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A Diamond in the Rough

Assessing the Value of Equine Assisted Therapy at Camphill



Research Report

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1. Introduction

A request was received by Karen McArdle from the Camphill Riding School Support Group to discuss the possibilities of participating in research at Camphill to assess the value of equine assisted therapy to participants in a developmental context. Equine assisted therapy is offered to a range of children and young people, ranging from 7 to 20 years of age. This research study concerns children with additional support needs, who are teenagers. The children were characteristically autistic.

This was an attractive proposition as it provided the author with a context in which to further her research interest in child development from an educational perspective, particularly for those who experience some form of additional support needs. She also has an interest in horse riding based on my own experience over a lifetime of equine activities.

The purpose of the study from a Camphill perspective was to assess the value of equine assisted therapy as one of a range of therapies provided. The research would provide the foundations for exploring decisions concerning whether to extend the service to other users and also would provide feedback on the impact of equine activities on the individual child/teenager in developmental terms.

2. Research Questions

1. What is the impact of equine assisted therapeutic activity on the development of Camphill participants?
2. What is the impact of this activity on;
 - Physical;
 - Emotional;
 - Social;
 - Language Development?
3. In what ways does equine assisted therapeutic activity contribute to child development for children with additional support needs?

3. Methodology

- Literature review of equine activity approaches to child development was conducted.
- Interviews were conducted with key staff at Camphill involved in the provision of equine assisted therapy activities to assess the aims and perceived outcomes of the activities provided.
- Baseline assessments and referrals of 3 or 4 participants were scrutinised. Participants in the research were identified by Camphill to identify participants at different places on the spectrum of development and at different stages of therapeutic activity.

- These 8 participants were observed by the researcher during their contact with the horses and field notes were taken in a way which sought not to interfere with the child/teenager's experience.
- Analysis of notes of progression maintained by Camphill staff were scrutinised for these children/teenagers.
- To ensure the voice of children/teenagers themselves was heard and to look at longitudinal impact, interviews were held with 5 participants who had completed or had a lengthy experience of equine assisted therapeutic activity
- Discussion of the anthroposophical principles embedded in the horse riding therapy took place with three members of Camphill staff.
- Analysis of these sources of data took place using a model of child development that synthesises learning linked to movement, sense of body, sense of space and emotional and social capacities. In addition, anthroposophical understandings of child development and the senses were important to an understanding of how the equine assisted therapy is framed.

Time for the research did not permit a longitudinal study, however referral documents for each young person were scrutinised and the number of young people observed allowed conclusions on the effectiveness of the approach to therapy to be drawn.

Ethics

Ethical approval was sought from the University of Aberdeen's College of Arts and Social Sciences Ethical Approval Board. Ethical approval was also sought from Camphill's relevant bodies that consider ethical approval

Sampling Issues – sampling was undertaken by Camphill therapists to identify which young people will fit the sample criteria but also who would be most likely to find participation in the research a source of pleasure rather than anxiety.

Consent – written parental/carer permission was sought for all young participants in the process. Permission was sought for the young people to be observed and for their records to be scrutinised.

Individual verbal consent was sought from the young people through their trusted therapeutic riding instructor. As they could change their minds, care was taken to assess verbally and non-verbally the demeanour of the participants to ensure there was no distress and their consent was continually renegotiated during sessions and before observation sessions.

Consent was sought from young interviewees for interviews. Again this was done face to face and care was taken to assess continuing willingness to participate.

Confidentiality/Anonymity – every care has been taken to hide the identities of the young participants, through care about who was present at observation sessions; and through care to use pseudonyms in this report. It is difficult to hide the identity of the young people as Camphill is a close-knit community with an open access policy to all communal areas. Accordingly, identity-disclosing details have been left out. The staff at Camphill will be identifiable as there are only 2 who were interviewed. Reporting was checked with them to ensure they were comfortable with what they can be identified with.

