

“It’s so much more than just riding”

A Qualitative Evaluation of the Think Like a Pony Youth
Development Programme

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Commissioned by

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Introduction

Animal Assisted Interventions (AAI) involving caring for and interacting with animals has strong therapeutic benefits. AAI can offer profound ways of healing in the face of adversity, reducing stress, depression and improving wellbeing of marginalised groups (Beetz et al., 2012; Boss et al., 2019).

Equine Assisted Intervention (EAI) refers to equine (horses, mules, or donkeys) interaction in an equine environment with professionals trained in horsemanship. Activities involve mounted or un-mounted tasks and range from manualised approaches to bespoke interventions with individuals or groups. 'Equine Assisted Intervention' describes all interventions involving non-recreational interaction of young people and horses with the goal of benefiting the individual in social, emotional, cognitive, or behavioural ways. Equine Assisted Psychotherapy (EIP) specifically refers to equine intervention with a registered Psychotherapist, Psychologist, or Counsellor to enhance the scope of a specific clinical treatment. Physical therapies (hippotherapy) are leading in terms of consistency of clinically significant outcomes relating to physical outcomes, however, outcomes for EAI in terms of psychosocial improvements are more variable (Tedeschi et al., 2019).

Equine Assisted Intervention and Adverse Life Experiences

EAI can benefit those who have experienced trauma, as learning to work with a horse can be empowering (Trotter et al., 2008). Early recordings of the use of horses for healing trauma with military veterans dates to World War 1, long before the impact of Post-Traumatic Stress (PTS) was acknowledged (Tedeschi et al., 2019). More recently, a systematic review demonstrated that EAIs for veterans improved mental health outcomes, however, only half of the studies reviewed reached statistical significance (Boss et al., 2019). The use of EAIs for young people who have experienced Adverse Childhood Experiences (ACEs; distressing events such as neglect or abuse which could cause longstanding trauma) are gathering momentum due to reported benefits for reducing symptoms of trauma (Tedeschi & Jenkins 2019; Yorke, 2010). Non-talk-based therapeutic activities such as music therapy, drama therapy and animal-based therapies

are increasingly utilised for young people with who have been exposed to problematic parental substance use (PPSU;Dunlop & Tsantefski, 2017). A thematic analysis of EAI for young people with PPSU reported individuals felt safe and secure within the environment, allowing for personal and social growth and mastery of their fears (Dunlop & Tsantefski, 2017).

EAI is evidenced to improve empathy, self-esteem and confidence for young people with psychosocial difficulties (Burgon, 2011; Maujeen et al., 2013). EAI is particularly beneficial for individuals with Autism Spectrum Conditions (ASC) and Attention Deficit and Hyperactivity Disorder (ADHD; Lentini & Knox, 2015; Jang et al., 2015). EAI can cultivate new social behaviours and the development of a version of empathy which is not restricted by the nature of human interaction, language, or inevitable power dynamics (Karol, 2007; Malcolm et al., 2017). Another review found EAI were most beneficial for young people with ASC or considered “at risk” due to offending behaviour or in residential care (Lentini & Knox, 2015). However, other evaluations suggested EAI were ineffectual (Bowers & Macdonald, 2001; Ewing et al.,2007). Although the overall picture for clinically significant findings have been mixed historically, there is a growing number of studies which have found EAI to be beneficial for people who have experienced trauma and have neurodevelopmental conditions across child and adult populations. However, more research is required to review the current evidence base to give a more accurate picture of the effectiveness of EAI today, as well as explore potential mechanisms of change given EAI are so effective for these groups.

Theoretical Perspectives: How can Equine Assisted Interventions Help?

Little is known about potential mechanisms of change underpinning EAI, and there are no established models for such interventions yet. However, research exploring human-animal bonds suggests animals can approximate secure attachment relationships, thus individuals experience a target for proximity maintenance and a secure base (Bachi, Terkel, & Teichman, 2011). This may be especially beneficial for children who are looked after who may have limited opportunities to build secure attachments due to unpredictable or harmful experiences of care which impacts on their trust of people. EAI give opportunities to explore and practice new relational patterns with animals which

may feel less threatening than with humans (Pendry & Roeter, 2013). This allows for therapeutic connections to be made which can influence their internal working models for relationships.

Neuroscientific advances highlighted the impact trauma has on the brain, mind and body (Van der Kolk, 2014; Siegel, 2012). Young people who have experienced ACEs are at risk of poor social, health and educational outcomes (Anda et al., 2006). From a neurobiological perspective, stroking or grooming animals has been evidenced to relax tension and promote physiological and sensory integration (Nagengast, et al., 1997). Opportunities to engage with cognitive challenges (e.g., problem-solving) with animals can integrate neural networks previously disconnected due to developmental trauma (Yorke, 2010). Being responded to in a non-threatening manner by another living-being provides a platform to regain control of their own lives, especially in the context of trauma (Bowers & MacDonald, 2001).

Attachment theory and neurobiological perspectives can clarify why EAs may be beneficial for individuals who have experienced trauma or who have neurodevelopmental needs due to opportunities to build positive attachments with animals who may feel less threatening than humans if they have experienced neglect or abuse from their caregivers. However, more research in relevant services is required to build better understand theory-practice links in order to establish a model of best practice for therapeutic services in this field.

Service Contexts

The Leeds Therapeutic Social Work Team

The Leeds Therapeutic Social Work Team (LTSWT), based within Children's Social Care, is a therapeutic service of Social Workers, with additional support from Psychologists, an Occupational Therapist and a Speech and Language Therapist. They support children and young people who are looked after or care experienced, both through direct therapeutic work, and through support to the networks around these young people. Individuals referred to the service may have had limited opportunities to build secure attachments in the context of ACEs, often resulting in relational difficulties (Tedeschi et al., 2019). Neurodevelopmental differences are common among young

people who have experienced childhood ACEs, and neurodevelopmental differences can exacerbate difficulties with communication and relationships.

Young people can present with significant emotional difficulties and behaviour harmful to themselves or others (e.g., property damage, self-harm, going missing). As such, young people may struggle to access 'conventional' therapeutic approaches, such as talking therapies or systemic family interventions. The National Strategy in the UK is to increase service provision for children who are looked after (Local Government Association, 2016). Thus, LTSWT have been referring young people to alternative provisions such as 'Think Like a Pony Community Interest Company' when other approaches are not accessible.

Think Like a Pony

Think Like a Pony (TLaP) was established in 2013 and offers EAI to young people. Lynn Henry pioneered the TLaP approach and became a leader in the field of teaching horsemanship to young people. Horsemanship skills often include psychoeducation about mind-body connections, development of psychomotor skills, building core strength and balance, and has a core relational component with a focus on the importance of building trust, mutual respect, and reciprocity. TLaP stands independent to other EAIs because they employ quantifiable techniques and strategies that empower young people through a horsemanship roadmap incorporating breathing, intention, observing and interpreting body language, decision making skills (TLaP, 2021).

The TLaP Youth Development Programme (YDP) is offered to young people often when traditional therapeutic approaches are not having an impact. Young people may have experienced trauma, mental health difficulties, complex family relationships, social isolation, and have neurodevelopmental or sensory integration needs (TLaP, 2021). Aiming to ensure interactions should be positive experiences for both the individual and pony alike, individuals are given opportunities to cultivate their capacity for empathetic and respectful interactions, whilst supporting their emotional and social well-being (TLap, 2021). Further details about the Youth Development programme structure are detailed in Appendix A.

