A case study of the benefits of ‘Horsing Around’ on wellbeing for children and young people with autism spectrum disorder and their families

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Abstract

This research study identifies the importance of childhood wellbeing. In recent publications, government guidelines and surveys have all sought to measure and improve it. Yet, particular groups of children and young people are still more likely to experience poor wellbeing than others. This research study identifies one such group as children and young people with autism spectrum disorder.

To explore this topic a case study was used. It was deliberately selected to explore how and why a specific intervention called ‘Horsing Around’ may benefit the wellbeing of young people with autistic spectrum disorder and their families. A multi-method approach was employed to gather a variety of data on this topic in the form of an interview, observations and parent/carer questionnaires.

The findings from this research study are promising and suggest that ‘Horsing Around’ sessions can significantly improve the wellbeing of children and young people with autism spectrum disorder and their families. However, the limitations of this study, due to it size and sampling, is that it is not a general view. It represents the data collected from a small sample over a very short period only.
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<tbody>
<tr>
<td>AAI</td>
<td>Animal-Assisted Intervention</td>
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<td>AAT</td>
<td>Animal-Assisted Therapy</td>
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<tr>
<td>ABA</td>
<td>Applied Behavioural Analysis</td>
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<td>APA</td>
<td>American Psychiatric Association</td>
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<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<td>BERA</td>
<td>British Education Research Association</td>
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<tr>
<td>DCSF</td>
<td>Department for Children, Schools and Families</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>DFES</td>
<td>Department for Education and Skills</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<td>EAA</td>
<td>Equine-Assisted Activities</td>
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<td>EAT</td>
<td>Equine-Assisted Therapy</td>
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<tr>
<td>EHC</td>
<td>Education, Health and Care Plan</td>
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<td>EIBI</td>
<td>Early Intensive Behavioural Intervention</td>
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<td>HFA</td>
<td>High-Functioning Autism</td>
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<td>HRQL</td>
<td>Health-Related Quality of Life</td>
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<td>NAS</td>
<td>National Autistic Society</td>
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<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NICE</td>
<td>The National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>Ofsted</td>
<td>Office for Standards in Education, Children’s Services and Skills</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>PATH Intl.</td>
<td>Professional Association of Therapeutic Horsemanship International</td>
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<td>RCT’s</td>
<td>Randomised Controlled Trials</td>
</tr>
<tr>
<td>RoSPA</td>
<td>The Royal Society for the Prevention of Accidents</td>
</tr>
<tr>
<td>SEAL</td>
<td>Social and Emotional Aspects of Learning</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
</tr>
<tr>
<td>TEACCH</td>
<td>Treatment and Education of Autistic related Communication-Handicapped Children</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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1.0 Introduction

The chosen topic for this research study, within the area of Education Studies, is the benefits of ‘Horsing Around’ on wellbeing for children and young people with autism spectrum disorder and their families. Government publications and guidelines including Every child matters (2004), Social and emotional aspects of learning (SEAL) (2005) and The children’s plan (2007) have all emphasised the importance of childhood wellbeing. However, a further publication in 2010, Breaking the link between special educational needs and low attainment (2010) reported that children with special educational needs are more likely to experience poor wellbeing than their peers.

‘Horsing Around’ is an alternative intervention that aims to enhance wellbeing for children and young people within this cohort, specifically children and young people with autism spectrum disorder (ASD) and their families. The purpose of this research study was to answer the following research aims:

1. How does ‘Horsing Around’ help young people with ASD to build and improve confidence?

2. How can ‘Horsing Around’ help to improve happiness levels for young people with ASD?

3. How does ‘Horsing Around’ help young people with ASD build relationships and improve the quality of their family relationships?

Initially interest in this area originated from personal experience of a family member with autism. Autism spectrum disorder can have a ‘considerable impact on the family’s quality of life’ (Mackintosh et al., 2012, p.58), and accessing the right treatment to improve wellbeing can be a stressful time
(Mackintosh et al., 2012). Interest has further deepened since undertaking specific modules within the Education Studies degree.

This research study will begin with a literature review (Chapter 2). The chapter draws upon relevant literature to provide a detailed understanding of autism spectrum disorder and the importance of wellbeing for children and young people. Chapter 3 describes the methodology used within this study and discusses reliability and validity, ethics, and bias. The results of the study are analysed and discussed in chapter 4 under the headings of the research aims.

The concluding chapter (Chapter 5), highlights the main findings from this study and acknowledges some important potential limitations of it, this is followed by suggested recommendations for future studies.
Chapter 2.0 Literature Review

2.1 History of Autism

The term ‘autism’ was first used in 1911 by Eugen Bleuler. Bleuler, a German psychiatrist, created the concept of autism ‘to describe a symptom of the most severe cases of schizophrenia’ (Evans, 2013, p4). This perception of autism and its association with schizophrenia continued throughout the 1920s and even into the 1950s in Britain (Evans, 2013; Feinstein, 2010). During this period, in the early 1940s two professionals, Leo Kanner and Hans Asperger, developed the idea of autism as a separate condition (Perepa, 2013; Evans, 2013; Lai et al., 2014; Bumiller, 2008; Dann, 2011; Birch and Frederickson, 2015). In 1943, Leo Kanner developed the term ‘early infantile autism’ (Perepa, 2013; Feinstein, 2010). One year later in 1944, Hans Asperger wrote a paper entitled, ‘Autistic psychopathies in children’ (Perepa, 2013, p.3). Both were to have a profound impact on the concept of autism. However, it wasn’t until 1981, when Lorna Wing mentioned the work of Hans Asperger that his work would appear in the English-speaking world. It was at this point that Wing coined the term ‘Asperger’s Syndrome’ (Perepa, 2013; Evans, 2013; Baron-Cohen, 2008).

The work of Lorna Wing in 1981 was highly influential to the many studies that subsequently followed. These studies no longer viewed autism in terms of schizophrenia or Kanner’s definition of ‘inborn autistic disturbances of affective contact’ (Evans, 2013, p10), their understanding of autism was now defined by cognitive deficits (Evans, 2013; Feinstein, 2010; Shaker-Naeeni et al., 2014). Autism began to be viewed ‘...as a problem of ‘social’ interaction, rather than a problem of emotional relationships with others’ (Feinstein, 2010; Evans, 2013, p23).

These changes were reflected in the American Psychiatric Association’s DSM-III where it formally disassociated autism from schizophrenia and brought in
the general category of ’pervasive developmental disorders’ (Fenistein, 2010; Evans, 2013; Volkmar and Pauls, 2003; Lai et al., 2014). Further changes came in the 1994 DSM-IV when autism was seen as a spectrum of disorders. The condition was expanded to include newly recognised subgroups, one of which was Asperger’s Syndrome (Feinstein, 2010; Perepa, 2013; Evans, 2013; Baron-Cohen, 2008).

Autism spectrum disorders were now characterised by the early onset of a ‘triad of impairments’ (Wing, 2006, p.1988), these were difficulties with social interaction, social communication, and social imagination (Lai et al., 2014; Humphrey and Symes, 2011; Madriaga and Goodley, 2010, Baird et al., 2006; Shulman et al., 2012; Baron-Cohen et al., 2009)\(^1\).

### 2.2 Autism Today

The new revised edition of the American Psychiatric Association’s DSM-5 no longer defines each of the subtypes of autism. All subtypes, including Asperger’s Syndrome have been collapsed into one umbrella term called ‘autistic spectrum disorder’ or ASD (Lai et al., 2014; APA, 2013; Birch and Frederickson, 2015; Gibbs et al., 2012; Feinstein, 2010) and the ‘triad’ of impairments have been reduced to a ‘dyad’ of impairments; social communication and social interaction are now viewed as one impairment instead of two (Lai et al, 2014; Birch and Frederickson, 2015).

Today autism is widely accepted as a lifelong condition (Matson and Kozlowski, 2011) that affects people from all backgrounds (Perepa, 2014). As already mentioned, it is characterised by impairments in social communication and social interaction, in addition to restrictive, repetitive behaviours, interests and activities (Lai et al., 2014; Birch and Frederickson, 2015; Baird et al., 2006).
These impairments can cause difficulties in daily life. Some, but certainly not all, are due to difficulties in responding the right way in a conversation, difficulties building and maintaining age appropriate friendships, difficulty reading facial expressions and understanding social cues (APA, 2013; Bauminger, 2002). Other difficulties include, sensitivity to change, dependence on routines and often interests that are all-consuming (APA, 2013; Marshall-McConnell and Claveirole, 2011). The extent each person will experience these difficulties will differ, for some it may be mild and for others much more severe (APA, 2013). Risk factors for people with ASD due to communication problems include loneliness and low self-esteem (Kannabiran and McCarthy, 2009) as well as difficulties forming attachments and displaying affection (Gupta and Singhal, 2005).

2.3 Diagnosis and Impact on the Family

Young people displaying signs of autism are usually referred to a healthcare professional or team by a GP or health visitor. Teaching staff may also offer evidence to support an individual being referred for a diagnosis (NAS, 2015a). Healthcare professionals include a psychiatrist or psychologist who specialises in autism. Healthcare teams may include a combination of specialists such as a psychiatrist, a specialist psychologist, and a speech and language therapist (NHS, 2016a; NAS, 2015a).

This can be a difficult time for families. Gaining the right treatment for a child or young person with ASD can be stressful. It can have a ‘considerable impact on the family’s quality of life’ (Mackintosh et al., 2012, p.58) causing high levels of anxiety and tension Gupta and Singhal (2005). Support may be offered through a number of interventions, treatments or therapies that aim to enhance wellbeing for young people with ASD (Lovass, 1987; Greenspan and Wieder, 2006; Lai et al., 2014; Sallows, 2000; Panerai et al., 1997; Bass et al., 2009; Gabriels et al., 2012; Lanning et al., 2014). Unfortunately, eligibility for support is only usually accessible after a formal diagnosis (Bumiller, 2008; NAS, 2015a).
2.4 Wellbeing

Childhood wellbeing has become an increasingly important concept (Watson et al., 2012). A report by the United Nations Children’s Fund in 2007 placed the UK last in the league of developed countries, demonstrating the low wellbeing experienced by children in the UK at that time (UNICEF, 2007; Nairn and Ipsos MORI, 2011; Watson et al., 2012; Cusworth and Bradshaw, 2007). To some extent this has improved as the UK moved to 16th place in the new UNICEF league table in 2013 (UNICEF, 2013). In the UK there is no official way of establishing how children are doing (Bradshaw, 2011, p.1), however, Bradshaw (2011) points out that there have been efforts to monitor child wellbeing in the UK since 1999 along with an acceptance of the need to improve it for all school aged children (Watson et al., 2012). Publications, government guidelines and surveys since, such as Every child matters (DfES, 2004), the SEAL programme (DfES, 2005), TellUs survey in 2007, 2008 and 2009 (Bradshaw, 2011), Children and young people today (DSCF, 2007a) and The children’s plan (DSCF, 2007b) that followed have all sought to measure and improve child wellbeing (Bradshaw, 2011). Yet, despite considerable literature and guidelines there appears to be a lack of consensus as to its meaning (Stratham and Chase, 2010; Gutman and Feinstein, 2008; Watson et al., 2012; Coombes et al., 2013, Dodge et al., 2012; Mclellan and Steward, 2015). Mclellan and Steward (2015) point out that:

Wellbeing is often used interchangeably with other terms such as ‘happiness’, ‘flourishing’, ‘enjoying a good life’ and ‘life satisfaction’, and all these carry different underlying meanings and emphases.