Role of the Researcher

Karen McArdle has over 30 years research experience in an educational context, conducting qualitative and quantitative studies of educational initiatives in the public, private and voluntary sectors. For many years, she taught the research dimension of the BA in Curative Education and is known to many of the graduates who are working at Camphill. She has an academic interest in Anthroposophy and is currently engaged in writing with a Camphill colleague about the relationships between Anthroposophy and research paradigms, in particular those linked to action research.

Perhaps more importantly for this study, she has been involved in horse riding activities for most of her life and has a strong interest in and personal understanding of the potential and actuality of horse riding for therapeutic purposes. As an educationalist she has a strong interest in child development and how this may be ameliorated in young people with additional support needs. She has full disclosure for working with vulnerable children and adults.

She adopted the role of participant observer. The role is complex as it requires a balance of not interfering with the experience of the young person in equine activities (i.e being a non-participant observer); at the same time as ensuring that the young person remains comfortable with a natural presence (participant observer). A natural participating adult demeanour seemed to work best in this situation.

Safety – there were no safety issues as the children had parental/carer permission to engage already in equine activities and nothing additional was being done for the purposes of the research. The researcher had extensive knowledge of equine activities and was safe around the horses.

4. Findings

4.1 Introduction

It is important for the reader of this report to understand the difference between equine assisted therapy and rising for the disabled or participation at a traditional riding school. It became clear to me that equine assisted therapy demands a level of expertise of the therapist and specialist training of the equine that is qualitatively different from that required at a riding school for the (dis) abled rider. The level of expertise of the therapeutic

riding instructor is different from that of a riding instructor at a mainstream riding school. It requires expertise in the specialist management of the equine; expertise in the management of young people with the equine who may be challenging; and it demands a knowledge of the young person's social, emotional and behavioural development.

The equine must be selected for its aptitude for training and its disposition or its ability to suspend flight instincts whilst in work. Also it must be selected for physical characteristics, such as gait and height and width. There is also a quality that is difficult to define which might be considered to be dispositional, which is an ability tolerate sometimes confusing and challenging behaviour with aplomb. All the horses at Camphill have been selected and trained on site and are excellent examples of therapeutic equines as I hope will become clear in the findings of this report.

It is customary to provide case studies of young people in reports of this kind but because of the importance of the relationship between equine and rider, I have chosen to also provide case studies of the equines too.

4.2 The process

Equine assisted therapy demands careful management of the horses, which is invisible to the visitor to the site. This management consists of training, grooming, shoeing and cleaning of the horse for its physical well-being. All horses/ponies at Camphill are ridden in a traditional manner as well as therapeutically for their own mental well-being. The management also includes careful selection of the tack the horse will wear and cleaning and maintenance of this. The care of the horses at Camphill is of a high standard. I make this judgement based on my observation of the care taken to prepare the equines for work and my knowledge of horse management. The tack (saddles and bridles) used for the therapy vary according to the needs, preferences and skills of the child or young person. In some cases the tack has been designed and developed specially by Camphill.

Horses are ready and waiting for the child or young person who characteristically is brought by an adult to the stables. Selection of a riding hat is the first activity, then the young person is introduced to the horse or pony to say hello. The horse is mounted in a way appropriate to the child's physical and mental abilities and the therapy begins. This lasts for an hour and may take the form of riding around a manege indoors or outside with the therapeutic riding instructor and one or two assistants managing the process. Alternatively the horse and rider are escorted by the therapeutic riding instructor and assistants on foot around the estate of Camphill, which is a mix of roads and tracks with a small amount of traffic.

Once the horse and rider have finished a session the young person dismounts and is encouraged to make much of the horse and lead it if this is possible to the stables. Young people, if it is safe, are welcome to groom and help in the stableyard. The young person

returns to the tack room and returns the riding hat and is free to go with his/her accompanying adult and the therapeutic riding instructor and her assistant look after the needs of the equine, such as water, grooming, feeding.

I have not here described the therapeutic activities as these are different according to the needs of the young person/child and will be described in the respective case studies.

4.3 The Character of the Therapy

I did not agree to conduct an evaluation of the Equine Assisted Therapeutic Activity, rather I agreed to conduct research into the impact of this activity on young people in the Camphill context. Evaluation and qualitative inquiry both demand judgements to be made and I find myself straying into evaluation of what I consider to be a highly effective and impressive therapeutic domain. I focus here on what I observed in terms of therapy and the development of the young people.