Previous Evaluations at Think Like a Pony

TLaP secured funding in 2015 to run a 3-day Youth Development Group for young people in looked after services. The progress of 24 young people were analysed, indicating the intervention had a positive impact for almost all young people, many overcoming their initial fear of horses, controlling anger, bonding with their pony, improved confidence, and strengthened their relationships (Shashoua, 2015). Caregivers corroborated these reports; however, the level and longevity of impact was more difficult to determine, especially for individuals with neurodevelopmental differences.

A pilot intervention (Walton, Pearson & Mandelstam, *In press*) of the TLaP Youth Development Programme (YDP) involved 17 young people (Aged 8 – 16 years) who were not benefitting from LTSWT's or CAMHS' core provision. They engaged with 6 to 12 two-hour sessions. Positive outcomes were reported by social workers, caregivers, and young people. Quantitative data demonstrated an increase in the average scores in relation to relationships, education, and overall well-being from the perspectives of young people and caregivers.

This evaluation also used a questionnaire developed based on anecdotal evidence and past evaluation to include areas hypothesised to be targeted by the intervention, the 'TLaP questionnaire'. Ratings indicated positive average change, particularly in areas of self-awareness, and emotional regulation. However, this measure is not yet standardised. Qualitative testimonials indicated significant changes in areas such as emotional regulation, sensorimotor development, relational skills, and education attendance. However, the sample size was small, and the clinical significance of quantitative data was not stated which makes the magnitude of change more difficult to determine.

Previous evaluations have demonstrated positive changes for young people accessing TLaP with improvements in confidence, self-awareness and family and peer relationships. The data has been mostly quantitative with some supporting testimonials and more systematic analysis of qualitative interview data was recommended for future research.

Rationale for Evaluation Method

Most of the reviewed literature uses quantitative measures. Some had clinically significant benefits (e.g., Tedeschi & Jenkins 2019; Yorke, 2010) whereas some trended in the hypothesised direction to improve wellbeing but did not reach clinical significance (Boss et al., 2019). The few qualitative studies completed have been influential in understanding the experiences of children and the impact of EAIs (Dunlop & Tsantefski, 2017), however, more qualitative research is needed to gain insight into potential mechanisms of change and how these can be applied to EAI in future.

Commissioning

The evaluation was commissioned by Dr Martha Pearson, Senior Clinical Psychologist LTSWT, who has been involved with referring and evaluating young people accessing TLaP since 2018. She identified a need to collate richer interview data and analyse it systematically with an independent evaluator to add scientific rigour and support the development of the programme. This is particularly relevant to clinical practice given the National Strategy to increase evidence-based service provisions for children in care.

Aims

The evaluation aims to understand the experiences and impact of the TLaP Youth Development Programme on young people who are looked after with a view to develop and improve the programme as well as inform future interventions and service provision for this group.

Method

Design

A qualitative research design was used to explore the experiences of the TLaP YDP for young people and caregivers. Whilst analysing TLaP questionnaire data could reach a larger sample, as the measure is not yet standardised and more qualitative data is needed, a thematic analysis was selected. Interviews also allow greater flexibility to clarify the complexities of therapeutic approaches and can better accommodate young people from different developmental stages.

Measures

Two semi-structured interview schedules, for young people (**Appendix B**) and caregivers (**Appendix C**), were developed with the commissioner, academic supervisor, TLaP staff and a young people and Carer representative. They were informed by principles of the Outcome Rating Scale (Miller & Duncan, 2000) to identify areas of change (e.g., overall wellbeing, relationships, education) and the Client Change Interview (Elliot & Rogers, 2008) to understand why change may have occurred. Other measures were considered (e.g., TLAP questionnaire), however, these measures were independent of the TLAP approach to reduce potential bias.

Participants and Recruitment

All potential participants who met the eligibility criteria in Table 1 were invited to take part in the evaluation by TLaP mentors.

Table 1

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Young People aged between 8 – 17 years and 6 months	Participants who are unable to give consent themselves or by someone with parental responsibility

Have an allocated social worker (Thus, on a Section 20 voluntary care order, Section 31 Full Care Order, be living with a foster carer, on a kinship care order or in residential care).	Unable to speak fluent English
Have accessed more than 6 youth development programme sessions	
Be able to read and understand English, since the interviews require this	
Be considered capable of informed consent if over the age of 16	
If participants are under the age of 16 informed consent must be provided by a carer/social worker	

Interviews took place separately to foster an environment where participants felt able to speak openly about their individual experiences.

Procedure

Interested young people and caregivers read the Participant Information Sheet (**Appendix D**) or easy read version (**Appendix E**) before the person with parental responsibility provided informed consent (**Appendix F; Appendix G**) or assent if they were under 16 years. Once consent was obtained, the evaluator spent time with the young person during their lesson to develop rapport and answer any questions.

Interviews took place in a confidential indoor arena at TLaP, lasting 10 - 20 minutes. Young people completed their interview alongside their pony if they wished. One caregiver interview took place over the telephone. Interviews were recorded directly to the secure University server, and pseudonyms were chosen to preserve anonymity. Once transcription was completed, participation ended.

Data Analysis

Data was analysed using Braun and Clarke's (2006) six steps of thematic analysis. Firstly, recordings were replayed and briefly transcribed to familiarise the dataset.

Transcripts were coded individually before generating initial themes which were colour coded. Themes were reviewed and revised initially by the researcher to ensure they felt useful and accurate. Credibility checks were completed by a peer on Doctoral Training who then reviewed these themes, offering an objective perspective on whether the raw data was represented in the overarching themes. Themes were revised accordingly ensuring themes were appropriately named and defined. It was anticipated that separate thematic analyses would be completed for dyads initially, however, due to the quantity of overarching themes between dyads, caregivers and young people alike, they were analysed together, and any differences in themes were noted.

An inductive approach allowed the experiences of individuals to take precedent over any pre-existing theoretical pre-conceptions. All themes were retained; however, only dominant themes and subthemes are reported.

Reflexivity

Elliot, Fischer and Rennie (1999), stated the importance of considering your own positioning when conducting qualitative evaluation. Prior to clinical training I worked as a residential care worker for young people with complex needs and witnessed the value of EAs. I am curious about the therapeutic benefits of animals which I have found to be of value both professionally and personally which drew me to this project. This was discussed in academic supervision as I tried to hold an awareness of potential biases which could impact the analysis. Reviewing raw data and subsequent themes and credibility checks aimed to mediate such risks.

Ethical Considerations

Ethical approval was granted by the School of Medicine Ethics Committee at the University of Leeds (Ethics number: DClInREC 20-011). The evaluator has a background in working with young people from looked after services and offered extra time to build rapport and adapt questions to accommodate communication needs. A risk assessment ensured risks were managed when working with young people animals and the Covid-19 pandemic.

Demographic Details

Four young people aged 9 - 17 years (1 male and 3 female) and their caregivers (all female) took part. No participants had a formal neurodevelopmental diagnosis, though ADHD was queried for one YP. Two young people had a diagnosis of 'attachment disorder'. Young people had been in looked after services between 11 months to 7 years. Three young people were in full time mainstream education. One participant was not attending school. All participants were White British. Young people had been attending TLaP for periods ranging from 10 months to 2 years. All caregivers reported young people had experienced ACE's. Referral reasons are detailed in Table 2.