(Mclellan and Steward, 2015, p.307)
The National Institute for Health and Care Excellence (NICE) (2013) defines childhood wellbeing under the headings: social and emotional. Social wellbeing can be defined by the quality of relationships and the absence of violent, bullying or disruptive behaviours. Emotional wellbeing can be defined as happy and confident individuals who are not anxious and depressed (p.2). For the purposes of this study, these definitions of social and emotional wellbeing will be used. *The children’s plan* (2007) sets out six strategic objectives that aim to improve social and emotional skills for young people; one of which is to ‘secure the health and wellbeing of children and young people’ (p.15). Article 1.71 of the document states that ‘good social and emotional skills are vital for healthy personal development’ (DCSF, 2007b, p.33). They are especially important as they enable a young person to achieve their full potential (DCSF, 2007b). An important contributory factor to a young person’s wellbeing is their experience of good quality relationships (DoH, 2014) and in particular, positive family relationships (Stratham and Chase, 2010). This compares with the Marmot Review (2010) which adds that good quality relationships, in the home and at school, plus good parenting contributes to positive social and emotional wellbeing outcomes. For children and young people social and emotional wellbeing ‘creates the foundations for healthy behaviours’ (NICE, 2013, p.1), and it enables them to build and maintain relationships (Holzhauser-Peters and True, 2008; McMahon and Bhamra, 2014). It is well documented that social and emotional wellbeing not only ensures healthy, happy, and achieving individuals, it also equips children and young people with the necessary skills they need to benefit from life chances (NICE, 2013; Cefai and Cavioni, 2014; Adi et al., 2010; Marmot, 2010; Brooks, 2014;). Such skills include emotional resilience, self-esteem, and social skills (Marmot Review, 2010).

According to Response Ability (2008), social and emotional wellbeing is learned through good relationships, social interactions, and by observing others. However, for young people with ASD, their impairments can often hinder this process; which can result in poor wellbeing and a lack of good experiences (Humphrey and Lewis, 2008). *The children’s plan* (2007) states
that ‘positive activities and experiences are a vital part of happy and enjoyable teenage years’ (p.16). However, publications such as, *Breaking the link between special educational needs and low attainment* (2010) states that children with special education needs are more likely to experience poor wellbeing than their peers (DCSF, 2010). Although, the data is limited, similar pictures emerge in the research area regarding individuals with ASD (Vermeulen, 2014). According to Vermeulen, (2014), there has been little attention given in regards to their wellbeing and even less with regards to children and young people with ASD, aside from theorizing that it is poor (Potvin et al., 2015). Due to a lack of empirical evidence, Potvin et al., (2015) carried out the first study into the health-related quality of life (HRQL) for children with high-functioning autism (HFA) based on children’s own reports. Their study found that children with HFA reported much lower HRQL than their peers and this was confirmed by their parents.

However, Murin et al., (2016) suggests that social and emotional wellbeing can be enhanced in this population by combining the interests of the child or young person with specific activities or tasks. Using their interests in this way can help to build self-esteem and confidence, reduce anxiety and promote social interaction (Murin et al., 2016).

### 2.5 Conventional Interventions, Treatments, and Therapies

At present, there is no cure for ASD (NHS, 2016b; NAS, 2015b; Levy et al., 2009) and for this reason the ‘word treatment should only be used’ in the most ‘limited sense’ (Francis, 2005, p.493). The amount of interventions that claim to be effective has increased in recent years. This can make it difficult to decide upon which treatment may be best (Detrich, 2008). Conventional interventions, treatments, and therapies include behavioural and developmental interventions, targeted approaches, social skills training,
psychological treatments, medication (Lai et al., 2014, NHS, 2016b) and parent support programmes (NHS, 2016b).

Not all young people diagnosed with ASD will require help but many do (Humphrey and Parkinson, 2006). The most common interventions used for young people with ASD are educational and behavioural (NHS, 2016a; Humphrey and Parkinson, 2006). Educational and behavioural interventions are thought to be the most effective (Lai et al., 2014) and are usually administered through educational settings (Humphrey and Parkinson, 2006). Depending upon agreed needs, a young person with autism may attend a mainstream school, a special school, a specialist unit or a school for children with autism (Humphrey and Parkinson, 2006). Most, but not all, will have a statement of special educational needs (SEN) (Humphrey and Parkinson, 2006) or the new education, health and care plan (EHC) (Gov. UK, 2015). Government figures in 2014 highlighted that young people with ASD attending mainstream schools were the fastest growing cohort of children with a statement of special educational needs (SEN) in England (DfE, 2014; Parsons et al., 2011).

### 2.6 Common Interventions

This section will not deal with all of the interventions, treatments and therapies mentioned, instead it will focus on what is most commonly used within educational establishments in the UK. According to Humphrey and Parkinson (2006), the most commonly used approaches are comprehensive. They aim to ‘address the core impairments associated with ASD’ (Wilczynski et al., 2008, p.50) and include educational and behavioural interventions such as: Early Intensive Behavioural Intervention (EIBI) and Treatment and Education of Autistic and related Communication-Handicapped Children (TEACCH).
EIBI is usually aimed at children below the age of 5 and consists of 20 to 40 hours a week. It is based upon Applied Behavioural Analysis (ABA) originally made famous by B.F Skinner and later by Ole Ivar Lovaas in 1987 (Tews, 2007). EIBI originated from the Lovaas method (Lai et al., 2014; Humphrey and Parkinson, 2006). The goal of EIBI is to change unwanted behaviour and reinforce positive behaviour using operant conditioning principles (reward and punishment) (Humphrey and Parkinson, 2006). Benefits claimed by the use of EIBI are improved language and social skills (Humphrey and Parkinson, 2006; Sallows, 2000). In some cases, even greater claims have been made purporting that children with ASD have ‘achieved normal intellectual and educational functioning’ (Lovaas, 1987, p.7).

The TEACCH approach, founded by Eric Schopler, works differently as it focuses on strengths such as visual skills and special interests to engage the individual with autism in learning (Lai et al., 2014). It can be useful for children, adolescents, and adults and aims to provide routine and predictability within a structured environment (Lai et al., 2014; Humphrey and Parkinson, 2006). Benefits claimed by this approach include: improved cognitive performance, hand-eye coordination, perception and imitation as well as some adaptive behaviours (Humphrey and Parkinson, 2006; Panerai et al., 1997).

ABA, or EIBI, and TEACCH are very different in both their approach and their concept of autism. Proponents of the TEACCH programme ‘view the autistic child as unable to ever be non-autistic’ (Sallows, 2000, p.26). The notion is not to treat autism but to accommodate it (Sallows, 2000; Humphrey and Parkinson, 2006). Advocates of EIBI and the Lovaas method see a potential cure to autism (Matson and Kozlowski, 2010; Kapp et al., 2012; Sallows, 2000; Humphrey and Parkinson, 2006; Rogers and Vismara, 2008). The Lovaas method, which many EIBI programmes are based on, promote the possibility that children with ASD can achieve ‘normal…functioning’ (Lovaas, 1987, p.7). However, Humphrey and Parkinson (2006) point out that the
research regarding both EIBI and the TEACCH method are often misleading. A criticism of EIBI is that it often continues to claim benefits that have since been shown to be inaccurate (Humphrey and Parkinson, 2006; Narzisi et al., 2014). While the TEACCH programme has been criticised for its lack of controlled studies and any strong evidence to support its use (Lai et al., 2014; Roth, 2010). A further criticism of EIBI and the TEACCH programme is that they ‘rarely take emotional wellbeing as an outcome’; outcomes are usually restricted to cognitive functioning, and various skills and behaviours (Vermeulen, 2014, p.8). However, probably the major criticism of both of these approaches is ‘the implicit assumption of homogeneity in a population that are anything but’ (Humphrey and Parkinson, 2006, p.80).

2.7 Alternative Interventions

Some parents may wish to use alternative interventions (Borgi et al., 2016). One such alternative is animal-assisted intervention (AAI). AAI is a combination of animal-assisted therapy (AAT) and animal-assisted activities (AAA) (O’Haire, 2013). AAT usually refers to the use of animals with one or more persons. Its aim is to promote positive wellbeing in the person or persons involved (Palley et al., 2010). Interventions or therapies involving animals can be seen as far back as the eighteenth century (Palley et al., 2010; O’Haire, 2013). O’Haire (2013) explains that animals have been used for centuries starting as an aid to improve socialisation among patients in mental institutions (p.1606). By the nineteenth century the use of animals in mental institutions was commonplace (Palley et al., 2010). Animals have since been shown to reduce stress, loneliness, blood pressure and lower the heart rate. The use of animals can also increase social interaction, connection, and socio-emotional functioning (O’Haire, 2013, p.1606). Studies by Edwards and Beck (2002) and Barak et al., (2001) have both shown positive results in patients where animals were involved. Edwards and Beck (2002) reported improvements in both the physical and psychological wellbeing of Alzheimer’s patients. While Barak et al., (2001) reported an increase in social functioning in patients with schizophrenia.
Hart and Yamamoto (2015) reviewed various AAI studies and concluded that there is:

compelling evidence for strong effects of animals in alleviating loneliness and depression as well as socializing, motivating, and calming effects for various populations...including children with autism.

(Hart and Yamamoto, 2015, p.62)

2.8 Equine Interventions and Young People with ASD

An area that is gaining interest in AAI is the use of horses. Selby and Smith-Osborne (2013) note that interest has been growing in recent years and studies in this area have reported psychosocial benefits for various populations. HorseHeard (2015), for example, a not-for-profit social enterprise in the UK, uses its horses to deliver programmes to groups of primary school children and their teaching staff to develop emotional resilience; their feedback from teaching staff has been very positive. Another example is provided by Bizub and Davidson (2003) whose study used horses with people experiencing a psychiatric disability. They found improvements in self-efficacy and self-esteem for this population.

Others have focused on the benefits for young people with ASD. Grandin et al., (2015) point out that one of the core characteristics of ASD is impairment with social interaction. This can make it difficult for young people with ASD to build and maintain relationships. Grandin et al., (2015) suggests animals ‘may serve as an initial catalyst for social interactions’ (p.226) for this population as animals can often ‘comfort and engage’ the young person with ASD (p.230). A study by O’Haire et al., (2013) supports this view. Their study found that when young people with ASD were in the presence of animals they engaged in more social behaviours with other people. Further
support is provided by Rupert Isaacson (2009) the author of *The horse boy*. Isaacson (2009) writes about his son Rowan and his difficulties due to his diagnosis of severe autism, such as behavioural deficits and speech delays. Isaacson (2009) found horses were beneficial to the issues that his son was experiencing. He discovered that Rowan became calm, was able to show joy and verbalise what he wanted the horse to do while he was on horseback. Others, such as Rothe, *et al.* (2005), Bass *et al.* (2009), Gabriels *et al.* (2012) and Lanning *et al.* (2014) have also reported positive benefits for young people with ASD from their studies. They found the use of horses improved self-esteem, socialisation, physical, emotional and social functioning and self regulation behaviours in this population. These studies show that various interventions combining the use of horses and young people with ASD exist. These interventions use an array of terms to 'describe educational, psychosocial, or physical treatment goals' (Latella and Abrams, 2015, p.115) but all come under the 'umbrella term of equine-assisted activities and therapies (EAA/T)' (Latella and Abrams, 2015, p.115). It would appear that much of the research around young people with ASD and horses is centred around EAA. According to Grandin *et al.*, (2015), EAA is commonly referred to as therapeutic horseback riding (THR) which includes ground work such as grooming, leading the horse to and from its stable, getting the horse ready to ride and feeding or giving the horse treats (p.229). EAA usually focuses on wellbeing outcomes in the areas of social, emotional, physical, or cognitive functioning (PATH International, 2016; Latella and Abrams, 2015). EAT differs and usually consists of a therapist, a horse and a horse expert (Reeves, 2015), who define the rehabilitative goals based on the needs of the individual (PATH International, 2016; Latella and Abrams, 2015). Sessions usually include grooming and working with the horse on the ground (Memishevc and Hodzic, 2010).