From my observations, I saw evidence of the following dimensions of physical and emotional wellbeing. The term wellbeing is difficult to define. I use it here from the point of view of my observations of young people experiencing wellbeing. They were observed to be smiling, relaxed and cheerful.

I observed physical elements linked to well being including muscle flexibility, relaxation and co-ordination for the mounted young person who was less flexible and relaxed off the horse. I observed, furthermore, control of movement and awareness of body on the part of physically challenged young people. Balance which itself demands poise and control was apparent in all the children I observed.

I also observed achievement, independence and positive self-esteem. Emotions and moods whilst on the horse were always there and always positive, if occasionally tinged with a little uncertainty and anticipation but it stopped short of fear. One thing that was apparent in all the observations was the positive relationship between horse and rider. It was clear from the notes I read about the children that relationships and engagement with others was a challenge for all the children observed but a relationship with a horse had become largely unproblematical. I ascribe this, from my knowledge of horses, to the fact that horses are highly sensitive and mirror the behaviour of the child, and are trained to respond without demur to the commands of the rider, so a sense of control is possible for the child who may find this difficult with other relationships. This will lead to the positive self esteem I observed and the pride expressed by the young people I interviewed in their riding achievements.

I saw examples of the use of conceptual thinking, higher order thinking and physical and mental memory skills with children with mental impairment and finally, I saw communication both verbal and non-verbal with therapeutic riding instructor, the assistant and the horse. Relationships with these three were apparent in the way that the child or

young person interacted with them. I learnt from the therapist that children had been observed communicating verbally with a horse when no such communication took place with people.

My discussions with staff alerted me to the way in which the child or young person experiences the sensations of balance, movement and change in the environment and how the horse participates as a bridge between the 'I' of the child and the wider environment. We manage a sense of self and others through our sensory experience. On the autistic spectrum, children often find it difficult to realise self in new environments, as a change in environment needs a reidentification of self. The horse assists with this reidentification through building up experiences of the body so as to be free of it.

Horse riding contributes to Sensory Integration. The balance of riding a horse integrates proprioception. The rhythmical swing and sway assists the finding of the still point in a context of balance, so that the child can establish a centre, in anthroposophical terms the 'I' or 'ich'. When this singular anchoring point of self-consciousness has been established, the manifold confusion of sensations and impressions can be integrated in to one coherent whole. This assists the child to orientate him or herself in the world.

The movement of the horse is below the level of consciousness as skill develops and the skill is not a pattern they attend to but an integrated movement. Horses are sensitive to the slightest movement so just thinking about turning to the left for example will often result in a turn by the horse. This provides a freedom of movement to those who have the need to control the body with gritted teeth or find it difficult to move from one environment to another.

4.4 Selected Case studies of Riders

Malcolm (not real name)

Malcolm is described in his notes as having anxiety, low self esteem, lack of confidence and relationship problems. He is able to speak and is on the autistic spectrum and has ADHD. If upset he kicks, bites and throws things. Malcolm arrived at the stables smiling and was fitted with a hat as he smiled in anticipation. He used big gestures that showed his enthusiasm and his self-esteem in this context. He patted the horse and was reassured that this was right by the therapeutic riding instructor. He lifted the steps to assist mounting the horse himself and sat carefully and gently on the roller that was used on the horse instead of a saddle. The roller is used as it allows the rider to feel the movement and warmth of the horse and has handles for holding on. Malcolm sat upright and followed the movements of the horse well. The horse being used was Star, who was new to the stables. The instructor reassured Malcolm that the horse had been good and compared Star to Jack, another horse. Malcolm listened intently. An assistant walked beside the horse and rider and held the horse as Malcolm was asked to touch his hat, shoulders, knees and hands which he did,

following the instructions well. Balance and co-ordination exercises were introduced so Malcolm touched the horse's tail, head collar watching the assistant as she modelled the desired movements. The therapeutic riding instructor kept the energy going in these exercises with affirmative comments. The instructor then asked him what he wanted to do and was rewarded with a beautiful grin. He chose a game where at each letter marker of the manege he named a place as he rode. So, the instructor said A for Athens and he said A for Aberdeen. Then they played 'I went to a shop and bought. . . ' Malcolm offered Koola as he rode past the letter 'K'. Memory and attention span were being worked on.