Table 2

Referral reasons

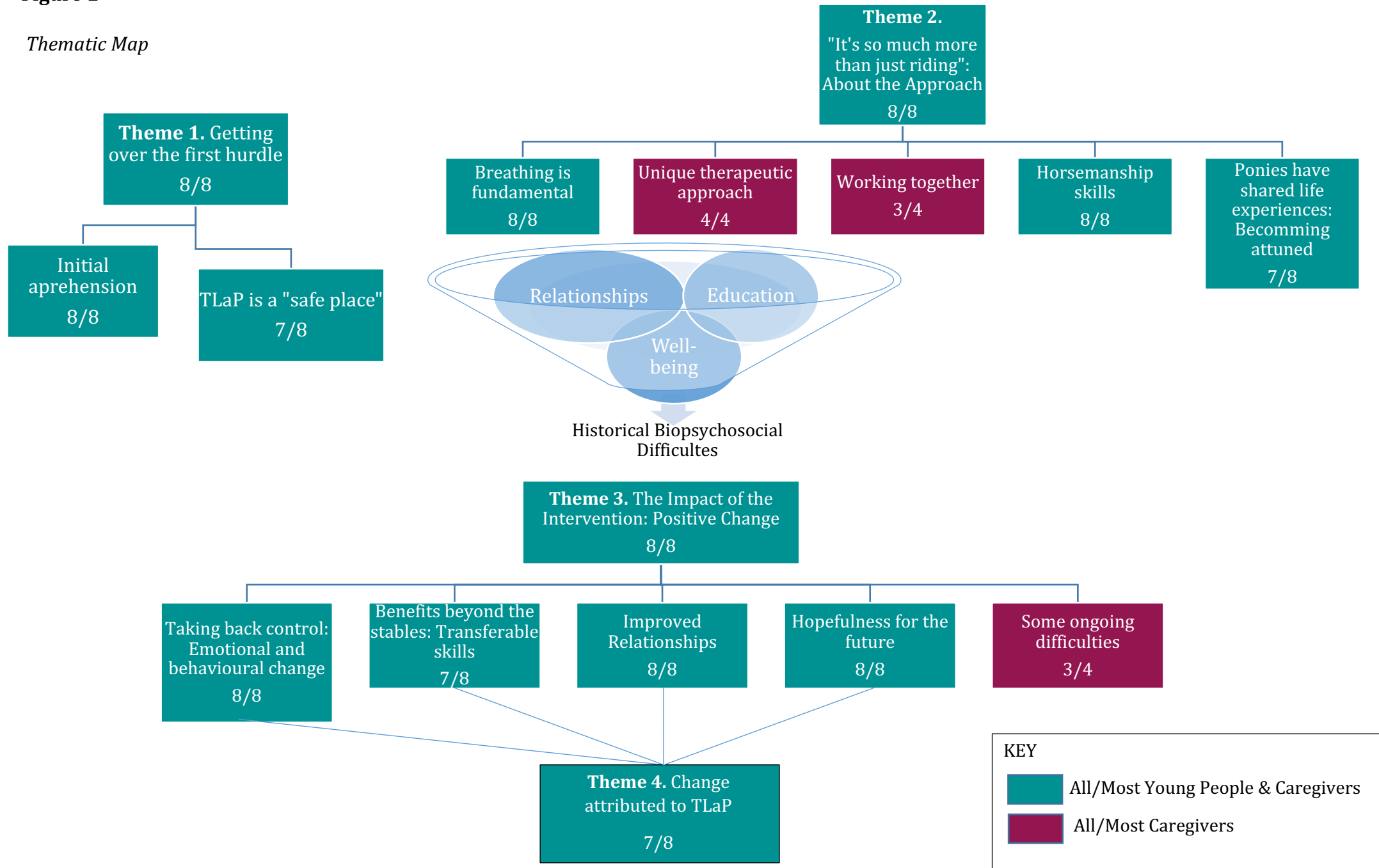
Events or family context	Individual Difficulties
Bereavement	Verbal/Physical Aggression
Separated from Parents/Siblings	Going Missing from Care
Neglect	Emotional dysregulation
Witnessed Domestic Violence	Controlling behaviour to others
Disengagement from education	Low confidence and self-esteem
Bullying	Difficulties with friendships
Traumatic Life Events	Difficulties at school
Abuse	Speech and language difficulties
	Difficulties with attention

Results

Quotes of young people and caregivers are detailed to ensure the perspectives of participants are accurately represented (Braun & Clarke, 2006). Resulting themes from the data are summarised in a thematic map in Figure 1. Gender neutral pronouns and pseudonyms are used throughout to preserve anonymity.

Figure 1

Thematic Map

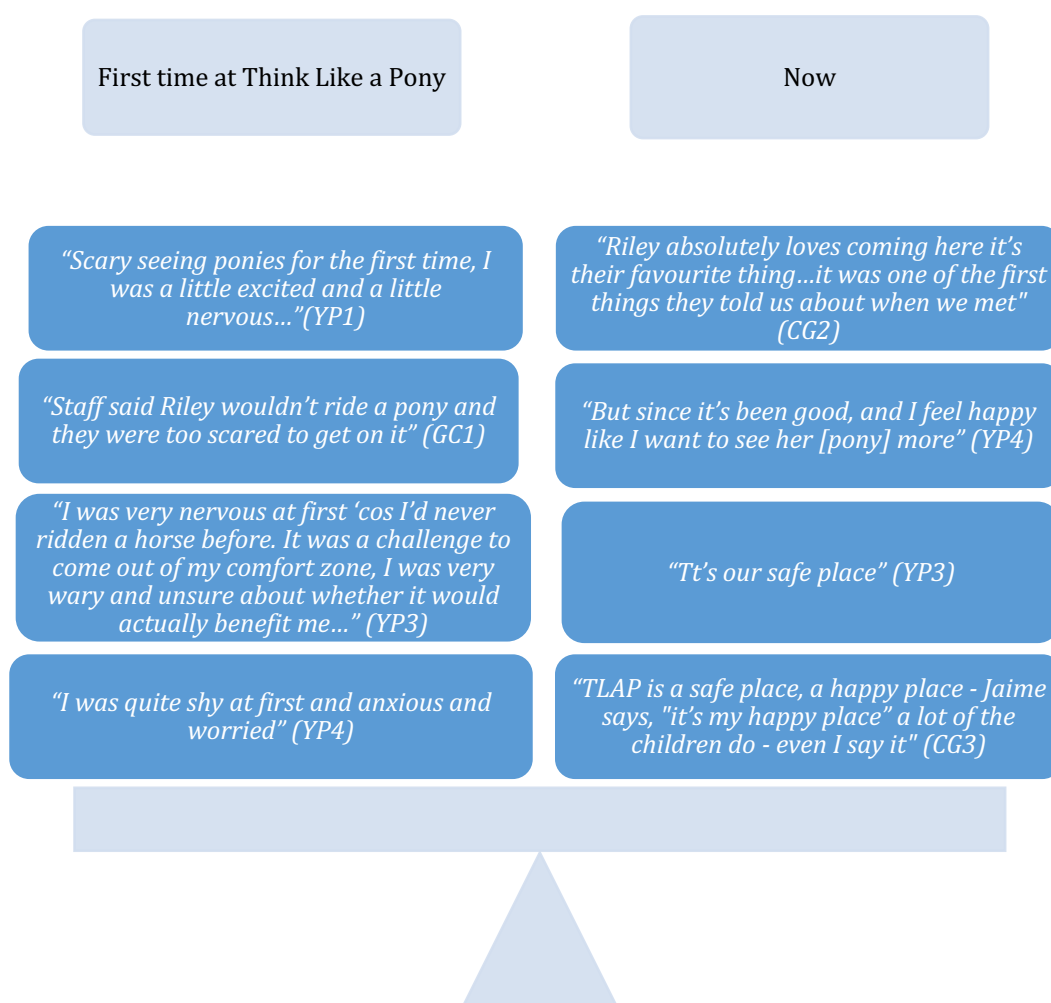


1. Getting over the first hurdle

Before coming to TLaP, all young people reported feeling apprehensive because they were fearful of horses or meeting new people which was corroborated by caregivers. This was ‘the first obstacle’ for young people to overcome.