Another intervention of particular interest is known as ‘Horsing Around’. It originated from the work of Rupert Isaacson who, along with Iliane Lorenz, developed the ‘Horse Boy’ method. The ‘Horse Boy’ method comprises of six stages that include the environment, the family, sensory issues and riding
with the young person to aid communication and learning (Horse Boy, 2016). Although ‘Horsing Around’ originated from this method it has been adapted. It includes elements similar to those found in EAA and other interventions such as Floortime. The Floortime approach developed by Stanley Greenspan and Serena Wieder involves adults participating with the child, usually on the floor, in activities that interest the child and are led by the child (Greenspan and Wieder, 2006). ‘Horsing Around’ sessions are also child led and focus on the interests of the young person within the natural environment. As well as the horses, young people have access to a large wooded area, sand, grass, toys, and a trampoline. It aims to build and develop communication, self-esteem and confidence for the child and their family members. However, as a fairly new intervention it lacks both empirical and scientific data to support its use.

### 2.9 The Importance of the Natural Environment

According to Lester and Maudsley (2007) there is an abundance of literature that highlights the ‘importance of the natural environment to human well-being’ (p.23). Wilson (2012) writes that when children and nature are brought together authentic play naturally occurs (p.6). A thought behind this, may be what Louv (2006) describes in his book, *Last child in the woods* (2005), which is that ‘human beings are innately attracted to nature’ (line, 103). Authentic play is often described as fun, for its own sake, spontaneous and voluntary (Miller *et al.*, 2009). This view is echoed by Conway (2008) who states that ‘play is a process that is freely chosen, personally directed and intrinsically motivated’ (p.120). Lester and Maudsley (2007) relate this type of play to being healthy as it contributes to positive mental health, reduces negative feelings and can have a calming effect on anxiety related symptoms (p.48). It can be said that it contributes to young people’s health, wellbeing and development (Lester and Maudsley, 2007). The importance of the natural environment is also highlighted in the use of forest schools. Knight (2011a) explains that forest schools in the UK use the outdoor environment, preferably a wooded setting, to work and learn. The benefit of this is the positive effects that enjoyable outdoor experiences can have on an
individual’s wellbeing. Projects undertaken by MIND such as *Ecotherapy – the green agenda for mental health* (2007) and research into healing gardens by the National Garden Bureau (2008) substantiate this view. A further benefit can be seen when the natural environment is only made as ‘safe as necessary not as safe as possible’ (RoSPA, 2012, p.4). This allows young people to take manageable risks, make mistakes (Knight, 2011b), safely explore, and try new things (Tovey, 2007). As young people learn to manage their risks, their self-esteem and confidence grows (Knight, 2011a).

### 2.10 Conclusion

This literature review identified that young people with ASD are more likely to experience poor wellbeing than their peers. One of the core characteristics of ASD is impairments in social communication and social interaction. Many conventional treatments address the core characteristics of ASD but often neglect emotional wellbeing. Emotional wellbeing includes feeling confident and happy.

It was important to identify ways in which various treatments could enhance social and emotional wellbeing for this population. The literature emphasised that there is no cure for ASD at present. For this reason, caution was applied to the term ‘treatment’ to ensure it was used only in the most limited sense. The review highlighted some of the treatments/interventions that are available along with their claimed positive benefits. The most common treatments that aim to enhance wellbeing for children and young people with ASD are usually educational and behavioural interventions such as EIBI and the TEACCH programme. These programmes are more commonly offered in educational establishments and both claim positive benefits including social skills and adaptive behaviours, with no mention of emotional wellbeing. It can be argued that these approaches will not work for all children and young people with ASD. The extent to which each individual will experience difficulties will vary, in some cases it will be mild and in others it may be severe. Alternative interventions were also identified in the literature. These
approaches involved the use of animals, specifically horses. Each intervention offered, in varying degrees, a more individualised approach than educational and behavioural interventions. The positive benefits identified in the literature include improved socialisation, self-esteem, emotional and social functioning and self-regulation behaviours; addressing both social and emotional wellbeing. Additionally, the review identified the benefits of the natural environment for all children and young people. This allows them to take risks, make mistakes and try new things. Many of these benefits contribute to childhood wellbeing.

Finally, the literature review acknowledges that all treatments/interventions offer some positive benefits for children and young people with ASD. However, a combination of treatments/interventions, as found in ‘Horsing Around’, may better enhance the social and emotional wellbeing of children and young people with ASD.
3.0 Methodology

3.1 Context

The setting used to gather the research is an organisation, with a charity status, set in a rural area in the East Midlands. The organisation combines the natural environment with horses to provide interventions to people with a range of difficulties. The focus for this study was a specific intervention for young people with ASD.

3.2 Paradigms and Qualitative Research

Methods of enquiry are built on and originate from paradigms (Punch, 2014). Paradigms are a set of beliefs and values that influence the way research is understood and explored (Punch, 2014; Bartlett and Burton, 2016). The term ‘paradigm’ was inspired by the work of Thomas Kuhn (1962; 1970) and is defined as a particular way of looking at the world (Punch, 2014). Drawing upon Bartlett and Burton (2016) ‘research is often divided into two major paradigms’ (p. 39) in relation to social sciences; the positivist and the interpretivist. The positivist paradigm relies on scientific evidence such as experiments and statistics, not only of the natural world but also of the social world (Bartlett and Burton, 2016; Punch and Oancea, 2014). Today the positivist paradigm is commonly used for quantitative analysis (Newby, 2013). The interpretivist paradigm is often labelled as unscientific (Prus, 1996) and is associated with qualitative analysis (Bartlett and Burton, 2016; Newby, 2013). Qualitative research explores events in their natural settings. (Anderson, 1998; Miles et al., 2014) and seeks to make sense of it through the subjective experiences of those involved (Blanche et al., 2006).

A case study approach is used within this study. This allows ‘the researcher to use a variety of research methods as part of the investigation’ (Denscombe, 2007, p.37). All of the research methods used in this research study fit within the interpretivist paradigm. In order to answer the research aims it was necessary to employ research methods that could gather the
experiences, feelings and perceptions of the individuals involved. Qualitative data was most appropriate as it is well suited to finding the ‘meanings people place on the events, processes, and structures of their lives...’ (Miles, 2014, p.11). Data was gathered through methods of observation, questionnaires and semi-structured interviews to explore a specific intervention. The advantages and disadvantages of each method were considered to ascertain the most appropriate methods to employ.

3.3 Case Study

This case study was deliberately selected to explore ‘how’ and ‘why’ a specific intervention called ‘Horsing Around’ may benefit the wellbeing of children and young people with ASD and their families. Denscombe (2007) explains that ‘case studies are not randomly selected; they are selected on the basis of known attributes’ (p.39). The advantage of a case study is that it can look at relationships and processes within a natural setting. It can highlight the links between them and explore what factors affect one another. Case studies, however, can be viewed as generating ‘soft data’; data that is not quantitative or statistical, but this view can be challenged ‘by careful attention to detail and rigour in the use of the approach’ (Denscombe, 2007, p.46). When rigorous and detailed, Yin (2014) points out that case studies can provide important insights that other methods cannot. Other methods such as randomised controlled trials (RCT’s) address how effective an intervention is (Yin, 2014, p.21) but they ‘are limited in their ability to explain ‘how’ or ‘why’” (Yin, 2014, p.21) it works or fails. Rather than limiting the attention to outcomes, case studies aim to point out and detail how the relationships and processes work (Denscombe, 2007).

3.4 Structured Observations

Observations provide an opportunity to gather first hand information from ‘naturally occurring settings’ (Cohen et al., 2011). Structured observations were carried out to record the reactions and interactions of young people with
ASD participating in a ‘Horsing Around’ session. Bell (2010) describes structured observations as useful when the objectives of the study are already known (Bell, 2010). The advantage of a structured observation is the use of a predetermined framework. A framework aims to ensure the data is recorded in a consistent and systematic way (Denscombe, 2007). Observations are also useful to distinguish between what individuals actually do and what they or other people say they do (Cohen et al., 2011), or when there is doubt of the accuracy of verbal responses (Newby, 2013, p.286). For observations to work well, however, it is important that the researcher avoids disrupting the naturalness of the setting (Denscombe, 2007). It was important to foresee this, especially when working with young people with ASD. Predictability and routine are often necessary for this population. To minimize the disruption to the naturalness of the setting it was essential to remain on site throughout the day. This enabled the researcher’s presence to be ‘taken for granted’ (Denscombe, 2007, p.214).

3.5 Questionnaires

Questionnaires are one of the most popular ways of gathering information (Newby, 2013). Self-administered questionnaires were given to parents and/or carers of the young people with ASD to gather information about their feelings, experiences and perceptions of ‘Horsing Around’ as an intervention (Appendix D). Being a small population, the questionnaire was suitably structured to gathering qualitative data (Cohen et al., 2011). The questions were carefully worded to try and reduce or remove any ambiguity, bias, leading or offensive questions (Bell, 2010). The questionnaire consisted of mostly open-ended questions. This allowed the participant to express their own views and adds richness to the data (Newby, 2013; Denscombe, 2007; Oppenheim, 1996). Dichotomous questions were also included to filter and provide further explanations (Cohen et al., 2011), or to exclude some participants from specific questions (Oppenheim, 1996). A disadvantage to questionnaires is the lack of responses and those that lack completed answers (Denscombe, 2007). To try and ensure full completion of the questionnaire,
careful consideration was given to the design in order to keep it short and simple (Cohen et al., 2011; Denscombe, 2007).

3.6 Semi-Structured interviews

Interviews are widely used as a method for collecting data (Cohen et al., 2011). They are a way of gathering information in an attempt to understand the world from the participant’s point of view (Kvale, 1996). They can provide valuable information (Punch, 2014) when using open-ended questions (Creswell, 2012). A semi-structured interview with open-ended questions was conducted with the head of the organisation (Appendix D). The aim was to gather information about their feelings, experiences and perceptions of the topic. Careful consideration was given to the list of issues to be addressed by minimising or removing any ambiguity, bias, or leading questions as recommended by Bell (2010).

An advantage of a semi-structured interview that consists of open-ended questions is that it can also be flexible. This flexibility allows the researcher to probe deeper in order to find out more information and it also allows the researcher to clarify any misunderstandings (Cohen et al., 2011). A disadvantage to interviews is that they can be very time consuming (Bell, 2010), both in terms of preparation and after the data has been collected (Denscombe, 2007). However, this is overcome relatively easily in a small scale study, such as this, where only one interview was needed (Denscombe, 2007).

3.7 Reliability and Validity

Both reliability and validity are contested terms by some qualitative researchers (Miles et al., 2014; Cohen et al., 2011). Reliability is concerned with replicating data using the same method under the same conditions (Bell, 2010; Bartlett and Burton, 2016). For this reason, some qualitative researchers have contested the term suggesting it is more aligned to
quantitative data (Cohen et al., 2011) and positivist researchers conducting large scale research (Bartlett and Burton, 2016). Cohen et al., (2011) point out that some qualitative researchers have suggested replacing reliability with terms including credibility, dependability and trustworthiness (p.148).

Miles et al., (2014) also state that ‘validity is a contested term’ (p.313) among some qualitative researchers who feel that it ‘has no place in qualitative inquiry’ (p.313). According to Newby (2013) validity in qualitative research can only be demonstrated by a process known as triangulation. Triangulation occurs by using more than one research method; a multi-method approach (Bell, 2010; Cohen et al., 2011). By doing this the researcher is able to provide different perspectives, gain better knowledge and improve the accuracy of the data (Denscombe, 2007). This approach to research ‘has the potential of enriching (as well as cross-validating)’ (Gillham, 2007, p102) a researcher’s findings. Cohen et al., (2011) write that ‘triangulation is a powerful way of demonstrating concurrent validity, particularly in qualitative research (p.195).

Convenience sampling was used for the questionnaires and observations. The participants were ‘to hand’ (Denscombe, 2007) on the day the research was scheduled to take place. While the interview employed purposive sampling in order to gain the best information possible (Denscombe, 2007).