The relationship between therapeutic riding instructor and rider was fun and full of laughter. There was considerable communication. Malcolm forgot he was riding and relaxed into the movement. He was invited to sit up tall and relax his legs which he did well, connecting his mind and body in an awareness of his posture and achieving stillness. He spontaneously acknowledged the relationship with the horse by patting the mare. Suddenly they were spooked by a bird and the horse dodged to one side. Malcolm looked fearful for one second then just resumed his posture on the horse and discussed the fact that the horse had had a 'poo'. His senses were being used to the full.

As the therapeutic activity finished and the horse drew to a standstill in the centre of the manege, Malcolm patted Star spontaneously and smiled broadly. He dismounted with some difficulty and chose to lead the horse to the stables. The assistant led the horse too, then released it so that Malcolm was leading on his own and pointed this achievement out to him. Once he had put the horse into the stable, Malcolm left with regret but a smile of what I perceived to be satisfaction.

Adam (not real name)

Adam needs to know in the smallest detail what will happen in the therapy session. He needs to follow rules. He has been exposed to violent behaviour and was reported as needing a sense of belonging as he had experienced loss, fear, rejection and guilt. The therapeutic riding instructor described him in the following way : "I am frustrated, often confused and overwhelmed. People are bewildering, inconsistent and do not understand me. The world is huge, complicated and unforgiving. There fore, I become angry, frustrated and left out. He has a private logic." Adam was too frightened to be riding in the outdoor manege and so was brought into the smaller space of the indoor arena. He fussed about his gloves which he wanted to keep on but would be unable to feel the reins. This was explained and he removed his gloves. Adam rode Biggles in a saddle and hackamore bitless bridle. He climbed onto Biggles using the stirrup and mounting block. He used his legs in the appropriate manner to make Biggles walk on. Adam was very shy and mostly silent but smiled the whole time when he was riding. Using commands with the horse would have given him a sense of control. Biggles started to meander lazily and Adam was able to correct him so that Biggles did what Adam wanted. He was able to follow command such as

change the rein to go in the opposite direction. Cones were placed in the centre of the arena for him to do a halt between them. He managed this and smiled broadly at his own achievement. Adam for a frightened boy was very confident with Biggles and clapped hard on achievement again when he correctly steered Biggles to 'go large'.

Adam was asked if he wanted try a trot and he did. He held tight onto the hand-hold and with the assistant running beside him almost did rising trot which demands physical control and an understanding of the rhythm of the horse. He will almost certainly grasp the rising trot soon. He followed the rhythm of the therapists voice and clapped again after they had done this. Progress was clearly taking place and was possible for this frightened teenager.

He dismounted himself very competently and put up the stirrups and loosened the girth appropriately. He took the saddle off correctly and played with Biggles' forelock and stroked him for some time. He groomed the horse then led him away He laughed out loud "Horse going to follow me" he carolled with delight. Adam had been coming to the stable since April 2013 about 18 months prior to this observation. In the beginning he had found riding tiring and it took a long time for him to remember where to put his fingers on the reins. Everything was frightening at first, was always a 'no' but now he is relaxed and wished to do more and more. He has to be encouraged to recognise achievement in himself.

Sarah (not real name)

Sarah is on the autistic spectrum. She hits out at other people and has a lack of boundaries. She finds sensory processing difficult and is disturbed by sound especially mechanical sounds. She has very limited verbal ability. The therapeutic riding instructor is working on rhythm to help her find mental balance; on communication skills; and independent skills as she is very dependent on carers. Her relationship to people and animals is being worked on and orientation in space and time as she has limited grasp of this. Also she had little awareness of danger such as hitting the horse so this needed careful attention.