Figure 2

Getting over the first hurdle: Overcoming initial fears



Now, all participants reported TLaP was a central component to their week. Everyone looked forward coming with it being a ‘a safe place’ and a calming influence as depicted in figure 2.

2. “It’s so much more than just riding”: About the Approach

Breathing is fundamental

For most, the TLaP experience started with the breath. Every participant mentioned the importance of breathing and how this helped them self-regulate, regulate the horses’ emotions, and support others to regulate. Breathing often encouraged young people to pause before responding.

“I just breathe, calm down, relax.” (YP1)

“Breathe! this has helped a lot...in....and...out...[demonstrates with horse].” (YP4)”

“Ashley learnt to breathe and think before you respond.” (CG4)

“Breathing is a big aspect of what we do, because if you don’t breathe correctly, you feel more tense in yourself, by breathing you ground yourself.” (YP3)

Unique therapeutic approach

Most caregivers reported the TLaP approach was different or unique in some way and that you had to “experience it to understand it” as it was unlike any other approach they knew.

“I thought it would be like the other stables, but it was completely different...you’ve got to earn the respect of the horse here.” (CG4)

“I didn’t realise what they did to start with, its more than just an activity they get enjoyment from, it’s a therapeutic session.” (CG2)

“They don’t just learn how to ride, it’s so much more. Until you experience it yourself you have no idea...It’s like indirect therapeutic support for trauma but without the intensity of Q and A.” (CG3)

Working Together

Most caregivers reported TLaP felt collaborative, consulting young people caregivers, and schools at times, ‘working together’ to integrate TLaP approaches across settings.

"I speak to [TLAP Mentor] and keep her informed and discuss things that have happened at school, and she'll then discuss things like Alex being responsible for their own actions.

Over time we've seen a different person." (CG2)

"They work with the systems around them and their relationships. I reference things from TLAP and support Morgan to use it outside." (CG3)

"Ashley takes on board what I'm saying through staff. They reinforce what I'm saying."

(CG4)

Horsemanship skills

Everyone discussed developing horsemanship skills for example, riding, grooming, massage, tacking up and how to do this sensitively using verbal and non-verbal communication to interact with the horse.

Ponies have shared life experiences: Becoming attuned

Almost all participants discussed the importance of understanding the horse's story in order to become attuned to their needs, often drawing similarities between horses and humans. Whilst caregivers spoke of the adversity young people may have experienced, young people talked more about how relatable ponies were based on their shared experiences. Young people could formulate how their ponies might think, feel, and behave if they were distressed and how to alleviate this.

"Well, when he gets a bit sad or something breathing helps [demonstrates with pony], we

became less stressed...their eyes soften." (YP1)

"Sometimes he [pony] gets nervous and nibbles. He had a bag put on him and was branded so he was upset and doesn't usually like men...he didn't used to like having his bridle put

on, so you have to stroke him here." (YP2)

"They've all got their own stories; they've all been through difficult situations too. I feel like you can get a good connection with them if you tune into their emotions." (YP3)

“It fantastic how they can relate, all the horses have a story, and they share these stories with the children so they come to understand that they [the horses] might be here because of difficulties with their behaviour too. It normalises it without labelling them.” (CG4)

3. The Impact of the Intervention: Positive Change

All participants reported historical difficulties as detailed in *Table 3*, and everyone reported positive change since attending TLaP across multiple contexts.

Taking control: Behavioural and Emotional Regulation

All participants reported improved emotional regulation. Behavioural changes were most widely shared including reductions in absconding, police intervention, and verbal and physical aggression. All accounts were corroborated between dyads and related to the initial referral reason.

“I used to kick off because I wanted my own way but since I’ve been coming here it’s really calmed me down. I don’t let my worries take-over.” (YP1)

“It’s helped Riley relax and calm down more than anything...Riley doesn’t thrash out or hit, I don’t see any of that now.” (CG1)

“I used to get really angry and run off places but since I’ve come here, I’ve stopped...Staff helped me control my anger by breathing.” (YP2)

“Alex has required less support from police, family liaison, now it’s just the Social Worker and foster family.” (CG2)

“Morgan didn’t have a voice and wouldn’t state their opinion, that’s changed completely. They vocalise what they want when they want.” (CG3)

“Ashley is calmer and managing emotions better. Ash says ‘think...breath...I need my space and walk away. I think this has possibly come from respecting body space.” (CG4)

Benefits beyond the stables: Transferable skills

All young people and caregivers reported they had applied learning from TLaP to other contexts including, breathing, pacing, and being respectful of others.

"It's matured them. I see a difference when Alex's here, perhaps the sense of discipline and I think that reflects in the way they are at school and outside really." (CG2)

"Riley will use the breathing exercises on my husband if he comes home from work stressed, they go "calm down, breathe do the exercises I taught you." (CG1)

"I use my breathing round the house when I get anxious and scared it helps me to stop feeling upset." (YP4)

Improvements in relationships

The area most notably impacted was improvements in relationships, especially with caregivers.

"It stopped Ashley treating me like a steppingstone and to see me as more permanent. Ashley is learning better skills in relationships; they are more self-aware. It saved the placement from breaking down." (CG4)

"This place has made mine and my carers relationship stronger because she loves it here as well - we got that bond, we both get something out of it, it's something we both enjoy." (YP3)

Hopefulness for the future

For most, TLaP had changed their outlook. Everyone said TLaP was something to look forward to, with caregivers reflecting on the intervention working when other approaches hadn't, thus, generating hopefulness for the future.

"My sadness has come to an end, I'm more happy and excited for things." (YP1)

"Riley often lives day to day for themselves to survive. If Riley can get through a day and they've survived that's a bonus, so I think coming here has helped mark time as Riley doesn't usually think in terms of their future and looks forward to it." (CG1)

"Morgan needed support - counselling didn't work so they suggested to try this, and it worked wonders, it worked when nothing else did."(CG3)

Some ongoing difficulties

All caregivers reported some ongoing difficulties, though these difficulties were reportedly more manageable.

“Riley still does some bullying but not as bad.” (CG1)

“If Alex comes back from contact, we still see glimmers of the old Alex” (CG2)

“Morgan does still struggle sometimes.” (CG3)

“Ashley’s still verbally aggressive but prior to TLAP they would be physical, but this has stopped. (CG4)

4. Attributions for change

Almost all participants reported TLAP was the main contributor for change due to the staff approach, leadership from Lynn, and the ponies. Other contributors included changes in placement and maturing developmentally.

*“I’m making more friends and they are lasting longer because TLAP has helped me with it.”
(YP4)*

“Here has changed things. My pony, the adults that help us here and Lynn.” (YP1)

“Lynn, she’s a powerful and motivational person. Lynn’s positive energy comes to you to make you think “you can do this!” (YP3)

Finally, all participants would recommend the approach to someone who may be unsure about the intervention.

*“If they’ve ever experienced trauma this is the place for them as far as I’m concerned.”
(CG3)*

Discussion

The analysis of the Think Like a Pony Youth Development Programme suggested the intervention was of great value to both young people and caregivers across multiple contexts. Some participants reported the impact of TLaP had been 'life changing', from regulating their emotions and behaviour, to strengthening their relationships and even preventing placement breakdowns. Analysing dual perspectives in a systematic way allowed for exploration of the individuals experience and potential mechanisms for change in line with the project aims.