3.8 Ethics

Approval to carry out this study was granted by the university prior to the research. A signed ethics form can be viewed in Appendix A. In order to carry out the research, many ethical considerations need to be taken into account. Cohen et al., (2011) make clear that ‘one has to consider how the research purposes, contents, methods, reporting and outcomes abide by ethical principles and practices’ (p.76). To ensure ethical principles and practices were applied, this study adhered to the British Educational Research
Association (BERA) (2011) guidelines and those of the University of Northampton throughout all stages of the research.

The first ethical consideration is that of voluntary informed consent. This can be understood as ‘the condition in which participants understand and agree to their participation’ (BERA, 2011, Article 10). To understand this process, all participants must be informed about how they will engage in the study, why it is necessary for them to participate, how the information will be used, and who will have access to it (BERA, 2011, Article 11). Voluntary consent ‘implies informed refusal’ (Cohen et al., 2011, p.78). BERA (2011) guidelines state that participants must be informed of their right to withdraw from the research at any time for any reason (Article 15). In accordance with Article 18 of the BERA (2011) guidelines, approval was provided by the parents of the young people to carry out observations; this was followed by parents gaining consent from their young person. The questionnaires and interviews were undertaken with adults only. To comply with these guidelines, all participants were provided with written and verbal information prior to the research and giving their consent. The written information was combined with a consent form and can be viewed in Appendix B.

A further ethical consideration was applied to observations. Article 20 of the BERA (2011) guidelines details that researchers ‘must take all necessary steps to reduce the sense of intrusion’ when the participants are vulnerable young people. The researcher was fully aware that if the participants were distressed by their presence in any way they would need to cease the research immediately. This was overcome, however, by attending the site for most of the day which enabled the researcher’s presence to be ‘taken for granted’ (Denscombe, 2007, p.214).

Confidentiality is an ethical consideration for all participants. As the researcher is able to identify each participant from the data provided,
confidentiality was discussed rather than anonymity. In compliance with the Data Protection Act 1998 participants were fully informed of how their data would be used, stored and to whom it would be reported (BERA, 2011, Article 26). They were assured that they would be in no way identifiable through the use of their data. Permission, however, was granted to use information that may identify the organisation, such as the use of a specifically named intervention that is not known to be commonly used (Appendix C).

3.9 Bias

The researcher acknowledges that bias was a concern as the researcher has a voluntary role within the organisation where the research took place. However, the researcher does not take part in any of the ‘Horsing Around’ sessions, the role is limited to catering for specific events only. To minimise any bias, careful consideration was given to the planning and implementation of all research methods used and included the careful planning of questions to be used in both the interview and questionnaires. Bell (2010) points out the researcher also needs to be vigilante, critical of interpretation and wherever possible triangulate (p.170). To overcome any assumptions held by the researcher all facts were revealed (Newby, 2011). The data gathered from the interview and questionnaires were all fully transcribed (Appendix D). Additionally, the data gathered from observations (Appendix E) were written up the same day the observations took place (Moyles, 2002). The different use of methods, as described here, also ensures triangulation.

3.10 Conclusion

In order to present the data gathered from each of the methods discussed, it was first necessary to code it. Coding allows the data to be assigned to categories using key themes and then summarised for analysis and presentation (Denscombe, 2007; Cohen et al., 2011; Gillham, 2007; Bell, 2010).
4.0 Data Findings, Analysis and Discussion

4.1 Introduction

This study explored how ‘Horsing Around’ could improve wellbeing for children and young people with autism spectrum disorder and their families. In order to answer the research aims, a multi-method approach was used to gather the data by way of questionnaires, observations and an interview. An analysis of the data, from each of the methods, highlighted several themes that linked to both the research aims and the literature review. Themes that emerged from the data relate to social interaction, communication, happiness, confidence, environment, relationships and feeling safe

This chapter will provide a summary of the data gathered using the research aims as the headings.

4.2 How Does ‘Horsing Around’ Help Young People with ASD to Build and Improve Confidence?

Confidence can be defined as just one part of emotional wellbeing (NICE, 2013). The data gathered from an interview, observations and questionnaires showed that all participants believed confidence could be built and improved through sessions of ‘Horsing Around’. Notes from the observations showed that sessions took place outdoors in a natural environment which included access to a large wooded area, sand, grass, toys, a trampoline, horses and ponies. When asked during an interview how the sessions could help build or improve confidence for a young person with ASD the head of the organisation (HO) stated ‘it’s making sure that all experiences...are good ones’. To do this the young person needs to ‘feel safe...safe to step out of their comfort zone’. Once analysed, the data collected from the interview on ‘feeling safe’ was divided into two parts. The first part looked at the safety of the natural environment. The HO explains, ‘they [the young people] are allowed to do whatever they want...but we make sure that’ it ‘goes along safely’. Ensuring the natural environment is only as
safe as necessary is reflected in the literature. Tovey (2007) explains that when the environment is made safe enough it allows the young person to safely explore, try new things and take risks. This leads into the second part of ‘feeling safe’ which is confidence. The HO made it clear that it is essential that the young person feels accepted; they can be themselves, ‘this is fine to be who I am’ and feel safe enough to try new things, ‘safe to step out of their comfort zone’. For some young people with ASD, being themselves may include repetitive behaviours (Lai et al., 2014; Birch and Frederickson, 2015; Baird et al., 2006). An example provided from the interview data was that of self-stimulatory behaviours, also known as stimming, which can include sounds or physical movements. On many occasions these behaviours are often ‘stopped because it’s not appropriate…’. Intensive intervention programmes such as EIBI, as described in the literature review by Humphrey and Parkinson (2006), would usually approve this statement. The role of EIBI is to change unwanted behaviour and reinforce it with positive behaviour (Humphrey and Parkinson, 2006). However, the HO explains that if a young person exhibits stimming behaviour at the session it is fully accepted and even joined in with. This acceptance and ‘normalisation’ of behaviour ‘can encourage…confidence…there’s no judgement, there’s no feeling of what you’re doing is wrong’. Feeling safe in this way is reflected in the literature by Knight (2011b), Knight (2011a) and Tovey (2007). They explain that feeling safe enables a young person to take manageable risks, make mistakes (Knight, 2011b) and try new things (Tovey, 2007). Evidence from one parent during an observation (Ob1) supported this view. The data collected showed the young person smiling and giggling as he rode a pony by himself for the first time, his parent was watching and commented, ‘wow, he has never done that before’.

Knight (2011b) explains that as people learn to manage their risks, their confidence grows (Knight, 2011a). Feeling safe and enjoying new experiences directly relates to being ‘safe and sound’, outlined as one of the strategic objectives in the The Children’s Plan (2007). Feeling safe was also expressed, throughout the data collected from the interview, as a significant
factor that led to good experiences. Creating repeatedly good experiences in an outdoor environment can have a profound effect on emotional wellbeing (Knight, 2011a).

Further data gathered from parent/carer questionnaires also recorded a positive increase in confidence and wellbeing due to the ‘Horsing Around’ sessions. This information is displayed in Table 1.

**Table 1. Parent/Carer responses to changes noted in the confidence of their young person.**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer QR-1</td>
<td><em>He has increased confidence over the time I have been working with him (2 years) and this is partly due to the horse therapy sessions.</em></td>
</tr>
<tr>
<td>Parent QR-2</td>
<td><em>[Young person’s name] has become more confident, more happier within himself, and transfers this to others...It has taught him to relax more and too feel confident that he can put his trust in a horse.</em></td>
</tr>
<tr>
<td>Parent QR-3</td>
<td><em>My son has more confidence to try new things...</em></td>
</tr>
</tbody>
</table>

4.3 How Can ‘Horsing Around’ Help to Improve Happiness Levels for Young People with ASD?

The second part of emotional wellbeing is being happy (NICE, 2013). Reflecting on the literature review, Murin et al., (2016) suggest emotional wellbeing in young people can be enhanced by combining their interests with activities. When asked if the organisation used the young person’s interest within the activities, the HO stated, ‘*one hundred percent*’ and provided an example, ‘*we had one child who loves the boards where you stick things on*
and that would be just what he wanted to do’, to engage with him in any way ‘was to jump into his interest’, this could be on the trampoline or the horse. Drawing on the literature, Murin et al., (2016) report that using a young person’s interests in this way can improve their emotional wellbeing and reduce anxiety. This approach has similarities with the TEACCH programme, that is often used in schools in the UK. Although the TEACCH programme focuses on strengths such as visual skills it also uses special interests to engage the young person (Lai et al., 2014).

Further data gathered from the interview with the HO revealed that as well as combining the interests of the young person with the ‘Horsing Around’ sessions they are also client-led, voluntary and intrinsically motivated. Similarities to this approach can also be found in Floortime which involves play that is directed by the child and motivated by their interests (Greenspan and Wieder, 2006). The HO stated ‘we’re not making them do something that they don’t want to do’. This compares with Conway (2008) and his description of authentic play. He defines it as, ‘freely chosen, personally directed and intrinsically motivated’ (p.120). Miller et al., (2009) has a similar definition and describes authentic play as fun, for its own sake, spontaneous and voluntary. The data collected from the interview highlighted some of the things young people may choose to do. These included playing in the sand, bouncing on the trampoline or getting onto the horse. It was made clear the choice is theirs, ‘what we try and do is watch the individual to see how they react and what they want to do’. The data collected from the two observations supported the HO’s statement. During each of the sessions the client decided what they wanted to do and how they wanted to take part. In the first observation, it was a particularly cold day and Ob1 appeared anxious and stressed as he was helped to put his coat on in the car park. As he moved away from the car park, however, he expressed joy as his favourite horse was led towards him. The noises and movements that he made indicated that he wanted to sit on the horse. In the second observation, Ob2 was very quiet at the beginning of the session. He did not want to engage with the staff but clearly wanted to stroke a horse. He walked past the staff,
entered the stable and began stroking the horse. All of the staff were accepting of this. Conducting sessions in this way can reduce anxiety and improve emotional wellbeing (Murin et al., 2016). The literature review also highlights the calming effects that animals can have on children with ASD. According to Hart and Yamamoto (2015) ‘there is compelling evidence’ that animals can have ‘calming effects for various populations...including children with autism’ (p.62). O’Haire (2013) also reports that the use of animals has been shown to reduce stress. This was evident from the data collected from questionnaires and observations. Responses from the parent/carers reported that their young person was happier and calmer as a result of attending ‘Horsing Around’ sessions (Table 2). Data from both observations support these findings. The first observation showed that when the young person was on his favourite horse he became calm and relaxed and happy to just sit. This compared to the second observation where Ob2 was sitting on the horse when he leaned forward and cuddled it, he then sat upright and began to laugh and talk freely to the staff. His facial expression had changed and he was smiling. At the end of the session he leaned forward and cuddled the horse again. At this point he was quiet, relaxed and calm. At the end of the session his parent commented, ‘it is nice to see him smile’. Rupert Isaacson (2009) in his book, The Horse Boy, wrote about similar experiences where he found his son became calm and expressed joy when he was on horseback.
Table 2. Parent/carer responses to the benefits of ‘Horsing Around’.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer QR-1</td>
<td>He is generally excited to attend the sessions, therefore, his mood is lifted...He enjoys his session and shows his excitement.</td>
</tr>
<tr>
<td>Parent QR-2</td>
<td>...More happier within himself and transfers this to others...The experience that [young person’s name] enjoys brings so much happiness...relaxed enough he fell asleep on horse’s back...unbelievable how much of a change the calmness of [the horse] brings.</td>
</tr>
<tr>
<td>Parent QR-3</td>
<td>My son is a lot calmer...less frustrated with life...He has even made a few friends.</td>
</tr>
</tbody>
</table>

4.4 How Does ‘Horsing Around’ Help Young People with ASD Build Relationships and Improve the Quality of Their Family Relationships?

