

Measure	Item	n	Wilcoxon n	T1 Mean (SD)	T2 Mean (SD)	Z Score
Child Wellbeing	Self	9	9	3.11 (2.42	6.44 (1.51)	-2.32*
Ratings	Others	9	9	4.78 (2.95)	7.67 (1.69)	-2.08*
	Education	9	7	3.44 (2.24)	4.11 (2.42)	-0.85
	Overall	9	9	3.44 (1.67)	6.78 (1.56)	-2.49*
Carer Ratings of	Individual	9	7	2.67 (2.35)	4.89 (1.54)	-1.95
Child Wellbeing	Relationships	9	9 6	4.00 (2.78)	5.89 (2.67)	-1.59
	School	9	7	2.89 (2.37)	3.22 (2.17)	-0.51
	Overall	9	9	2.78 (1.54)	5.44 (2.13)	-2.2*
TLaP Q	Willing to Try	٤	3 6	4.13 (3.00)	6.00 (1.77)	-1.69
	Confidence	8	8	2.38 (1.30)	5.25 (0.89)	-2.53**
	Self Awareness	8	6	2.75 (1.58)	5.75 (1.75)	-2.21*
	Regulating Emotions	8	8	1.75 (1.16)	3.38 (1.60)	-1.84
	Communication	8	5	3.00 (2.27)	4.25 (2.19)	-2.04
	Problem Solving	8	3 5	3.38 (2.00)	4.88 (0.99)	-1.63
	Respecting Others	8	3 7	4.00 (3.16)	5.38 (1.92)	-1.53
	Self-Esteem	8	3 7	2.38 (1.41)	3.88 (1.36)	-2.41*
	Empathy	8	3 5	4.38 (3.02)	5.38 (2.77)	-2.06*
	Taking Responsibility	8	3 6	2.38 (1.60)	4.88 (3.14)	-2.22*

Note. "Wilcoxon n" refers to the number of participants available for analysis once 'no change' scores had been discounted. *p <.05, **p<.01

Table 2: Evaluation 2 – CLATS Population. Wilcoxon Signed Rank Test from Pre to Post Intervention on Child and Carer Measures

Measure	Item i	n	Wilcoxon n	T1 Mean (SD)	T2 Mean (SD)	Z-Score
Child Wellbeing	Self	8	6	5.63 (3.50)	7.38 (2.26)	-1.16
Ratings	Others	8	7	4.00 (3.25)	7.88 (2.03)	-2.21*
	Education	8	6	4.38 (.3.8)	7.00 (3.74)	-1.90
	Overall	8	7	3.87 (3.36)	7.75 (1.83)	-2.38*
Carer Ratings of	Individual	8	7	4.63 (1.9)	6.25 (2.32)	-2.39*
Child Wellbeing	Relationships	8	6	4.25 (2.6)	6.75 (1.67)	-2.00*
	School	8	8	4.13 (1.6)	5.62 (2.00)	-1.98*
	Overall	8	6	4.75 (1.67)	6.63 (1.69)	-2.23*
TLaP Q	Willing to Try	7	5	5.71 (3.35)	7.14 (2.73)	-1.24
	Confidence	7	6	5.00 (2.16)	6.43 (2.14)	-2.23*
	Self Awareness	7	7	3.00 (1.41)	5.14 (1.68)	-2.41*
	Regulating Emotions	7	7	2.00 ((1.16)	4.29 (1.50)	-2.46*
	Communication	7	7	4.43 (3.04)	6.29 (2.75)	-2.39*
	Problem Solving	7	7	3.00 (2.38)	4.71 (2.43)	-2.41*
	Respecting Others	7	7	4.00 (2.08)	5.00 (2.00)	-1.93*
	Self-Esteem	7	6	3.71 (2.29)	5.43 (2.37)	-2.40*
	Empathy	7	6	3.71 (2.43)	5.29 (2.36)	-2.23*
	Taking Responsibility	7	6	2.29 (0.95)	3.86 (1.35)	-2.23*

Note. "Wilcoxon n" refers to the number of participants available for analysis once 'no change' scores had been discounted.

significance. The same carers also reported shifts in all areas of their children's skills/abilities on the TLAP-Q. These reached statistical significance in relation to reports of confidence, self-awareness, self-esteem, empathy and taking responsibility.

In the CLATS population, the children engaged in the programme reported higher ratings in all areas of wellbeing; the changes in their 'overall' and 'interpersonal' wellbeing ratings reached significance. Their carers' reports also show improvements in all areas, all of which reach statistical significance. Similarly, the TLAP-Q demonstrates a shift in all areas after attending the TLAP Programme with all items reaching significance apart from 'willingness to try'.