The analysis suggested the YDP was both novel and therapeutic. As it was unlike any other approach, this challenged their initial perceptions of EAIs. As they became more familiar with the service, most caregivers reported it exceeded their expectations concluding "It's so much more than just riding". Findings indicated significant improvements in emotional and behavioural wellbeing, confidence, and self-esteem in line with findings from the literature (Tedeschi & Jenkins 2019; Yorke, 2010). They also found TLaP to be a calming influence and a 'safe place' in line with Dunlop and Tsantefski's (2017) findings. Findings also concurred with previous TLaP evaluations with 'emotional regulation' and developing a 'positive bond with the horse' leading to improved relationships (Shashoua, 2015; Walton, Pearson & Mandelstam, *In press*). Contrary to Bowers and Macdonald (2001) and Ewing et al., (2007) who found no change following EAI, all young people and caregivers reported positive changes since accessing TLaP.

Potential mechanisms of change

Participants largely attributed any positive changes to the TLaP programme. Environmental factors (e.g., changes in school) were the second most influential factor. The horses and mentors were reportedly most instrumental in facilitating change. This was guided by Lynn's motivational leadership style and positive energy which influenced all aspects of programme delivery, from training horses and staff, to creating an atmosphere that felt 'calming' and 'safe'.

Breathing Techniques: A gateway for emotional and behavioural change

Breathing techniques were evidently a core component of the programme and appeared to be the gateway to changes in emotional regulation, behaviour, effective communication, and becoming attuned to their horse's needs. Participants learned that breathing was not only key to supporting their horses' arousal levels, but also their own, some even progressing to leading breathing exercises with their pets, peers, and caregivers.

In addition to an awareness of the breath, horses and mentors modelled an awareness of their surroundings, and how horses responded to environmental triggers. Horses would give immediate feedback to young people to indicate whether their approach was favourable or unfavourable. This reportedly developed their awareness of their own personal conduct, from their verbal communication style to the subtleties of their body language. Behavioural changes were most widely reported outside of the TLaP context demonstrating the transferability of this skill. Reductions in absconding, verbal and physical aggression and police intervention were noted for some, whereas increased assertion or decisiveness was true for others.

Improved relationships

Historically, EAI literature gives little acknowledgment to the horse's life experiences. What makes TLaP so unique was how participants' learnt about their horse's 'story', often characterised by maltreatment, or neglect. Parallels were drawn between the life experiences of the horses and young people in looked after systems. Young people spoke about the horses with compassion and empathy, formulating how their experiences of adversity led them to cope in different ways and how to alleviate their distress through massage or breathing. Caregivers drew more explicit links to how the horses' journeys helped young people relate by normalising their difficulties. They became attuned to the horses needs which was a skill they could apply to themselves as well as other relationships. The unbiased and non-judgmental feedback from horses and staff gave young people a solid foundation where they could practice new ways of relating to others and the benefits of this. Changes in relationships appeared to have the greatest impact outside the TLaP context, which was especially reported by caregivers.

Working Together

Overarching communication between young people, caregivers, TLaP mentors and in some cases social care and education ‘worked together’ to help embed skills beyond TLaP. Collaboration between mentors, young people, caregivers, and other supporting professionals helped embed learning across multiple contexts. Young people and families benefit most from this integrated approach, which avoids fragmentation (Local Government Association, 2016).

Supporting experiences of Trauma

Whilst the YDP does not directly address trauma, findings largely aligned with guidance for young people who experience complex trauma, particularly Dr Bruce Perry’s model of practice, “The 3 R’s: Reaching the Learning Brain” (Perry, *n.d.*). It can be difficult for young people to process or articulate their trauma experience. The YDP offers alternative ways to work therapeutically with young people with trauma “without the intensity of Q & A”. The ‘3 R’s model’ suggests vulnerable young people in distress require support to ‘regulate’ arousal levels, ‘relate’ with others through an attuned relationship, before cultivating their ability to ‘reason’ involving learning, reflecting, articulating, and learning processes such as self-assurance. The current findings can also be understood within this framework.

Regulate

Using the breathing techniques was key in ‘taking control’ and managing their psychological well-being. Taking back ‘control’ was highlighted in previous EAI studies (Bowers & MacDonald, 2001).

Relate

Opportunities to relate with their ponies and mentors through the programme allowed for positive attachments to be formed in a safe environment. For young people who have experienced developmental trauma, relationships may be characterised as unsafe and building a positive attachment with their pony may have supported the

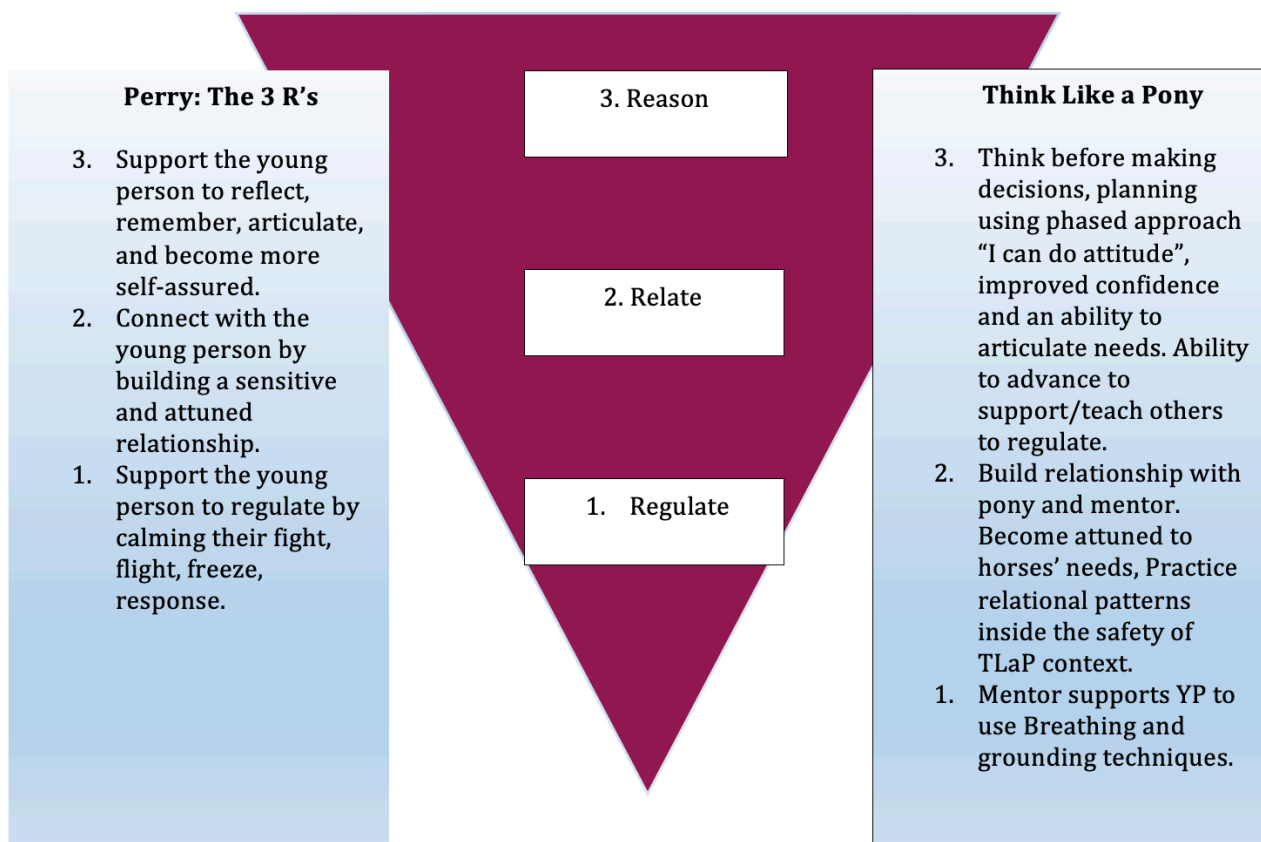
approximation of this relationship to other relationships as suggested by Bachi et al. (2011).