Social wellbeing focuses on the quality of relationships that young people experience as defined by NICE (2013) in the literature review. According to Response Ability (2008), social and emotional wellbeing is learned through good relationships, social interactions, and by observing others (Response Ability, 2008). However, Grandin et al., (2015) point out that impairment with social interaction is one of the core characteristic of ASD. This makes it difficult for young people with ASD to build and maintain relationships (APA, 2013; Bauminger, 2002) and form attachments (Gupta and Singhal, 2005). In response to this, the data collected from the interview with the HO shows how the sessions aim to enhance social wellbeing skills for young people with ASD. The data indicated that communication and social interaction were important factors that encouraged good, healthy relationships.
Communication is used as a ‘voice’ and as a tool to encourage social interaction within the ‘Horsing Around’ sessions. It enables the young person to direct their own sessions and encourages social interaction with the horses and staff members. The ‘voice’ may be verbal or non verbal. Where a young person is non verbal, body language and reactions to events are carefully monitored to ensure what is happening throughout the session is what the young person wants. During the interview the HO stated, ‘we...slowly encourage some sort of communication...and open them [young people] up to new experiences’. This is done by using their desire to want to do something. This relates directly to the literature where Conway (2008) defines authentic play as, ‘freely chosen, personally directed and intrinsically motivated’ (p.120), also referred to in a previous section of the findings. Data collected from the second observation demonstrates this. Ob1 was able to communicate that he wanted to ride a pony by the way he was moving his body and the noises that he was making. In the case of a young person with verbal skills, the HO stated, ‘if they [young person] wanted to get on the horse, we would try and encourage them to say ‘up’...that is them communicating to us what they want to do’. Further responses from the HO revealed that in all cases communication can be built on and extended through further sessions. The benefit of learning these skills is that they may also be transferred to their lives outside of the session.

Where social interaction is more of a challenge, the horses can be used directly. The HO stated, ‘the horse is such a great tool’. Grandin et al., (2015) suggest animals ‘may serve as an initial catalyst for social interactions’ (p.226) for young people with ASD. A study by O’Haire et al., (2013) also reflects this view. Their study found that when young people with ASD were in the presence of animals they engaged in more social behaviours with people. Data collected from the second observation supports this. In the second observation, Ob2 did not want to interact with the staff or surroundings at the start of the session. He entered a stable and began stroking a horse. A short time later a staff member was nearby when Ob2 initiated a small conversation with her; all the while he was still stroking the
horse. O’Haire (2013) reports similar outcomes in her studies. They found that the use of animals can increase social interaction, connection, and socio-emotional functioning.

An additional way that social interaction is promoted is by involving the whole family. During the interview, the HO stated, ‘we try and... have a whole family approach’, if siblings come to the sessions they can join in with the play and enjoy being with their brother/sister. This encourages family interaction, for example, a sibling may see their brother/sister do something with or on the horse and say ‘well done [name]’, ‘...that’s really cool’. This creates good shared experiences between them. The Children’s Plan (2007) states that ‘positive activities and experiences are a vital part of happy and enjoyable teenage years’ (p.16). It can be argued that positive experiences are vital regardless of age to ensure positive wellbeing. According to Gupta and Singhal (2005) parents of young people with ASD experience high levels of anxiety and tension. It can have a ‘considerable impact on the family’s quality of life’ (Mackintosh et al., 2012, p.58). The family approach to the ‘Horsing Around’ sessions attempts to address this. As the HO explained during the interview, ‘it’s good memories we are trying to create and good relationships between each other...’. The sessions provide a chance for family members to enjoy each other’s company, where the young person can be themselves, relax, be calm, laugh and smile. This creates good experiences that they can share; something they may not experience very often. Data collected from the parent/carer questionnaires shows that all participants believe ‘Horsing Around’ sessions benefited them and their family (Table 3).
Table 3. Responses from the parent/carer questionnaires on the benefits of ‘Horsing Around’ in relation to themselves and their family relationships.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer QR-1</td>
<td><em>I have found that the relaxed atmosphere encouraged the building of relationships. Enhancing parent/carer rapport. His brother sometimes attends the session which helps to build that relationship.</em></td>
</tr>
<tr>
<td>Parent QR-2</td>
<td><em>For me, it has helped...able to be calmer and to feel at ease towards my son’ disability, knowing that he is having a lovely time and really enjoying the fun and freedom this activity brings him.</em></td>
</tr>
<tr>
<td>Parent QR-3</td>
<td><em>My son is a lot calmer so therefore there is less tension in the house. They [organisation] have supported us as a family by helping my son learn to cope with his feelings.</em></td>
</tr>
</tbody>
</table>
5.0 Conclusion, Limitations and Recommendations

5.1 Conclusion

The literature review in chapter 2 indicates that despite efforts in recent years to improve childhood wellbeing, children and young people with ASD are still more likely to experience poor wellbeing. The literature further suggests this is a poorly researched area. Many conventional treatments aimed at children and young people with ASD focus on cognitive functioning and various skills and behaviours but rarely focus on emotional wellbeing outcomes, such as happiness and confidence. A further concern is the promotion of one treatment over another, this implicitly assumes ‘homogeneity in a population that are anything but’ (Humphrey and Parkinson, 2006, p.80).

This research study set out to explore the benefits of ‘Horsing Around’; an intervention that aims to improve both social and emotional wellbeing for children and young people with ASD and their families. Findings from the study revealed that sessions only involve one family at a time and are individualised to suit the child or young person, usually based on their interests. This compares with elements of both the TEACCH programme and Floortime found in the literature review. An advantage of combining interests with activities is, as Murin et al., (2016) point out, that it can help to reduce anxiety, build confidence and promote social interaction.

Observations from the study showed that sessions were play based, usually involved horses, and took place within the natural environment. This supports what Wilson (2012) describes as authentic play. Conway (2008) further adds that ‘play is a process that is freely chosen, personally directed and intrinsically motivated’ (p.120). The findings from the interview with the HO and observations within this study, reflect this view, where it was noted that children and young people led their own session. Prior to the sessions emotions and reactions were recorded as anxious and stressed, and little or no emotion. However, emotions and reactions recorded during the
sessions were much more positive and included happy, calm, relaxed, laughing and smiling. These emotions enhance childhood wellbeing as defined by NICE (2013) in the literature review.

In this study feeling safe was highlighted as an important factor that helped children and young people to experience positive emotions. This finding is supported by the literature. When children and young people feel safe it allows them to try new things (Tovey, 2007) without fear of getting it wrong (Knight, 2011b). A finding that positively affirms this view was found within one of the observations where a young person rode a pony by himself for the first time. The findings from this observation noted the young person was happy and pleased with himself. Feeling safe and enjoying new and positive experiences is supported in The Children’s Plan (2007) which relates to being ‘safe and sound’, outlined as one of the strategic objectives. Positive experiences in an outdoor environment can have a profound effect on wellbeing, including improved self-esteem and confidence (Knight, 2011a). An increase in confidence was reported by two of the parents within the study since their child had attended ‘Horsing Around’ sessions, while one carer noted the increase in confidence was partly due to the sessions.

A further finding from this study revealed the importance of social interaction and relationships, specifically family relationships. The study found that horses are a great tool for social interaction. Grandin et al., (2015) support this finding and suggest that horses ‘may serve as an initial catalyst for social interactions’ (p.226) for children and young people with ASD. Similarities to this approach can be found within the Horse Boy method and also within EAA/T. Using the horse as a tool was reflected in one of the observations where a young person only began to engage with others once he was stroking the horse. This compares with a study by O’Haire et al., (2013) who found that young people with ASD engaged in more social behaviours with people when they were in the presence of animals. Social interaction is also promoted within the sessions by encouraging the child or young person to
communicate. Encouraging the child or young person to say what they want, in a verbal or non-verbal way enables them to direct their sessions and interact with others. Evidence from one of the observations supported this where the young person was able to communicate to staff members that he wanted to ride the pony. Additionally, social interaction is encouraged by involving the whole family. The family approach offered by ‘Horsing Around’ sessions aims to create good experiences that can be shared by the family. As the HO explained during the interview, ‘it’s good memories we are trying to create and good relationships between each other...’. This is supported in the literature which highlights good quality relationships, especially family relationships, as an important contributor to a young person’s wellbeing (DoH, 2014; Stratham and Chase, 2010). Findings from the study showed that ‘Horsing Around’ sessions provide a chance for family members to enjoy each other’s company in a relaxed environment. This promotes opportunities to create good experiences within the family. Linked to this is relationships with their siblings. It was noted that when siblings attend sessions they are able to join in with the play, ride the horses and enjoy being in the company of their brother/sister. This encourages family interaction and creates opportunities for good shared experiences. This differs from much of the research within the literature where most interventions concentrate solely on the child or young person.

The study suggests that ‘Horsing Around’ sessions can significantly enhance social and emotional wellbeing for children and young people with ASD. One notable reason for this may be that ‘Horsing Around’ does not rely on one single approach, but uses a combination of elements found within several approaches.

### 5.2 Limitations

Reflecting upon this research study, there are a number of possible limitations that relate to the methodology, bias, and findings.
This research study is based on a case study. A rigorous and detailed approach was employed within this study. A variety of methods were used to investigate the benefits of ‘Horsing Around’ on wellbeing for children and young people with ASD and their families. The case study was deliberately selected for its known attributes (Denscombe, 2007). However, as Denscombe (2007) points out, case studies can be viewed as generating ‘soft data’; data that is qualitative rather than quantitative. Although quantitative can address how effective an intervention is, it rarely addresses ‘how’ or ‘why’” (Yin, 2014, p.21) it works or fails. In order to answer the research aims, it was important to provide an insight into ‘how’ and ‘why’ this intervention was or was not beneficial. The advantage of a case study is that it can look at relationships and processes within a natural setting (Denscombe, 2007).

An additional limitation to this research study was the use of convenience sampling within the questionnaires and observations. Due to time constraints and the small nature of the study convenience sampling was useful (Newby, 2010; Denscombe, 2007). However, results employing this method cannot be generalised (Newby, 2010).

A further limitation of the study was that of bias due to the researcher having a voluntary role within the organisation where the research took place. However, the researcher does not take part in any of the ‘Horsing Around’ sessions, the role is limited to catering for events only. To overcome any assumptions held by the researcher all facts were revealed (Newby, 2011). The data gathered from the interview and questionnaires were all fully transcribed. Additionally, the data gathered from observations were written up the same day the observations took place (Moyles, 2002).
Additionally, interpretations of the findings can be an issue of bias. Bell (2010) points out the researcher needs to be vigilant, critical of interpretation and wherever possible triangulate (p.170). The multi-method approach used within the study ensures triangulation. This approach to research ‘has the potential of enriching (as well as cross-validating)’ (Gillham, 2007, p102) a researcher’s findings.

This research study was limited to children and young people with ASD and their families and produced very promising results. However, these results may prove useful for further studies in this area and could possibly have a wider benefit to all children and young people and their families.

Further limitations identified, regarding the findings, were that it did not take in to account natural maturation or any other treatments the children and young people may have been receiving. The study was also limited to children and young people who had been attending sessions for an average period of 2 years.

**5.3 Recommendations**

This research study explored an area that has, to this point, been poorly researched. Although the results from the study were very promising, the limitations have highlighted the need for further research. Future studies would need to include children and young people of various ages who have been attending the sessions for different time periods. These studies could potentially show how many sessions may be needed to have a positive impact on wellbeing. Additionally, studies that explored any other external treatments or changes that may positively impact on the individual’s wellbeing would be advantageous when determining how many of the positive benefits were due to ‘Horsing Around’ only. Finally, regular follow up studies would be beneficial to determine the stability of skills learned through the sessions.
Notes – Work Previously Submitted to the University


References


Humphrey, N. and Symes, W. (2011) School factors that facilitate or hinder the ability of teaching assistants to effectively support pupils with autism spectrum disorders (ASDs) in mainstream secondary schools. *Journal of*


Supervision Record

Dissertation Supervision Record Form

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Appendix A – Research Ethics Approval Form
Appendix B – Information and Consent Forms

Interviewee Consent Form

Dear Sir/Madam

Name of course: Education Studies

My name is Maria Craig and I am currently an undergraduate third year student at the University of Northampton studying for a degree in Education. As part of my degree course I am carrying out independent research. The aim of this study is to explore the wellbeing outcomes of ‘Horsing Around’ for children and young people with autism and their families.