Discussion

These initial results indicate that this equine-assisted therapy is a useful addition to the therapeutic offer for young people with a range of complex needs, including those who have experienced neglect and abuse, and who may not be able to access or benefit from

more 'traditional' therapeutic approaches. Positive changes were seen on both child and carer reports of child wellbeing across different areas of the children's lives, and on a range of skills and abilities thought to be targeted through the programme. These ratings are also supported by rich testimonials of the benefits for the children (see end of report for sample quotes).

Although not all young people completed the programme, some children who had experienced longstanding CAMHS and CLATS involvement were able to be discharged following completion of the programme.

We speculate that the reason this intervention has been useful for the young people in our study (along with others who have accessed TLAP) is because it is very different from a traditional therapy or education format. The intervention is positioned as helping them with their challenges as they learn how to build a relationship with their horse. Within this space the young people are trusted and responsible for working with their own pony, they are taught to become aware of their own

^{*}p <.05, **p<.01

arousal to support their pony to regulate, and are shown how to influence without coercion or aggression. Furthermore, through the sessions the children are supported to develop mentalisation skills which can be applied to assist in developing healthy relationships with people which for many, due to their early-years and subsequent experiences can be very difficult. In this sense these children are learning particularly different lessons than they might elsewhere.

It is likely that there is greater safety for some of these young people in developing a relationship with an animal rather than a person. For some of these children it is people who have been the most harmful towards them, whereas that same attachment script (Byng-Hall, 1995) may not carry over to engagement and trust with animals.

Children accessing TLAP form relationships with the pony that they work with, and with adults and other young people at the programme. It is recognised that, in the context of the difficulties and past experiences of many of these children, these relationships may hold particular significance, and as such the ending of this work may present a significant loss to a child. In the experience of staff on the programme, for many children who access a longer term intervention, there is a natural progression away from the programme over time. As things shift for the children, they may decide they want to be in school more and spend more time with their friends. For others where this shift may not happen as smoothly, or where they access a shorter-term intervention, they are welcomed back to visit the ponies and staff and to volunteer in future - to keep a link with the programme and the animals and people that have been important to them there.

This evaluation was not conducted as a cost analysis, and TLAP is not proposed as a cost-saving programme – equine therapies are costly. It is not suggested that this programme would replace core social emotional mental health services for children; rather it is offered as a valuable adjunct to these services, particularly when there is an

existing need that isn't otherwise met by more 'mainstream' provisions.

Limitations

This evaluation was conducted to capture preliminary information regarding the impact of the TLAP programme for young people. It is not a research project, and has the following limitations:

- the sample size was small which makes conclusions difficult to generalise to a larger population
- the measures used were not standardised and asked caregivers to rate abstract concepts such as 'empathy'
- the use of informant reports is subjective and participants may rate their feelings on the day or feel pressured to report positive change
- there was no follow-up, meaning we cannot comment on sustainability of change

Conclusions

Evaluations such as these are an important first step in exploring the usefulness of alternative therapeutic approaches for children. We would encourage further investigation into the benefit of equine-assisted and other alternative interventions for children and young people who mental health services struggle to support.

We would like to finish by sharing some of our favourite pieces of qualitative feedback from the children and parents/carers:

Rebecca: 'Has made me more calm. Made me more confident as a person around horses and people. I feel I have a lovely bond with my beautiful May (pony).'

Simone's Parent: 'I have seen a massive change since my daughter started.'

Alice: 'Me and my mum are communicating better. It has helped my confidence and anxiety.'

Yasmin: (Has anything changed for you?) 'Yes, it had a positive effect. The ponies are lovely and the teachers are kind and friendly.'

Liam: I calm down right easily.' I learn how to get on Minnie (pony), how to stay calm how a pony feels.'

Liam's Caregiver: 'Liam enjoys the ponies and if asked about what he has learnt about the pony emotions he can understand how to keep the pony calm by keeping himself calm and he knows how to do that.'

Ben's Caregiver: 'He gained confidence and the ability to listen and communicate.'

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Leah's Caregiver: 'Learning control, slowly becoming more independent, and is taking more time with things but mostly is making the effort to be with other people/family rather than being on her own which is a huge step.'

Sam: (What's changed?) Everything, I think and act differently.'

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Due to missing carer ratings on the TLAP-Q, the data from 1 child in each pilot group could not be analysed, leaving 8 in E1 and 7 in E2.

Statistical Analysis

Differences at timepoint 1 (T1) and timepoint 2 (T2) across all measures indicate an upward trend, showing higher ratings of wellbeing and skills/abilities following the TLAP programme. Due to the small sample size of each pilot, the non-parametric Wilcoxon signed-rank test was used to test for changes on each measure. A two-tailed significance level of 0.05 was used. The results of these tests can be found in Table 1 (CAMHS population) and Table 2 (CLATS population) below.