Reason

Skills were consolidated through reflection with their mentors, peers, and home practice. Finally, seeing such significant changes in young people who had not benefited from other services generated hopefulness for their future. Reports suggested increased executive functioning skills, from thinking consequentially about their actions to planning for their future.

Figure 3

Adapted Three R's: Reaching the Learning Brain (Perry, n.d) and Think Like a Pony Programme



Practical implications

Children who are looked after are vulnerable to psychosocial difficulties despite initiatives to improve outcomes (Coman & Devaney, 2011). This evaluation further evidenced TLaP is beneficial for young people who have experienced complex trauma, often when other approaches could not accommodate their needs. One caregiver felt TLaP 'saved the placement' from breaking down, which is a primary goal for looked after services given the need to promote consistency of attachment figures and stability (Oosterman, et. al., 2007). Given improving outcomes for this population have been difficult to achieve previously, the benefits of the YDP should not be underestimated.

Limitations

Whilst everyone who met the inclusion criteria was invited to take part, participants were self-selecting. Individuals who had positive experiences may be more likely to respond, skewing the data and rendering outcomes less generalisable. However, interview schedules asked about positive and negative aspects of TLaP to attempt to mediate this risk.

The sample was small and only captured one male perspective, however, previous TLAP evaluations were generally male samples, which could demonstrate positive impact across different genders when considered together. The variability between the age of participants and length of intervention was also variable however, that did not appear to impact on the data given the level of consistency between themes.

All participants were White British, so it is difficult to know whether these findings would apply to young people from different ethnic backgrounds. More could have been done to encourage participants from different ethnic backgrounds to participate in future as this sample is not representative of the ethnic diversity of young people accessing TLaP at the time the project was delivered.

It is difficult to draw explicit causal links between the proposed mechanisms of change and positive outcomes as they are all likely to intersect in some way. However,

further research could further quantify the quality and longevity of changes in relationships and emotional regulation across different settings to try and further establish the effectiveness of this approach.

Recommendations

Recommendations for TLaP

Young people said they wouldn't change anything about the TLaP approach which suggests it meets their needs. Some caregivers disclosed that whilst they didn't fully understand the approach at first, this appeared to change over time once the intervention became more familiar. Based on data the following recommendations are suggested -

- ***Continue the TLaP Youth Development Programme.*** The intervention was hugely beneficial for young people and caregivers spanning multiple contexts.
- ***Additional support for new Caregivers/Professionals.*** Cultivate a shared understanding of the ethos of TLaP and how to apply skills to other settings (e.g., school) to maximise the benefits.
- ***Additional support for young people who are changing TLAP mentors.*** Enhance adjustment to a new mentor, which is especially important for young people who are looked after.
- ***Increase TLaP's capacity to offer more sessions.*** Offer a greater number with more flexible timings (e.g., availability on evenings or weekends) for children who are looked after as currently demand exceeds capacity.

Recommendations for Funders

It is recognised that the aforementioned recommendations can only be achieved with increased access to funding and staffing. As the evidence base for this unique approach increases, it is hoped that funders will recognise the value of increasing this provision for children who are looked after, not only as a 'protective measure' when other approaches can't accommodate their needs, but as a 'preventative measure' in line with the National Strategy.

Future Directions

Future research could explore the impact of TLaP for children who are looked after with specific groups of needs (e.g., not accessing mainstream education; children with diagnoses of ADHD, Autism or Learning Difficulties). It is also important to explore the longitudinal impact of the YDP to inform future practice. Future research and evaluation could also include the modification of the TLaP questionnaire or development of new measurement tools, to further quantify known constructs for change based on the current evaluation, such as behavioural and emotional regulation, relationship quality, hopefulness for the future or transferability of skills across different contexts.

Dissemination

The findings were presented at a conference at the University of Leeds and published on the Doctor of Clinical Psychology Website. The results will be fed back to the TLaP Team so they can develop the programme in line with the findings, and to the LTSWT who make referrals to the programme. An article will also be submitted to an academic journal.

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Appendices

Appendix A: Description of the Intervention

The Intervention

A TLaP mentor and pony is allocated to each young people based on their individual characteristics which complement the needs of the YP. The TLAP approach hypothesises that through learning to build a respectful and trusting relationship with a horse, individuals develop skills that empower them to understand and respond to the needs of the horse. This enables them to develop skills in mindfully responding to their own physical and psychological wellbeing and how to transfer strategies to other areas of their lives. By developing positive ways of coping, individuals will be better equipped to manage uncomfortable emotions and physical sensations. As a direct result, individuals are physically, mentally, and emotionally more balanced enabling them to build stronger relationships, re-engage with education and cultivate hope for their future (TLap, 2021).

Table 1

Key Components of the Youth Development Group

Key Components of the Programme
Learning to build a relationship with a pony by understanding the pony's body language, how to accommodate their needs and support them to relax
Develop communication skills and through learning to understand their innate needs and priorities and how horses communicate with each other
Learn how to communicate with their horse by being positive and assertive, and reflect on how these skills can be applied to other relationships
Developing positive ways of coping such as using breathing techniques and taking control of their posture and body language
Catching and haltering a pony
Leading a pony in a sensitive way
Grooming and tacking up (putting on a saddle and a bridle)
Developing leadership skills to enable them to lead a pony
Developing core strength and co-ordination to ride in balance

Appendix B: Topic guide young person V2.**Topic Guide young person****Introduction**

- Thank them for participating
- Go through verbal consent [if paper copy has not been completed].
- Discuss confidentiality
- Explain they are free to withdraw/skip any questions
- Offer breaks etc.

(Demographic details)

- Ask if they would like to choose a pseudonym
- Age
- Attending school? Yes/no – Every day? Some days? Do you have any extra help?

(Questions related to relationship with the Pony and rapport building)

- What is the name of the Pony/s you usually ride?
- What are they like? (*e.g., mood, character?*)
- How was it when you first met them? (*How did you feel? Give examples/excited/scared/sad/etc*)
- How has it been since? (*if this is too difficult prompt them to describe most recent experience*)

(Questions to referral reason and how things were before the intervention)

Thinking about your experience at TLAP

- How long have you been coming to TLAP? (*or how many lessons?*)
- What were things like for you when you started here?

Was there anything you were struggling with at the time? (*or was there anything that was hard for you?*)

What was going well? (*anything that was easy for you?*)

- (If they struggle to answer this question ask “If I asked [name of carer] what do you think they would say about how things were when you started?” (*e.g., school, relationships, homelife?*)

(Questions about their experience so far)

So, thinking about your experiences at TLAP so far...

- Do you think your life is any different since you’ve been coming to TLAP?

If yes, could you tell me a little about that? (*E.g. How has it changed? Home, school? Relationships? Managing Emotions?*)

What do you think caused the change? (*or what was going on in your life to make these changes?*)

If not, what do you think has been getting in the way of change?

Do you think there is a connection to coming to TLAP? (*Do you think it has anything to do with TLAP?*)

If so, could you tell me a little about that?

If not, what might have been the reasons for change?

- Have you learnt anything new at TLAP? (*If so...what kind of things?*)
- What are the staff/instructors like at TLAP?
- Was your experience what you expected (OR) *Did anything surprise you about coming to TLAP?*
- What have you liked, If anything? What have you disliked, if anything?
- Is there anything that could be improved/made things better at TLAP?