The purpose of this study is to collect your views on how ‘Horsing Around’ may help young people with autism improve their social interaction, self-esteem and confidence, build relationships and improve the quality of their family relationships.

As the head of the institution, I would be very grateful for your input within this study. The information gathered will be by way of a semi-structured interview, lasting no longer than 30 minutes. This will be recorded to ensure accuracy of the data collected. The interview will be informal, and consist of questions relating to information, experiences and evidence to show the wellbeing benefits ‘Horsing Around’ may have on children and young people with autism and their families.

It is up to you, as the head of the institution to decide if you wish to be interviewed. Participation is voluntary; if you agree and then feel uncomfortable you have the right to withdraw. Any data collected will be destroyed and not used within the study. If you are happy to participate, all of the data collected will be kept confidential. On completion of my dissertation all of the data collected will be destroyed.

The data will be collected on Wednesday 17th February between 10.30 and 4.30. Ethical approval has been granted from the school of education to carry out this study. If you would like any further information regarding this study please contact me via email __________________________
Your input and participation in the study would be gratefully appreciated. Thank you for taking the time to read this consent form.

If you agree to take part in the recorded interview and allow your views to become part of the study, then please sign and date below. Thank you.


Signature: 

Date:
Dear Sir/Madam

**Name of course: Education Studies**

My name is Maria Craig and I am currently an undergraduate third year student at the University of Northampton studying for a degree in Education. As part of my degree course I am carrying out independent research. The aim of this study is to explore the wellbeing outcomes of ‘Horsing Around’ for children and young people with autism and their families.

As the parent/carer of the young person, it is my duty to protect the young person and inform you of how I intend to carry out this research. In order to collect the data, I will be carrying out an observation on how the young person reacts and interacts with the horses, equipment, surroundings and other people, including family members. I will be observing the young person away from the activity to ensure that my presence does not affect the behaviour that is normally displayed, and that the young person feels comfortable. This will be done under the supervision of the institution. Information that I will record will focus on how the young person reacts and interacts within this environment at the beginning of the activity, during, and after the activity.

It is up to you, as the parent/carer to decide if the young person can be observed in this environment. Participation is voluntary; if you agree for the young person to take part and then feel uncomfortable your child has the right to withdraw. Any data collected will be destroyed and not used within the study. The data collected will be kept confidential. All of the data collected will be destroyed after my dissertation is complete.

The data will be collected on Wednesday 17\(^{th}\) February between 10.30 and 4.30. Ethical approval has been granted from the school of education to carry out this study. If you would like any further information regarding this study please contact me via email _______________________

Your input and participation in the study would be gratefully appreciated. Thank you for taking the time to read this consent form.
If you agree for the young person to take part, then please sign and date below. Thank you.

Signature: __________________________  Date: ____________
Participant Consent Form - Questionnaire

Dear Sir/Madam

Name of course: Education Studies

My name is Maria Craig and I am currently an undergraduate third year student at the University of Northampton studying for a degree in Education. As part of my degree course I am carrying out independent research. The aim of this study is to explore the wellbeing outcomes of ‘Horsing Around’ for children and young people with autism and their families.

The purpose of the study is to explore how ‘Horsing Around’ may help young people with autism improve their social interaction, self-esteem and confidence, build relationships and improve the quality of their family relationships.

As a parent/carer of the young person, I would be very grateful for your input within this study. The information gathered will be by way of a short questionnaire that should take no longer than 10 minutes to complete. The questions are designed to find out your views of how ‘Horsing Around’ helps your young person and your family.

It is up to you, as the parent/carer of the young person to decide if you wish to take part. Participation is voluntary; if you agree and then feel uncomfortable you have the right to withdraw. Any data collected will be destroyed and not used within the study. If you are happy to participate, all of the data collected will be kept confidential. On completion of my dissertation all of the data collected will be destroyed.

The data will be collected on Wednesday 17th February between 10.30 and 4.30. Ethical approval has been granted from the school of education to carry out this study. If you would like any further information regarding this study please contact me via email

Your input and participation in the study would be gratefully appreciated. Thank you for taking the time to read this consent form.
If you agree to take part and allow your views to become part of the study, then please sign and date below. Thank you.

**Signature:**

**Date:**
Appendix C – Permission from Organisation

This research study will refer to the term ‘Horsing Around’ throughout the dissertation write-up. This may cause the organisation to the identified as the term used is not common. It is up to you, as the head of the institution to decide if you are comfortable with this. If you agree and then feel uncomfortable you have the right to withdraw consent. The term ‘Horsing Around’ will be changed to another name that will reflect the work you do. If you agree to the use of the term ‘Horsing Around’, then please sign and date below. Thank you.
(Signed)
(Dated 17th February 2016)
Appendix D – Templates and Transcriptions

Interview and Questionnaires

Interview Questions

Interview to be recorded. Questions are semi-structured to allow for follow up questions relating to the young person and also the family. I anticipate there will be time for further probing during the interview. (Further questions prompted during the interview have been listed under the number questions)

First of all, can I clarify that you are happy to to be interviewed, recorded and to share your views within the study?

1. Can you tell me about ‘Horsing Around’?
   - Ok, when you say intrinsic motivation, what do you mean by that?
   - Does ‘Horsing Around’ only involve horse?
   - because you explained really there that it is child led, would you use their interests as well?
   - Ok, can you tell me how ‘Horsing Around’ differs from EAT?

2. How can ‘Horsing Around’ help a young person with autism?

   Social interaction, Self-esteem and confidence, Relationships, Family relationships

   - And relationships, especially siblings, family relationships?

3. Are there any examples that you can share with me?

   - You have kind of shared an example there with me already, are you able to share an example where a family find it quite difficult, they have just come to you and how that’s changed for them?

4. How can ‘Horsing Around’ help the whole family?

   Confidence, family relationships, parents, siblings etc

   - you have spoke about the whole family but what about parents and their confidence?
Interview Transcript - 17/02/2016
(E=Interviewee; I=Interviewer)

I: First of all, I need to clarify that you are happy to be interviewed, recorded and to share your views within the study?

E: Yes

I: Ok, my first question, can you tell me about ‘Horsing Around’?

E: Um, ‘Horsing Around’ is um a type of therapy that we work here in the woods, its for adults and children with autism and Asperger’s and it’s a type of therapy we use with the horses and essentially with us and the environment. What we try and do is create communication, be that verbal or non verbal, and this is through using their own intrinsic motivation within the surroundings. It’s a chance for the families to come and experience a feeling that they may not be able to experience elsewhere, being able to interact in an environment where is no judgement, no pressure, there is no outside sensory overload issues. We tend to encourage a natural environment which encourages that.

I: Ok, when you say intrinsic motivation, what do you mean by that?

E: Essentially, the no pressure approach that we take is through, we’re not making them do something that they don’t want to do. The idea of having a horse around is, the horse is quite a well it’s a flight animal, fight or flight animal and due to the larger amygdala in their
brain which is proven that people on the spectrum also have, the horse can be or even the environment being on the trampoline, what we try and do is watch the individual to see how they interact and what they want to do, if they want to do something we will encourage that intrinsic motivation they have through being, playing in the sand, through being on the trampoline or wanting to get onto the horse, what we will do is slowly encourage some sort of communication through that and open them up to new experiences by using their own need and want for that, so say if they wanted to jump on the trampoline we would wait for some sort of trigger to bounce them or if they wanted to get on the horse we would try and encourage them to say ‘up’, simple word but that is them communicating to us what they want, we can then build on that over days, months, years to wanting to go faster on the horse or wanting to bounce higher or after ‘3’ they want to spin or [pause] just using what they want to and how they have to, they essentially have to communicate through us if they want that experience heightened, so they could come and jump on the trampoline by themselves, however we would encourage a better experience of us bouncing with them or us interacting by throwing balls or bouncing them higher and things that they would see as a bit more fun, a bit more enjoyable, but they would have to communicate to us to get that sensation, um and using the horses is especially great because the horse is such a great tool for what we do because its able to do so many things and being such a large animal with so many sensory benefits then it can be a great opener for that motivation, so all the horses here will only listen to us essentially so if the child wanted to go faster they would have to communicate, be that by kind of kicking their legs how they would normally do, we would pick up on that and encourage the horse to go but we then add a word as ‘faster’, so then we would slow down after a couple of months and we’d figured out that the kicking the legs and saying ‘faster’ is the same thing we would then try and encourage the ‘faster’ word or a simple word like ‘go’ depending on their ability of verbal language um and encourage that more as the trigger rather
than the kicking of the legs, so its just using that communication and changing into a way that could be taken outside of the wood basically, um and it could start with somebody who has no verbal skills and limited physical ability to me riding with them and them leaning forward slightly and we would try little things like if they lean forward and we went a bit faster and if they reacted in a way that wasn’t pleasant I would know that leaning forward didn’t mean they want to go faster but it could mean something else and its trial and error to figure out what that motivation of that movement was and even seeing if that movement or teaching them that that movement was [pause], it could be a trigger, so its encouraging them to realise that the communication aspect of life is beneficial for them and that’s something that they can take out, and, especially for their families as well to see their child being able to do such things, it gives them confidence and its give them hope that there is other things in life that is possible rather than not able to communicate, not able to do anything, not able to live a ‘normal’ life but it’s some sort of [pause] some sort of cherry that can be expanded and to be able to see that and [pause] I mean we got, obviously with Alex, um his mum often sees, it can get down to this just seeing Alex in a chair [wheelchair] not able to live a life but to see him being able to canter along on a horse with a massive smile on his face and do something that essentially other children can do in a world that isn’t always possible, is great for her and it’s a great boost that she’s able to give her child this experience.

I: Does ‘Horsing Around’ only involve horse?

E: Not at all, as I was saying with the trampoline um not everyone would like a horse, not everyone likes horses, um we’re kind of grown up with ‘horses are amazing, you love horses’ but not everyone loves horse and to solely rely on the horse would be a great disadvantage
for the child to push them into something that essentially they don’t have the motivation to do um, for us the horse is, like I was saying is a great tool to be able to build on that, however there are other things that come into it. If we were in the middle of London and you’ve got the roads all around it wouldn’t work for the sensory benefits that this place gives and the environment, being able to pick up on from the environment being so quiet, seeing the deer, seeing things that are natural, but being able to notice such things in a pleasurable way, rather than a ‘that’s going to get me’ kind of way is a good thing to utilise and it allows them to feel safe where they are. The trampoline is an amazing tool, its gets a lot of proprioceptive issues and, if they have been in the car for half an hour, just being able to get rid of that energy, not rid of it, but using that energy to stimulate things um it really does help with the communication side and essentially its with us as well. We need to be aware of the communication that is coming through, that body language and being able to make an environment that is safe, so they are allowed to do whatever they want to do but we make sure that that goes along safely, rather than being like ‘yea you can climb this tree’ and then letting them fall on their leg and breaking it. It’s making sure that all the experiences they do go through are good ones, because without feeling safe you are going to shut off the learning receptors and we are not going to get anywhere, so it’s about being [pause] working with the environment, with ourselves, with the horses, and sensory with the individual um because as I say there’s no pressure, there’s no outcome other than what that individual wants the outcome to be. So if we to come into it and say “right, today we are going to get them saying ‘up’ and get on the horse”, but they might arrive and say ‘hang on’ there’s so much pressure to get on that horse, they might want to not even know the horse what so ever and we’ve just shut down all of our communication gateways that we have.
I: When you, um, because you explained really there that it is child led, would you use their interests as well?