In the CAMHS population the children engaged in the programme reported improvements in their wellbeing, with all but 'education' reaching significance. Their carers also reported a positive shift in children's wellbeing, but only the 'overall' rating reached statistical

Table 1: Evaluation 1 – CAMHS Population. Wilcoxon Signed Rank Test from Pre to Post Intervention on Child and Carer Measures

Measure	Item	n	Wilcoxon n	T1 Mean (SD)	T2 Mean (SD)	Z Score
Child Wellbeing	Self	9	9	3.11 (2.42	6.44 (1.51)	-2.32*
Ratings	Others	9	9	4.78 (2.95)	7.67 (1.69)	-2.08*
	Education	9	7	3.44 (2.24)	4.11 (2.42)	-0.85
	Overall	9	9	3.44 (1.67)	6.78 (1.56)	-2.49*
Carer Ratings of	Individual	9	7	2.67 (2.35)	4.89 (1.54)	-1.95
Child Wellbeing	Relationships	9	9 6	4.00 (2.78)	5.89 (2.67)	-1.59
	School	9	7	2.89 (2.37)	3.22 (2.17)	-0.51
	Overall	9	9	2.78 (1.54)	5.44 (2.13)	-2.2*
TLaP Q	Willing to Try	٤	3 6	4.13 (3.00)	6.00 (1.77)	-1.69
	Confidence	8	8	2.38 (1.30)	5.25 (0.89)	-2.53**
	Self Awareness	8	6	2.75 (1.58)	5.75 (1.75)	-2.21*
	Regulating Emotions	8	8	1.75 (1.16)	3.38 (1.60)	-1.84
	Communication	8	5	3.00 (2.27)	4.25 (2.19)	-2.04
	Problem Solving	8	3 5	3.38 (2.00)	4.88 (0.99)	-1.63
	Respecting Others	8	3 7	4.00 (3.16)	5.38 (1.92)	-1.53
	Self-Esteem	8	3 7	2.38 (1.41)	3.88 (1.36)	-2.41*
	Empathy	8	3 5	4.38 (3.02)	5.38 (2.77)	-2.06*
	Taking Responsibility	8	3 6	2.38 (1.60)	4.88 (3.14)	-2.22*

Note. "Wilcoxon n" refers to the number of participants available for analysis once 'no change' scores had been discounted. *p <.05, **p<.01

Table 2: Evaluation 2 – CLATS Population. Wilcoxon Signed Rank Test from Pre to Post Intervention on Child and Carer Measures

Measure	Item i	n	Wilcoxon n	T1 Mean (SD)	T2 Mean (SD)	Z-Score
Child Wellbeing	Self	8	6	5.63 (3.50)	7.38 (2.26)	-1.16
Ratings	Others	8	7	4.00 (3.25)	7.88 (2.03)	-2.21*
	Education	8	6	4.38 (.3.8)	7.00 (3.74)	-1.90
	Overall	8	7	3.87 (3.36)	7.75 (1.83)	-2.38*
Carer Ratings of	Individual	8	7	4.63 (1.9)	6.25 (2.32)	-2.39*
Child Wellbeing	Relationships	8	6	4.25 (2.6)	6.75 (1.67)	-2.00*
	School	8	8	4.13 (1.6)	5.62 (2.00)	-1.98*
	Overall	8	6	4.75 (1.67)	6.63 (1.69)	-2.23*
TLaP Q	Willing to Try	7	5	5.71 (3.35)	7.14 (2.73)	-1.24
	Confidence	7	6	5.00 (2.16)	6.43 (2.14)	-2.23*
	Self Awareness	7	7	3.00 (1.41)	5.14 (1.68)	-2.41*
	Regulating Emotions	7	7	2.00 ((1.16)	4.29 (1.50)	-2.46*
	Communication	7	7	4.43 (3.04)	6.29 (2.75)	-2.39*
	Problem Solving	7	7	3.00 (2.38)	4.71 (2.43)	-2.41*
	Respecting Others	7	7	4.00 (2.08)	5.00 (2.00)	-1.93*
	Self-Esteem	7	6	3.71 (2.29)	5.43 (2.37)	-2.40*
	Empathy	7	6	3.71 (2.43)	5.29 (2.36)	-2.23*
	Taking Responsibility	7	6	2.29 (0.95)	3.86 (1.35)	-2.23*

Note. "Wilcoxon n" refers to the number of participants available for analysis once 'no change' scores had been discounted.

significance. The same carers also reported shifts in all areas of their children's skills/abilities on the TLAP-Q. These reached statistical significance in relation to reports of confidence, self-awareness, self-esteem, empathy and taking responsibility.