Other

- What would you tell a friend who was unsure about coming to TLAP?
- Is there anything else you want to share about your experience?

Thank them

Appendix C: Topic guide carer/Social Worker V2

Topic Guide Caregiver

Introduction

- Thank them for participating
- Go through verbal consent [if paper copy has not been completed].
- Discuss confidentiality
- Explain they are free to withdraw/skip any question
- Offer breaks etc.

(Demographic details)

- Ask if they would like to choose a pseudonym
- Age of child
- Gender identity
- School – what type of provision, e.g. full time? part time? Additional support?
- Ethnicity
- How long have they been in care?
- Any neuro-developmental diagnoses (remove if identifiable)

(Questions related to relationship with the Pony and rapport building)

- What is the name of the Pony they usually ride?
- What are they like? (*e.g., mood, character?*)
- How was it when they first met them? (*How did they feel?*)
- How has it been since? Now?

(Questions to referral reason and how things were before the intervention)

Thinking about their experience at TLAP

- How long have they been coming to TLAP?
- Do you know why they were referred or what were things like for them when they started?
- Was there anything they were struggling with at the time
- What was going well?

(Questions about their experience so far)

So, thinking about their experiences at TLAP so far...

- Do you think their life is any different since they've been coming to TLAP?

If so, could you tell me a little about that? *How has it changed? (e.g. Home, school?*

Relationships? Managing Emotions?)

What do you think caused the change?

If not, what do you think has been getting in the way of change?

Do you think there is a connection to coming to TLAP?

If so, could you tell me a little about that?

If not, what might have been the reasons for change?

- Have they learnt anything new at TLAP? *(If so...what kind of things?)*
- What are the staff/instructors like at TLAP?
- Was their experience as you would have expected? Did anything surprise you?
- What have they liked, if anything? What have they disliked, if anything?
- Is there anything that could be improved/made their experience better?

Other

- What would you tell a friend/carer who was unsure about their child coming to TLAP?
- Is there anything else you want to share about your/their experience?

Thank them

Appendix D: Participant Information Sheet - Young person/Carer/Social Worker v2

An Evaluation of the Think Like a Pony Youth Development Programme

We would like to invite you to take part in an evaluation of the Think like a Pony Youth Development Programme. Before you decide, please read this information sheet. If anything is not clear or if you would like more information, please contact XXXXXX on the email above.

Why are we doing the study?

We want to understand more about the experiences of young people who have attended the Think Like a Pony (TLAP) youth development programme. We also hope to hear from the carers and social workers of young people attending the programme. We are interested in how people are finding the programme, and what your opinion is on what helped bring about any changes that occurred. It is hoped that these findings will help the TLAP Team to develop the programme. It could also help other people who might be thinking about referring someone to the programme to understand more about what might be beneficial and if there are any potential challenges.

Who is doing the study?

The study is being completed by the University of Leeds. It was organised by Dr Martha Pearson from the Therapeutic Social Work Team in Leeds and supervised by Dr Gary Latchford, who is a lecturer on the University of Leeds Doctorate in Clinical Psychology (DClinPsy) course. I (XXXXXXX) am a student on the course and will be leading the evaluation.

Who can take part?

We are approaching young people who have taken part in the Youth development programme who are aged between 8 and 17.5 years old and have a social worker. Young people must have attended 4 or more sessions at TLAP and be able to understand English so they can understand the interview questions. Anyone under the age of 16 will need a carer or social worker to give consent for young people to take part. We are also approaching the carers or social workers of young people as we are also interested in their opinions on the programme to share their views.

What will be involved if I take part in this study?

If you choose to take part we will record the consent process first (on a form or verbally at the start of the interview) and if you are happy to go ahead, we will go on to record the interview with Chloe. We imagine this will take about 20 minutes but may take longer if you need more time or any additional support to answer the questions. The interview will be your chance to give feedback on how you/the young person have found the youth development programme. If there are any questions you are uncomfortable with answering you do not have to answer them. If you are a carer/social worker, you will also be asked some additional demographic questions about the young person you care for (e.g., ethnicity, gender identity, health conditions).

Do I have to take part?

Your participation is voluntary, and you do not have to agree to take part. If you change your mind, you are free to leave the study at any time without giving a reason and it will not affect the care received from TLAP or other services.

What are the advantages and disadvantages of taking part?

Whilst there are no immediate benefits to taking part, it can be a positive experience to talk about the programme and reflect on your experience. It is hoped that the findings will help TLAP

workers to improve the delivery the programme and help carers and social workers who are thinking of referring young people to understand how best to support the needs of young people who may otherwise not be supported by services.

Whilst we think this will be a positive experience, some of the questions you will be asked may make you think about your experiences, which may make you feel upset. If this is the case, you can discuss what options you have for support with XXXXX, your carer/social worker, a TLAP worker, or you can choose to receive a leaflet which will give you some guidance how to access support in the community.

Can I withdraw from the study at any time?

You can end the interview at any point. If you do so, then the recording will be

deleted, and your data will not be included in the study. After the interview is completed, you will have seven days in which you can still choose to withdraw your data from the study. Transcription will begin after this, and you will no longer be able

to withdraw your data. The data will be presented in themes, to make sure that you will not be personally identified.

Will the information I give you for the study be confidential?

All the information that you give us will be kept confidential. The recordings will be password protected, stored on a secure server and will only be accessed by the research team. All data will be stored in line with General Data Protection Regulation (GDPR; 2018). In the report, the data will be presented in themes, to make sure that no individual can be identified. Where quotes are used these will be given with a false name (pseudonym). All data will be destroyed after three years. Please see the **University of Leeds Privacy notice** <https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf> for further information.

Confidentiality would only be broken if information was provided during your interview that led us to believe that there was a risk to your safety or the safety of other people. If this happened, we would inform the Service Manager/TLAP/Carer of our concerns and appropriate measures would be taken to get help. You will also be given a welfare leaflet with some options you have for support in your local area, like speaking to your General Practitioner (GP) or your local Child and Adolescent Mental Health Support (CAMHS) team.

What if I am unhappy, there is a problem, something goes wrong, or I wish to make a complaint?

In the unlikely event that something should go wrong, you have a concern, or you are harmed during the study you can speak with me (xxxxx) or Dr Martha Pearson **(0113 378 1896)**, or Dr Gary Latchford on [G.Latchford@leeds.ac.uk]. If you have a complaint about the service, please follow the TLAP complaints procedure which Chloe has a copy of if required. All complaints will be fully investigated.

What will happen to the results of the study?

You will not be identified in any reports or publications. The findings of this study will be written into a report or poster and presented at a conference at the University of Leeds and published on the Doctorate of Clinical Psychology Website. The results will also be fed back to the Think Like a Pony Team so that they can continue to develop the programme in line with the findings, and to the Therapeutic Social Work Team who make referrals to the programme. An article may also be

submitted to an academic journal based on our findings and a summary or poster might be published on the TLAP website.

Who has reviewed this study?

Ethical approval has been given for this study by the School of Medicine Ethics Committee at the University of Leeds (SOMREC Project Number: DClInREC 20-011).

What if I want to ask questions not included in this information sheet?