E: One hundred percent, one hundred percent, they often, you have tunnel vision, it’s all, I mean from my understanding it’s all based on that safety aspect, if they, and for example, we have one girl come and she love laminated sheets of trains, loves it, and the, if you were to take away that you have lost her for good, that’s it, she has just gone into meltdown because that laminated sheet is her safety blanket, it’s her thing that she feels because she know that she’s got it, she know that it’s there, so we will make the horses into trains and try and build that relationship between what’s on that sheet to what is happening here and now. So, being able to use that, and as I say it all comes back to intrinsic motivation because if they have that, they have that interest in something why would you turn off that interest and say ‘no, we are not interested in that now, we need to be doing this’. To them, it’s how? it’s confusing, it’s like ‘hang on’, you know, and it’s like, if I was going out to do the horses and I’m like right I have my horses to ride, you know, I love going out for a ride ‘no, you’re not allowed to do that anymore, you have the horses to groom’, I would be put off them totally, I’d be ‘no, don’t want to see them, why, why if I’m not doing something, if it’s not through what I’m interested in why would I do it? And, I think as I say with the tunnel vision if you have got a child that is, loves, we will go back to trains because it is quite a common thing, but if you’ve got a child who loves the trains but isn’t willing to essentially come out of that in an environment that offers so much, then, the kind of for me, the only way to go about it is including that interest in the environment to still get the benefits that you can elsewhere, and, I mean we um [pause] we had one child who loves the boards where you stick things on and that would just be what he wanted to do, he would just go on the trampoline and just stick these things on and you couldn’t get involved because he wanted to do it by himself, he wanted the
control of the board, so the only way to get any sort of interaction from us was to jump into his interest but on the horse. So we would have the Velcro that stuck to the horse’s coat, so it would be like a bigger board, bigger board to stick things on, which, um essentially he can still do on his own, has still the control of that, but then what if the board moved whilst he was doing it? And that’s just opening up, whilst he feeling the horse moving that’s a sensory benefit he is getting from doing that and he’s like ‘ooh oh this horse could offer more, this horse could offer more to me’, but to explore that he has to slightly step out of his safety blanket which is, to me, is amazing for to do, because then that could transfer into real life, because they can step out and say ‘hang on’, maybe it’s, maybe it’s ok to step away from what I know just slightly, as long as the people around me and everything I feel safe with then maybe that’s ok, and that’s what we try and do with the environment and things is create that safe transition for them.

I: Ok, can you tell me how ‘Horsing Around’ differs from EAT?

E: Um, your typical EAT, um would often look at reflections of the horse’s emotions. So, you would be going out there watching the herd, seeing how they interacted with themselves, and looking at yourself to say ‘can I see something there?’, ‘what are they doing?’, “is that horse on its own, a loner?’, ‘do they want to be on their own?’. When you step into the world of autism there’s [pause], a trait of autism is the social, the lack of social imagination, so being able to stand there and say ‘ooh, would that refer to me?’ is just, it’s ridiculous to think that that would happen. So, essentially we do, with the ‘Horsing Around’, we do try and encourage that interaction, with a certain lad earlier, um, called the horse stubborn and it just took for us to kind of say, because he’s been here quite a lot, he just went ‘ok’ and that was us talking about bond with him and the horse,
and it was like ‘oh, is he?’ and ‘yea, I know, I am too’, and that’s a massive for us to kind of think, ‘oh you’re aware of that’ but it’s, it can transverse but essentially as soon as you put any pressure on to why is?, why is the horse doing that, you’re putting pressure on, you’re putting expectation on and often with autism/Asperger’s will you just go into ‘I don’t know, you’re talking French here’, ‘What’s, what’s going on?’, um, so with the ‘Horsing Around’ it’s more, it’s based more on the sensory benefits rather than the reflection and emotional reflection that they have. They can lap over but very much in a different way, um very much in way that ‘that horse is on its own’ rather than saying ‘what can you notice about that horse?’; you are pointing it out, black and white, that horse is on its own and if they, they go into, if the person on the autistic spectrum then goes into ‘ah, he must be really sad on his own’, then that is a big break through. But being able to say, um ‘what do you notice about that horse?’ is just, ‘I don’t know, it’s brown’, it’s very, it’s the literally thinking that you can’t cross over between the two.

I: Ok, so if we get to a little bit more specific, how can ‘Horsing Around’ help a young person with autism in the sense of wellbeing, so social interaction you have kind of covered, so other things like self-esteem and confidence and building relationships and family relationships, can it help?

E: I think what I said earlier about the kind of feeling safe here and safe, um, safe to step out of the comfort zone slightly, being able to do it here and creating a good experience, um, would hopefully encourage outside learning as well and being happier to feel as though you are, you are not strange, you are not different, so like a lot of what we try and do is you have a child that is, has a particular stim, stimming method we’ll join in and going from a world that is often it’s stopped because it’s not appropriate in certain areas, um,
being able to come and just do and be and be around people around people who do the same, um, it can encourage the confidence in yourself to feel as though ‘this is ok to do this’, this is, ‘this is fine to be who I am’ because it’s accepted here, it’s accepted whatever they want to do it’s accepted, and that confidence, that confidence that they have they can take out, and just the kind of ability to be able to take risks here and there’s no, if they say something um, or do something that essentially would create an adverse reaction outside of here, here it doesn’t, we just, we go with the flow, there’s no judgement, there’s no feeling of what you’re doing is wrong, what you’re doing is not how you should behave and when they can leave here thinking, ‘ohh I was just able to run around and jump on the floor and I was able to playing the sand and no one told me that I shouldn’t because I’m too old for that or something like that it enables them to step out, as I say, step out of their comfort zone and feel as though, then ‘they’re normal’ in inverted commas for a bit.

I: And relationships, especially siblings, family relationships?

E: Well, as I say, what we try and do is have a whole family approach, so if it’s, if we have siblings that come, often siblings are held back by their brother or sister with autism because ‘you can’t go in there because they’re going to struggle with it’, ‘you can’t do this because they are going to struggle with it’, ‘you can’t do this because they are going to struggle with it’, being able to come here and embrace your brother or sister for what they have because you get to play, you get to do all these things, you get to go and play pool for an hour whilst your brother or sister’s having therapy, you get to ride a horse, how cool is this?, um, you get to, you get to see your brother or sister being themselves and not being held back and with mum and dad as well, being able to give this experience to their child, um, whereas, often it’s the case if they take the child out it, it’s very stressful, it’s a case of making sure that they are safe, making
sure that everyone around them doesn’t judge them, making sure
that everyone is safe around them and they are not going to run into
the road, or, and often you’ll see it going down in shopping, ‘ah, child
just needs a slap’, or something like that. Being able to see their
child here playing and nobody judging them, everyone just joining in,
having fun, and you know, creating good hormones in their bodies
and being able to leave and think, ‘ah, that was a nice day’, it’s very
uncommon in their life to be able to do such things, so that
relationship between them, and being able to say, ‘ah, can you
remember when you came here last time you did this?’ and thinking
back on good memories rather than thinking back to ‘ah, last time
we went to Legoland he picked up the structure and destroyed it’,
it’s, it’s good memories that we’re trying to create and good
relationships between each other that, you know, it’s embracing
autism, it’s embracing what it is, and it’s embracing their, the
individuals, for who they are and thinking, ‘ah’, and especially if, um,
say, again with Alex, his brother comes and he sees Alex doing
something, cantering along, and he’s going ‘oh, that’s really cool’,
you know, ‘good job Alex, well done for doing that’, and just that kind
of interaction, the normal family interaction is just, it’s it’s heightened
here because it’s an environment that allows it.

I: You have kind of shared an example there with me already, are you
able to share an example where a family find it quite difficult, they
have just come to you and how that’s changed for them?

E: Um, I think we had, we had one little lad here, didn’t have any
brothers or sisters but mum and nan came with him, and they came
at a time when he was just diagnosed and in their words they hated
it, they hated autism, they couldn’t believe it was done to them and it
was, you know, a lifelong sentence is what they were saying, and this
lad came and he didn’t really interact with anybody, he didn’t, he had
the kind of, the basic developmental stages of ‘if I point at something you will do it’, but no verbal communication or no, no activities that were led other than by himself, so it was, it was a case of, and, when he came he wasn’t really interested in the horses whatsoever, it was like ‘ah, there’s a trampoline there, let’s go on the trampoline’, and, it was, I remember it specifically as the ‘meet and greet’ so they were only here for half an hour. Whilst mum [one of the directors of Equata] was having a chat with them I was jumping with this lad on the trampoline and even after half an hour we got to a point where we were saying ‘one, two, three’ and after ‘three’ we were both bouncing and his mum came over, and was like ‘I can’t believe that, I didn’t know that he’d realise what one, two, three is, let alone at ‘three’ be able to do something with it’, and I remember that he was, just after, we were going down and she was just saying ‘I can’t [pause], I feel bad that when he’s eighteen he’s going to still be unaware of social interactions and I feel that, you know, I feel bad for him because he’s not going to be able to do the other things that normal kids do’, and for me it kind of struck home that the awareness of the spectrum is so limited, they’d just had this diagnosis and the fact that they didn’t, they weren’t aware that this boy, he will be able to speak, he is only four, he he’s still got time to be able to gain communication, um it it was quite upsetting, I mean, I think after about three times he was on Dillon [horse] and he was able to go along and he was pointing and he was saying ‘that way, that way’ and just the things like that and his mum and his nan was just amazed by it, they just couldn’t, it almost for me, it allowed them to see, that it wasn’t a lifelong sentence, that it was their little boy that’s just building in different areas and he’s going to build and he’s going to still be their little boy no matter what, and yea, it was it was nice.

I: In that sense, following on from that, you have spoke about the whole family but what about parents and their confidence?
E: I think, as I was saying earlier when they go out and you’ve got a child who shows a lot of behavioural problems more than anything, that’s the way that it comes across is their child is being naughty and that stress of having to continuously feel as though you’re in the wrong to other people socially, you feel as though other people are judging you. Being able to come here and see us accepting your child and accepting their, essentially you have things quite tough, and you need to come in here, have a cup of tea and trust that everything’s going to be alright, in this next hour you’re not, I mean I say it, touch wood, but in the next hour you’re not, your child’s not going to have a meltdown, you’re not going to have to restrain them, um, often going back in the car on the way home is quite difficult but we try and make that easier, um, but just having the time and being surrounded by people who aren’t judging, who aren’t thinking that you need to, or, when you leave we’re going to stand there and say ‘right, we need to do this plan of action, we need to do this plan of action, we need to, next time he comes, we need to have seen that he needs to do this this and this, because it differs so much from the traditional sit down therapies where ninety percent of it then comes home with you, um and, I think for the parents more than anything it’s the safeness of the environment again, it’s feeling as though we’re extended family, we’re extended people who are going to accept you for whatever.

I: That’s brilliant, that’s the end of my questions, I thank you very, very much.

E: You’re welcome.
Parent/Carer Questionnaire Template

Your views of how ‘Horsing Around’ helps your young person and your family.

1. What made you decide to choose ‘Horsing Around’?

2. What were your expectations at the first session?
3. Was ‘Horsing Around’ what you expected it to be?

Yes [ ]
No [ ]

*If no, please explain what was different*


4. How long has your young person been attending sessions for ‘Horsing Around’?


5. Have you noticed any changes in your young person as a result of attending ‘Horsing Around’ sessions?

Yes [ ]
No [ ]
6. Please tick the box or boxes that best describe those changes.

- Confidence
- Self-esteem
- Social interaction
- Relationships
- Family/siblings
- Speech
- Play
- Other

7. Please provide a brief description of these changes.

8. As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited you?
9. As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited your family as a whole?