Sarah arrived with her hair in a high pony tail with a bobble on it. She needed to remove this to put on her hat. She did not like this and did not want the hat on so hit out at her carers. She did not want to go out riding if she had to remove her pony tail. The instructor was firm and she finally put the hat on. Then she went to see Jack the horse and was encouraged to pat him, which she did clumsily but gently. She would go out on a walk around the estate accompanied by the therapist and as assistant as this variety of vistas keeps her interested. The therapeutic riding instructor helped her to mount the horse in an enthusiastic and encouraging manner. Sarah sat on the horse and waved goodbye to me as she set off sitting still and calm. She returned half an hour later and was still calm and the ride had gone without incident, She did not want to leave and had to be led away by her carer as she made explosive sounds.

4.5 The voice of the riders

Interviews were held with 5 of the riders who were able to communicate verbally to find out their perception of the horse riding. Three of the interviews were held in a space with a therapist known to them present to give them confidence. Another two were held in the tack room with the equine therapeutic riding instructor present for the same reason. I intended to ask them to explain in a factual way their experience of riding from the first time they came to the stables but memory issues made this difficult, so I substituted simple questions about their experience and feelings linked to riding, the horses and the stables. Answers were generally brief reflecting the difficulties these young people had with communicating with a stranger.

Without exception the young people expressed pleasure in horse riding and also a rather pleased delight in its riskiness as they perceived it. Horses are 'big' was an opinion expressed in this regard. When asked whether they liked horses, four out of five said yes. The young person who said "no" enjoyed riding but found horses 'big' suggesting a little nervousness but he smiled whilst saying it and seemed to savour the risk. Words used to describe the horses were gentle, big, peaceful, relaxed, nice, fun, comfortable and friendly. One relatively articulate young person when asked if he liked horse riding referred to the relationship with the horse in a sophisticated manner.

"Yes. Like. It's an animal that humans can actually be with. They're not under us. Not over us. We can just be with them. Build relationships with them. Not like a pet or a cow. It's very different."

Another person mentioned the relationship. "I learnt how animals should be treated. If you respect them they respect you."

Referring to Jack, one young person said enthusiastically, "I really like him. I really, really do. I like white and black. His name's on his stable. I made er what's it called a sign for on his stable. I'm making some more. Go and look at the sign."

I asked what the young people did not like about riding and all were positive in this regard. One young person, for example, expressed how he had progressed with confidence in riding, when I asked what he did not like about riding.

"it was more outdoorsy than I thought. Go on the horse. I was more nervous. How the horse would react to me. If I do something suddenly the horse would be scared so I was nervous the first time. I relaxed later on. After I got used to the bumps and creaks it felt just nice."

"You use some weird muscles. You feel a lot higher than you really are."

One young person suggested the horses can be feisty and it builds up your confidence. It's better if they are 'difficulter'. "When they're really hard it makes you concentrate a bit more."

Riding was described by one young person as, "Feels good. Not all the time. There's a kind of taste. A smell." Another young person said she did not like it when the horse bent down to eat grass as she was afraid of falling off. She added there can be scary moments, "Loud noises. Get a jump. But he walks on." In the same vein a young person described the fear of loud noises from the point of overcoming the fear. "Scary. Suddenly move. Get scared and trot off. It was um people walking by. Loud noises. They all had to stop. Doesn't happen often. Maybe one, two three time that they move on quickly. Shock." One young person was pleased with the scary moment he had being the first person to ride one of the horses. "I was the first person to ride him without any support on either side." This was said with proud pleasure. "It was nice to have that experience with him. It was for him and for me."

They all liked being at the stables and things they did not like were limited to the smell only! Activities enjoyed included grooming, "Jack gets really itchy." "There are different brushes you can use." "I've been on the tractor and trailer."

The equine therapist was liked by all the young people. "K and T are nice. She walks beside me and that is good."

"K is very confident with the horses. Feels reassuring. Authority. Isn't bossy."

One of the young people talked of his pleasure at progressing with riding to riding independently. "K was on another horse. It was just me and Biggles riding. Biggles needed a bit more persuasion when he was eating. Authoritative."