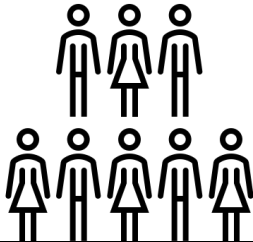
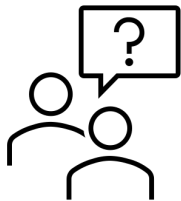
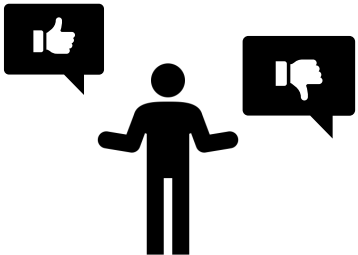

Please raise any further questions you may have with the Chief Investigator of this study on the email above.








How do I say yes?




If you would like to take part please let your TLAP worker know and they will arrange a time for you to meet the researcher (XXXXXX). You can also contact XXXXX directly on xxxxx to arrange a time to take part which is convenient for you/your child.

Project Research Ethics Number: DClInREC 20-011.

Thank you for taking the time to read this information sheet and considering taking part in this study.

	<p>What is the study about?</p> <p>The study will be finding out about the Think Like a Pony Youth development group</p>
	<p>Who can take part?</p> <p>People who</p> <ul style="list-style-type: none"> - Have a social worker - Are between 8 and 18 years old - Have been to Think Like a Pony more than 4 times
	<p>What will I do if I take part?</p> <ul style="list-style-type: none"> - First, we would meet to get to know each other and talk about the study and I would answer any questions you had to help you decide whether you want to talk to have a conversation with me. - Second, the following week, we would talk about your experience of Think like a Pony in another conversation <ul style="list-style-type: none"> o This might take up to 20 minutes but you can have more time if needed o You can do the interview at the yard with your pony or in a private room o This talk would be tape recorded o We will also ask your carer and social worker to take part and answer some questions about your time at TLAP
	<p>Do I have to take part?</p> <p>No, you do not need to talk to me about Talk like a Pony if you do not want to.</p> <p>It is your choice.</p> <p>Taking part, or not, will not change the support you get from Think Like a Pony.</p>
	<p>Can I change my mind?</p> <p>Yes. You can change your mind at any time when we talk. We will stop talking.</p> <p>You do not have to tell me why you want to stop.</p> <p>After we talk you will have 1 week to tell me you would me to ignore what we talked about and withdraw your interview</p>

 	<p>What happens to my information?</p> <p>Your information will be kept private and safe.</p> <p>What we talk about will be tape recorded.</p> <p>It will then be written down. It will not have your name on it.</p> <p>If I think you, or someone else is not safe I will have to tell other people so they can help to keep everyone safe.</p> <p>I will tell you if I need to do this.</p>
 	<p>Good things about taking part?</p> <ul style="list-style-type: none"> - Talking about your experience can be helpful. - It may help us understand how to improve the Think like a Pony programme <p>Risks when taking part?</p> <p>Some people may feel sad or upset when they talk about how things are in their life.</p> <p>Tell me if you feel sad or upset. We can stop the interview. I can support you to get more help if you feel upset.</p>
	<p>What will you do with the results?</p> <p>I will write about the results.</p> <p>I will send this to</p> <ul style="list-style-type: none"> - Think Like a Pony - Therapeutic Social Work Team in Leeds - The University of Leeds <p>I will send it to a journal (like a magazine) so other people can read about it.</p>
 	<p>Who is helping this study?</p> <p>The Therapeutic Social Work Team in Leeds</p> <p>The University of Leeds Research Ethics Committee will also check this study to check this study is run well.</p>

	<p>What if there is a problem?</p> <p>If you are not happy at any time please tell me.</p> <p>You can also speak to your carer or social worker if you are not feeling happy.</p> <p>You can also speak to Dr Martha Pearson. If you want to complain you can do this too.</p> <p>I will give you the details of who to talk to below.</p>
 	<p>Contact details</p> <p>XXXXXXX (Trainee Clinical Psychologist) Email:</p> <p>Other contacts</p> <p>Dr Martha Pearson Contact: 0113 378 1896</p> <p>If you want to make a complaint About the study: Dr Gary Latchford Email: G.Latchford@leeds.ac.uk</p> <p>About Think Like a Pony: Ask XXXXXX for a copy of the complaint's procedure.</p>

SOMREC Project Number: DClInREC 20-011.

Appendix F – Consent form over 16/Carer/Social Worker



UNIVERSITY OF LEEDS

CONSENT FORM
An Evaluation of the Think Like a Pony Youth Development Programme

Project Research Ethics Number: DClInREC 20-011.

In the case of audio consent:

- *This is an opportunity to discuss the project and ask you for your consent for you and/or your child to take part – just to confirm, they will not take part without your consent.*
- *As mentioned earlier, this conversation will be recorded and stored securely on the university server and deleted when the study ends.*
- *Do you have any questions about the study?*
- *If you are still happy to go ahead, I will read the statements as they appear on the consent form you received. Please state whether you agree/disagree accordingly*

If providing written consent: Please put your initials in the box to confirm agreement.

1) I have understood the participant information sheet.	
2) I understand the interview will be audio recorded.	
3) I understand that my personal details will be kept confidential. This means that my personal details will not be shared with anyone else.	
4) I understand that my data will be anonymised to protect my identity. This means that even though we will report back your stories and ideas no-one will be able to identify who you are.	
5) I understand that any quotations I give may be included in published documents, but my name and any personal details will be anonymised.	
6) I understand that my participation in the study is voluntary and that I am free to withdraw at any point during the interview or up to one week following the interview. I can ask for my data to be withdrawn for seven days after the interview, at which point it will no longer be possible to remove my data.	
7) I have had the chance to ask questions and have received satisfactory answers to my questions.	
8) I have received enough information about the study.	
9) I agree to take part in this study.	

Consent form over 16/Carer/Social Worker Version 2

Date 08.04.21

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FOR OFFICE USE ONLY

Young person pseudonym:

Carer Pseudonym:

Appendix G – Consent form under 16/Carer/Social Worker V2



UNIVERSITY OF LEEDS

CONSENT FORM
An Evaluation of the Think Like a Pony Youth Development Programme

Project Research Ethics Number: DclinREC 20-011.

In the case of audio consent:

- *This is an opportunity to discuss the project and ask you for your consent for you and/or your child to take part – just to confirm, they will not take part without your consent.*
- *As mentioned earlier, this conversation will be recorded and stored securely on the university server and deleted when the study ends.*
- *Do you have any questions about the study?*
- *If you are still happy to go ahead, I will read the statements as they appear on the consent form you received. Please state whether you agree/disagree accordingly*

Please put your initials in the box to confirm agreement

1) I have understood the participant information sheet	
2) I understand that my/their interview will be audio recorded	
3) I understand that the personal details for myself /my child/the child I have parental responsibility for will be kept confidential. This means that these details will not be shared with anyone else.	
4) I understand that my/their data will be anonymised to protect my/their identity. This means we remove your name from what you tell us. This means that even though we will report back your stories and ideas no-one will be able to identify who you are.	
5) I understand that any information I/they give may be included in published documents, but my name will not be included.	
6) I understand that my/their participation in the study is voluntary and that I/they are free to withdraw from the study at any time. If I/they choose to withdraw I understand that I/they can ask for my/their data to be withdrawn for seven days after the interview, at which point transcription will have begun and it will no longer be possible to remove my/their data.	
7) I/they have had the opportunity to ask questions and have received satisfactory answers to my/their questions.	
8) I/they have received enough information about the study.	
9) I agree for myself/my child/the child I have Parental Responsibility for, to take part in this study.	

Consent form under 16/Carer/Social Worker
RESEARCHER USE ONLY

Version 2

Date 28.06.21

- COPY TO BE KEPT BY THE RESEARCHER
OR
 CONSENT TO BE OBTAINED VERBALLY

Young person pseudonym:
Carer Pseudonym:

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