Thank you for your input and taking the time to complete this questionnaire.
Questionnaire – Transcript (QR-1)

Q.1 What made you decide to choose ‘Horsing Around’?

The family thought the session would meet his sensory and physical needs, therefore, support was also received from his occupational therapist.

Q.2 What were your expectations at the first session?

I expected there to be one person with the child walking around the paddock.

Q.3 Was ‘Horsing Around’ what you expected it to be?

No

If no, please explain what was different

There are many people from various backgrounds assisting in the session, it is varied in its content from bouncing on the trampoline to sensory walks in the woods.

Q.4 How long has your young person been attending sessions for ‘Horsing Around’?

3 years
Q.5 Have you noticed any changes in your young person as a result of attending ‘Horsing Around’ Sessions?

No – I have only worked with him since he has attended horse therapy sessions (2 years).

Q.6 Please tick the box or boxes that best describe those changes.

Boxes to select from: (confidence, self-esteem, social interaction, relationships, family/siblings, speech, play, other)

Boxes checked: Confidence, Family/siblings

Q.7 Please provide a brief description of these changes.

He has increased confidence over the time I have been working with him (2 years) and this is partly due to the horse therapy sessions.

Q.8 As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited you?

I have found that the relaxed atmosphere encouraged the building of relationships. Enhancing parent/carer rapport.
Q.9 As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited your family as a whole?

He is generally excited to attend sessions, therefore, his mood is lifted. His brother sometimes attends the session which helps to build that relationship.

He is told when his session next session is, and makes a noise representative of horse hooves. He enjoys his session and shows his excitement.

Questionnaire – Transcript (QR-2)

Q.1 What made you decide to choose ‘Horsing Around’?

I choose this for [young person’s name] as I thought it would be fun and also have a therapeutic side to help [young person’s name] with his ability/disability proprioception as in height and sensory of different levels of sensory input.

Q.2 What were your expectations at the first session?

To see how [young person’s name] gets on with horses and to see if he interacts with them, i.e. stroking, brushing them, riding or sitting on them.
[Young person’s name] is very enthusiastic with horses and large animals of size and height.

Q.3 Was ‘Horsing Around’ what you expected it to be?

Yes

If no, please explain what was different

Did not apply

Q.4 How long has your young person been attending sessions for ‘Horsing Around’?

[Young person’s name] has been here for 3 years. Loves being here.

Q.5 Have you noticed any changes in your young person as a result of attending ‘Horsing Around’ Sessions?

Yes
Q.6 Please tick the box or boxes that best describe those changes.

Boxes to select from: (confidence, self-esteem, social interaction, relationships, family/siblings, speech, play, other)

Boxes checked: Confidence, self-esteem, social interaction, relationships, family/siblings, speech, play

Q.7 Please provide a brief description of these changes.

[Young person’s name] has become more confident, more happier within himself, and transfers this to others. [Young person’s name] has learnt a lot through these sessions and it gives him a release of enjoyment he doesn’t get from being in a chair all day.

Q.8 As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited you?

For me it has helped with able to be calmer and to feel at ease towards my young person’s disability knowing that he is having a lovely time and really enjoying the fun and freedom this activity brings to him, he really has a fantastic time when he’s with [organisation]. The sessions are very good for his happiness and encourage his strengths and skills.
Q.9 As a parent/carer of the young person, how do you feel 'Horsing Around' has benefited your family as a whole?

The benefits of [young person’s name] being here has a wonderful affect on him as he is in the country open air riding 'Known’ his favourite horse, around the forest, also looking at the rabbits, deer, birds/pheasants. [Young person’s name] really enjoys being here with his brother as they both ride the ponies. It’s a great idea for all families with children with learning disabilities.

The experience that [young person’s name] enjoys brings so much happiness, he enjoys being up high on ‘Known’ with [staff name], [young person’s name] likes to be on horses and loves to lay on the back of ‘Known’, he is comfortable and relaxed enough he fell asleep on ‘Known’s’ back – something that he would never do on any horse or pony, this has taught [young person’s name] to relax more and to feel confident that he can put his trust in a horse – unbelievable how much of a change the calmness of ‘Known’ brings [young person’s name] to relaxation falling asleep on ‘Known’. Something is working because [young person’s name] has never been that confident around animals – all in all the sessions are brilliant for him. For [young person’s name] to say he wants to go horse riding he makes a sound to make the sound of the horse to say he wants to go to see [organisation].
Questionnaire – Transcript (QR-3)

Q.1 What made you decide to choose ‘Horsing Around’?

My son has very high anxiety and emotional and mental health issues. I had heard such great things about [organisation] that I hoped they could help with his anxiety.

Q.2 What were your expectations at the first session?

My son seemed a lot calmer after just one session. I was hopeful that in time he would be less anxious and be able to try new things.

Q.3 Was ‘Horsing Around’ what you expected it to be?

Yes

If no, please explain what was different

Did not apply

Q.4 How long has your young person been attending sessions for ‘Horsing Around’?

My son has been going nearly 2 years, first as a client and now doing some work experience as part of college course.
Q.5 Have you noticed any changes in your young person as a result of attending ‘Horsing Around’ Sessions?

Yes

Q.6 Please tick the box or boxes that best describe those changes.

Boxes to select from: (confidence, self-esteem, social interaction, relationships, family/siblings, speech, play, other)

Boxes checked: Confidence, self-esteem, social interaction, family/siblings

Q.7 Please provide a brief description of these changes.

My son has more confidence to try new things and has become less frustrated with life, he has even made a few friends.

Q.8 As a parent/carer of the young person, how do you feel ‘Horsing Around’ has benefited you?

My son is a lot calmer so therefore there is less tension in the house.
Q.9 As a parent/carer of the young person, how do you feel 'Horsing Around' has benefited your family as a whole?

They have supported us as a family by helping my son learn to cope with his feelings. My son had a late diagnosis [of autism] so didn’t have help with coping strategy when he was younger.
Appendix E – Observation Template/Write Ups (Ob1 and Ob2)

Observation Checklist

This checklist will enable me to record the young person’s actions (reactions/interactions) with the environment, horses, equipment, staff, parent/s and other family members if present. The indicated emotions will provide an idea of their positive and negative emotions in regards to wellbeing.

I will record details at the start of the session, during and also at the end to see if there are any changes in the young person’s actions as a result of the session.

Themes to record

Wellbeing indicators:

L = Laughs

H = Happy

S = Smile

EP = Expresses Pleasure (including sounds, movements, singing, talking to themselves)

R = Relaxed

SC = Expresses Self Confidence and Self Assurance

U = Clearly Upset

NR = No Response to the Environment (also avoids contact)

A = Anxious Tense or Stressed

LNE = Little or No Emotion (facial expressions/posture)
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<th>Staff</th>
<th>Horses</th>
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Appendix E – Observation Write Ups (Ob1 and Ob2)

Observation 1 (Ob1) – One-hour duration

Date: 17\textsuperscript{th} February 2016

Time: 10.30 – 11.30

Location: Rural setting/natural outdoor

Weather: Very cold, dry

Ob1 has a diagnosis of autism and other issues that affect his mobility quite severely. He is confined to a wheelchair and his speech is also impaired.

Ob1 arrives by car accompanied by his mother and carer. Mother and carer support him to get out of the car. It was a particularly cold morning when Ob1 arrived and his mother and carer tried to put his coat on him. Ob1 appeared anxious and stressed at this point and it appeared to be a difficult task. Moving from the car park and towards the trampoline, however, Ob1’s expressions changed, he was smiling and expressing pleasure by wriggling and making loud noises. As two members of staff with a horse made their way to Ob1 his noises became louder and he was smiling constantly. At this point his mother and carer went to an adjacent building to have a cup of tea. Ob1 was then carried onto the horse, with one member of staff sitting directly behind him. They sat still for some time. Ob1 looked calm and relaxed, just content to sit on the horse. The horse then began to move which made Ob1 laugh. When the horse slowed to a stop, Ob1 wriggled and made noises, then horse began to move and he began to laugh again. During this process, Ob1 often looked at the staff and smiled. Shortly after this Ob1 went for a ride through the woods, when the ride began he was still seated in front a staff member. Two other staff members, walking with a small pony, followed behind them. Ob1 was making noises and laughing during most of the walk. About half way into
the walk everyone stopped, they pointed out the trees, some birds and a squirrel to Ob1 who turned to look where they were pointing, his expression was calm and quiet, he did not make any noises until he noticed the pony behind. At this point he began to make noises and wriggle. In reaction to this the staff asked if he would like to sit on the pony, he nodded and smiled. Ob1 was then carried off of the horse and on to the pony. Care was taken to ensure his safety by a member of staff standing each side of him at all times. He sat for a short time before the pony slowly moved. The staff were careful to watch his reaction. He giggled and looked up at the member of staff who was on the horse. They continued to walk, full circle, back to the stables. At this point Ob1’s mother and carer were waiting and saw him riding the pony. When Ob1 saw them he began to made loud noises mixed with giggling, he kept looking and smiling at his mum. He appeared really pleased with himself. His mum and carer was appeared very happy. His mum commented, “wow, he has never done that before”. Ob1 was then taken from the horse to the trampoline where a member of staff jumped gently with him. Again, he made loud noises and giggled. This was the end of the session. Ob1 was helped back into his wheelchair by his mother and carer and was smiling when going back to the car.

It also needs to be noted that there was often signing and general talking to Ob1 from the member of the staff on the horse with him. I am unable to directly quote any of this as I was not close enough to hear all of what was said. It was important to keep a distance between myself and Ob1 so as not to interrupt the session in any way.
Observation 2 (Ob2) – One-hour duration

Date: 17\textsuperscript{th} February 2016

Time: 12.00 – 1.00

Location: Rural setting/natural outdoor

Weather: Very cold, light rain

Ob2 has a diagnosis of autism and is driven to the organisation and dropped off by his father. Ob2 has no readable facial expression as he leaves the car and walks towards the stables. He does not look around at the environment and when he reaches a member of staff who speaks to him, he does not respond verbally, he just nods. There are three members of staff around and they are all very quiet around him, no talking and little interaction. Ob2 walks into a stable and begins to stroke the horse. A short time later a member of staff is nearby when Ob2 begins to talk. Interaction with the staff member is still very limited and he continues to stroke the horse. He does not look at the member of staff when responding to them. Ob2 then leads the horse out of the stable, talks to it, and strokes it for a few minutes before walking the horse around in the sand. A member of staff waits nearby. Ob2 comes back to the staff member who asks ‘would you like to sit on hooves?’, at which Ob2 replies ‘yes’, again without looking at the staff member. They then both walk to a mounting block and he gets onto the horse. He shows confidence mounting the horse, the only help noted is the staff member holding the lead rope. The horse is not saddled. At this point another member of staff approaches and stands on the other side of the horse. While both staff members are either side of the horse, Ob2 leans forward and cuddles the horse, he stays there for a few minutes and begins to talk to the staff members. He then sits up and continues talking; quietly to begin with and then talks faster and louder. He then starts to laugh and occasionally looks at a staff member while doing so. At this point he sits up really straight on the horse and talks
quite happily. His facial expressions have changed and he is smiling when he talks. He then leans forward and cuddles the horse again, he appears really relaxed and calm. Ob2 then sits up and gets off the horse when he sees his parents arrive. He strokes the horse and then says ‘thanks’ to the members of staff, he looks them as he does so. Ob2 is asked by his parent, ‘was that good?’, he smiled and responded with a ‘yes’.

His mother spoke to me while Ob2 was getting in to the car to go home. She informed me that Ob2 had not attended a session for some time as he had a few difficulties. His mother explained that she had encouraged him to attend again, because in the past it had made him happier, more relaxed and confident. His mother also commented “it is nice to see him smile, he hasn’t done a lot of that lately”. 