Another young person did not like the stables when there were a lot of people there. He preferred it with just him and the equine therapist and the assistant. "Mad rush. Change of horses. Only recognised K."

4.6 The horses

Those interested in horses will be eager to hear of the character of these equines. Through my own knowledge of horses and equine behaviour, it was apparent that the horses had been selected and trained to a very high standard. Horses are 'flight' animals, which respond to unusual sounds and behaviour with a need to distance themselves from the threat. This is termed spooking and shying at a low level and bolting at a more severe level. The horses had been trained to be accustomed to the unusual and had also been selected with this in mind. It is important to emphasise the need for and skill involved in matching horse and rider. Horses have personalities and react differently to different people. It was

apparent that considerable care and judgement was involved in matching horse with the young people so that a relationship could develop.

In addition the horses had been trained to respond to the usual and traditional rider aides for movement but also to respond to specific, less sophisticated aides that are more accessible for young people who have special needs.

The horses were cared for in an exemplary manner, their comfort, nourishment and well being always at the front of the therapeutic riding instructor's mind. I observed their care and care of their equipment and found this to be to a very high standard.

The equipment included use of saddles and bridles but also custom made rollers with handles that allowed the young person to ride almost bareback, experiencing the movement of the equine muscles and the warmth of the horse's body heat which is therapeutic in itself for tired or aching and stressed muscles. Let me now introduce you to the horses I observed.

4.6.1 Jack

Jack is 16 1 hands high which to the uninitiated means he is quite large. He is thirteen years old which means he is in his prime in horse years. He was purchased as a nine year old, which meant he was quite difficult to train as he was not a youngster. He is quite stocky and heavily built with large hairy hoofs and is piebald in colour. He represented the kind of horse I expected to find at the Camphill stables, a native hybrid with a slow and easy going temperament. In character he likes to get to know his riders before he is unduly friendly and can be a bit stand offish but is at the heart of the Camphill experience for the heavier rider and those who need a steady mount.

4.6.2 Biggles

Biggles is smaller than Jack and is 14 2 hands high. He is now twenty two years old which is a relatively old age for a working horse. He has been at the stables for ten years and is a Camphill stalwart although his work is much reduced because of his age. He is relatively light weight compared to Jack and is the kind of horse an experienced rider would be pleased to own. He is skewbald in colour. He is very reliable and is also pleasingly forward going, not a stodge but is extremely safe. He does not like ball work where the therapist throws balls for the young person to catch unless he has a small person on his back who needs to be looked after. He is being phased into complete retirement

4.6.3 Star

Star was a type of horse I did not expect to see at Camphill, primarily because she is a mare and mares are much more flighty and unreliable than geldings as a general rule. Also she is

young as a five year old. She was purchased just before I conducted my research and I was able to observe her first therapy session. I was surprised that she was steady and reliable as she has Arab horse in her breeding and Arab horses are known to be flighty and an experienced rider's mount. Star had, however, been well chosen, she performed to an excellent standard with the young people I saw in therapy. Horses were chosen for the suitability of their gait as well as their temperament and her gait is smooth and appropriate for therapeutic activity purposes. She is a bay horse

4.6.4 MJ

MJ is the therapist's horse and I did not see him being ridden in a therapeutic activity session but he is a superior quality of horse being well put together and having a natural rhythm and gait. I was advised that he is more sensitive but is good for teenagers who progress to the point where they can ride in traditional style. He is 15 3 hands high and seven years old.

The horses were all in my estimation well up to the job of equine therapeutic activity and each in his or her own unique way contributed to the work of the therapeutic riding instructor. Biggles will need to retire soon and all horses were actively used so will need replacing shortly.

5. Discussion

5.1 Background

At the time of writing there were four horses and approximately 20 sessions of therapeutic activity were held in a week. One horse was in training and the other three were working very hard. One of the horses is elderly and needs to retire soon.