In the CLATS population, the children engaged in the programme reported higher ratings in all areas of wellbeing; the changes in their 'overall' and 'interpersonal' wellbeing ratings reached significance. Their carers' reports also show improvements in all areas, all of which reach statistical significance. Similarly, the TLAP-Q demonstrates a shift in all areas after attending the TLAP Programme with all items reaching significance apart from 'willingness to try'.

Discussion

These initial results indicate that this equine-assisted therapy is a useful addition to the therapeutic offer for young people with a range of complex needs, including those who have experienced neglect and abuse, and who may not be able to access or benefit from

more 'traditional' therapeutic approaches. Positive changes were seen on both child and carer reports of child wellbeing across different areas of the children's lives, and on a range of skills and abilities thought to be targeted through the programme. These ratings are also supported by rich testimonials of the benefits for the children (see end of report for sample quotes).

Although not all young people completed the programme, some children who had experienced longstanding CAMHS and CLATS involvement were able to be discharged following completion of the programme.

We speculate that the reason this intervention has been useful for the young people in our study (along with others who have accessed TLAP) is because it is very different from a traditional therapy or education format. The intervention is positioned as helping them with their challenges as they learn how to build a relationship with their horse. Within this space the young people are trusted and responsible for working with their own pony, they are taught to become aware of their own

^{*}p <.05, **p<.01

arousal to support their pony to regulate, and are shown how to influence without coercion or aggression. Furthermore, through the sessions the children are supported to develop mentalisation skills which can be applied to assist in developing healthy relationships with people which for many, due to their early-years and subsequent experiences can be very difficult. In this sense these children are learning particularly different lessons than they might elsewhere.

It is likely that there is greater safety for some of these young people in developing a relationship with an animal rather than a person. For some of these children it is people who have been the most harmful towards them, whereas that same attachment script (Byng-Hall, 1995) may not carry over to engagement and trust with animals.

Children accessing TLAP form relationships with the pony that they work with, and with adults and other young people at the programme. It is recognised that, in the context of the difficulties and past experiences of many of these children, these relationships may hold particular significance, and as such the ending of this work may present a significant loss to a child. In the experience of staff on the programme, for many children who access a longer term intervention, there is a natural progression away from the programme over time. As things shift for the children, they may decide they want to be in school more and spend more time with their friends. For others where this shift may not happen as smoothly, or where they access a shorter-term intervention, they are welcomed back to visit the ponies and staff and to volunteer in future – to keep a link with the programme and the animals and people that have been important to them there.

This evaluation was not conducted as a cost analysis, and TLAP is not proposed as a cost-saving programme – equine therapies are costly. It is not suggested that this programme would replace core social emotional mental health services for children; rather it is offered as a valuable adjunct to these services, particularly when there is an

existing need that isn't otherwise met by more 'mainstream' provisions.

Limitations

This evaluation was conducted to capture preliminary information regarding the impact of the TLAP programme for young people. It is not a research project, and has the following limitations:

- the sample size was small which makes conclusions difficult to generalise to a larger population
- the measures used were not standardised and asked caregivers to rate abstract concepts such as 'empathy'
- the use of informant reports is subjective and participants may rate their feelings on the day or feel pressured to report positive change
- there was no follow-up, meaning we cannot comment on sustainability of change

Conclusions

Evaluations such as these are an important first step in exploring the usefulness of alternative therapeutic approaches for children. We would encourage further investigation into the benefit of equine-assisted and other alternative interventions for children and young people who mental health services struggle to support.

We would like to finish by sharing some of our favourite pieces of qualitative feedback from the children and parents/carers:

Rebecca: 'Has made me more calm. Made me more confident as a person around horses and people. I feel I have a lovely bond with my beautiful May (pony).'

Simone's Parent: 'I have seen a massive change since my daughter started.'

Alice: 'Me and my mum are communicating better. It has helped my confidence and anxiety.'

Yasmin: (Has anything changed for you?) 'Yes, it had a positive effect. The ponies are lovely and the teachers are kind and friendly.'

Liam: I calm down right easily.' I learn how to get on Minnie (pony), how to stay calm how a pony feels.'

Liam's Caregiver: 'Liam enjoys the ponies and if asked about what he has learnt about the pony emotions he can understand how to keep the pony calm by keeping himself calm and he knows how to do that.'

Ben's Caregiver: 'He gained confidence and the ability to listen and communicate.'

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Leah's Caregiver: 'Learning control, slowly becoming more independent, and is taking more time with things but mostly is making the effort to be with other people/family rather than being on her own which is a huge step.'

Sam: (What's changed?) Everything, I think and act differently.'

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