The sessions are managed by K, a qualified therapeutic riding instructor. I observed her to be excellent in her management of the horses' welfare and the stables. She was excellent in her manner with the Children and young people I observed, exuding confidence and authority for both horse and rider. K has chosen and trained all the horses at the stables and is highly competent as a rider in competitions herself.

5.2 Choice of horses

The choice of horse and its welfare are critical to the effectiveness of equine assisted therapy. The therapeutic riding instructor chooses the horses and seeks specific characteristics including gait, movement and a flat trot for the comfort and physical development of the rider. She needs to choose a narrow horse, not too wide to ensure comfort and stability of the rider.

Height matters to the therapy horse. The ideal height is around 15 2 hh. However a range of sizes are required for the needs of different riders. Ponies are too small and do not have a big enough trot. The width of the horse as 'base of support' is important and in general a wider base provides more stability and balance however a range of widths are ideal and support different physical needs as a wide horse may cause some discomfort and therefore a narrower horse is suitable.

Temperament is crucial. The horse needs to be switched on not sluggish and also needs to be caring and connect to people. It is ideal to train the horse from 3 years of age but this is not always possible. A therapy horse needs to be different from a riding school horse. Riding school horses do repetitive work and do not need to be as sensitive as therapy horses, which need to concentrate to respond to the voice.

The horses at Camphill have all been carefully selected and are of very high quality for the purpose of equine assisted therapeutic activity. They have all been trained to cope with ball work and other activities and to cope with the behaviour and noise of riders who have complex special needs. They are all trained to respond to the voice and manual signals of the rider, such as a pat on the withers to walk on. The horses all work very hard.

5.3 Theories and principles underpinning the therapy

As a community that focuses on anthroposophy, the equine therapy is linked to anthroposophical ideas. For example, the 12 senses as concepts are built into the therapy and a Steinerian approach to child development. The equine therapist uses these concepts but translates them into more mainstream ideas for the riders. The twelve senses are Ego sense; Thought sense; Word Sense; Sense of Hearing; Warmth Sense; Sense of Sight; Sense of Taste; Sense of Smell; Sense of Balance; Sense of Movement; Sense of Life; Sense of Touch (Steiner, R: 1958).

The theories that underpin this form of therapy are diverse and serendipitous. Traditional riding theories and the more recent equine theories linked to horse whispering and natural horse management underpin the therapy. Elements of physiotherapy and osteotherapy underpin the therapy too. Medical theory has a part to play from the perspective of psychotherapy, physiology and mental health. This breaking down of the theories is not helpful when it is the combined value of horse riding and its benefits that is the subject of this report. These different therapies come together in a unified activity that is horse riding and management as a form of therapy that has no name other than equine assisted therapy

5.4 Equine activities

Equine activities patently contribute to the cognitive, physical, emotional and social development and well being of the teenagers on the autistic spectrum. Through observation there was evidence of significant experience in each of these domains. It was not possible to research a causal uninterrupted relationship between equine assisted therapeutic activity and these developments but it was possible to observe these dimensions in the experience of the young people at the Camphill Stables.

Cognitive well-being was evidenced through the games that were played with the horses. These required memory, sequencing of ideas and creative imagination. I would consider that activities, designed with these outcomes in mind, would not be tolerated by these young people in another less exciting and pleasing context.

Physically, horse riding stretches tired and dysfunctional muscles with a sense of the warmth of the horse's body. It promotes an understanding of rhythm and transitions in movement as well as balance as the gait of the horse requires synchronous movement and relaxation. For those with limited movement there is the sense of freedom that is associated with the movement of the horse. Riding requires the use of fine motor skills. Riding requires mobility, uprightness, controlled movement and rhythmical breathing. Spasticity and palsy are affected by the movement, as the child develops from a deadweight on the horse to a being with active movement, in synchrony with the horse.

Emotional well-being was apparent. For those who find control in their lives to be a challenge, there is the opportunity to manage another sentient being, to command it to walk and halt at will. There is the thrill of the movement and the sense of being 'at one' with an animal. Riding a horse is exciting and there is the frisson of risk and fear that the animal may react differently from what is expected. As riding is a complex set of knowledge, skills and attitudes there is the opportunity for challenge and progression of ability.

Social well-being was also apparent. To achieve personal goals the young person needs to communicate with the horse and also with the therapeutic riding instructor and her assistants. It was apparent that young people with communication difficulties were able to communicate with the horse with a smile on their faces. They communicated too with the therapist with whom they needed a trust relationship to manage their experience.

Speech and language are promoted in the relationship with the horse. All the young people observed communicated verbally if not in words but in sounds with the horses and required a relationship with the instructor to manage the horse, following instructions and guidance. Movement creates a desire or will which in turn can create speech. Learning was apparent as memory and counting were used in games, which also required speech.

It is difficult to imagine any other situation that would present these opportunities for cognitive, physical, emotional, language and social development integrated into a fun activity. Equine assisted therapeutic activity has much to recommend it as a fun, challenging and developmental process. Dimensions that also exist between the young person and the horse are the sense of love and affection that children have with animals and responsibility for the after-ride care of the horse.

Why is riding better than other forms of therapeutic activity? In my experience and observations and discussion with the therapeutic riding instructor, a horse is able to reflect and mirror largely how a person is feeling and his/her emotions. It is possible to see progression in these large ways over a period of learning on the part of the rider. Also riding is inherently good fun. Even those who are too scared to mount a horse can enjoy its company on the ground and the pleasure of grooming and caring for a horse. Horses have been bred to be a companion of man for thousands of year and not only can a horse attune to a person but the person needs to attune to the horse so there are reciprocal demands on the relationship. It is a sensitive and refined co-relationship.

The effectiveness of this approach to therapeutic activity relies on the skills of the therapeutic riding instructor, the therapist and his/her assistants. It was apparent to me that the instructor at Camphill was highly and diversely skilled. Her knowledge of horses was paramount and was excellent but it required an additional sensibility to the appropriateness of the horse for the young person. The therapeutic activity is child centred and follows the lead of the child.

She needed to maintain a demeanour of confidence and authority for both horse and young rider and did this remarkably well. Boundaries in a potentially risky activity are important and these were well maintained. She knew when to be authoritative and when to be encouraging and fun. She also had a sensitivity to the demeanour of the young rider knowing when to seek challenge and when to revert to a safer more confidence building activity. It was apparent to me that each child was assessed and managed differently during his/her riding experience. Selection of the right horse, the right tack and equipment and the right activities were all done seamlessly and with aplomb. Every care with safety was taken, whilst also managing low-level challenges.

The therapeutic riding instructor advised that she assesses young people over three sessions through observation. She is guided in her activities by the choices of the child and any medical contraindications from the referral notes. The horse is selected from height and weight of the young person and any challenging behaviours, as well as for personality. Therapy is highly individual with up to three side walkers to manage the process. These side walkers need to be trained as well to be confident, calm and quiet, which they were on all the occasions that I observed.

6. Conclusion

I called this report a diamond in the rough. A visit to Camphill stable can be muddy and cold but it is an undervalued asset, I suggest, at Camphill. A visitor might think it a riding school but it is far more and qualitatively different from that. It is a place where child development takes place and relationships between animals and people are established. I worked hard to find a criticism to make of the equine assisted therapy from the point of view of being balanced in my reporting but was unable to criticise the approach and its obvious benefits in any way.

The only down side was the occasions when a young person has been booked in but then does not turn up for therapy. This causes logistical difficulties with management of the horses. I think the Camphill Stables should be recognised for the diamond they are and should be both maintained and developed with a recognition of their importance to the well being of the young people at Camphill. Yes, they are expensive to maintain and 2 more horses are needed for the current level of work but the benefits would place Camphill at the cutting edge of equine assisted therapeutic activity. The benefits for the children observed were immense and it plays an important role in the lives of the children at Camphill in terms of their development.

7. References

Ralph, J.(2015) Understanding and Applying the Fourfold Approach to the Human Being. Dornach, Switzerland: Council for Curative Education and Social Therapy.

Steiner, R. (1958) Man as a Being of Sense and Perception, Anthroposophical publishing Company. London