

TAUGHT ME HOW TO WALK



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*A Grundtvig project developed
between Italy, Greece, Turkey and
Croatia from 2012 until 2014.*

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INTRODUCTION

This guide is the result of the project “Taught me how to walk” funded by the European Commission through the LIFELONG LEARNING PROGRAMME, action GRUNDTVIG Learning Partnerships.

The project is carried out by four partners from

- Croatia (*Krila terapijsko jahanje Za osobe s invaliditetom*)
- Turkey (*Meslek Yüksekokulu*)
- Italy (*Associazione Anche noi a cavallo*)
- Greece (*Therapeutic Riding Association of Greece*)

The main objectives are:

- to develop the cooperation between the associations
- to exchange knowledge and experience on therapeutic riding
- to improve the quality of the services
- to experience new working methods

The activities of the project were implemented in the four countries and they consisted of study visits, coordination and evaluation meetings. During the visits each hosting association had the opportunity to present the used therapeutic methods of equine assisted therapy which was always followed by a demonstration of therapeutic sessions.

The results of the project are:

- A guide of best practices including the proposal of the ideal therapeutic riding centre. The guide is the result of our collective work throughout the duration of the project and our common will to share our experience and knowledge with other colleagues and professionals who are about to start a therapeutic riding centre in any country.
- To create a webpage where everyone can find the results of the project, our activities, and download the guide of the best practices.





Our intention is to contribute to the development and expansion of the equine assisted therapy.

Many studies and testimonies of users show that therapeutic riding is a rehabilitation programme, which improves the overall health and quality of life of people with physical, mental or emotional disorders or handicaps.

The partnership has exactly this aim: to promote, develop and expand the equine assisted therapy. Each one of the partners has expertise in different therapeutic methodologies and diseases dealt with. Also different levels of experience and different structures have proved to be important elements for a successful exchange project.

The reactions of the participants are the best evidence of how important the exchange of ideas and experiences is for everyone.

[A new trainer in the field of therapeutic riding:](#)

“It was a big experience for us and especially for me. I felt a student during this project and I was learning from you in your countries and we learnt a lot of things. Before starting this project I looked for information on the internet and the first name I found was Dimitra. I thought it was a special name. Then this project started and we did a lot of things together. This is the important thing for me.

Before I started hippotherapy I thought as a trainer of horses and did not know what hippotherapy was. Maria, a trainer of one of the partner countries, said in the discussion on how to build an ideal centre that it is a big opportunity for our project

to have a partner who is actually in the phase of realizing this. At the beginning hippo was theory and after starting the project I started seeing how real it is (seeing the challenged riders). I improved my knowledge a lot and I would like to thank everyone to make us believe in this medicine and I hope to continue my work in this field in the future”.

[User:](#)

“Participating to the meeting was very interesting, especially for us riders, I heard very useful things to remember in my riding sessions.

On the first day we had a mounting and dismounting session which is very difficult for me but with the help of my trainers I managed to mount a lovely horse and participate in an outdoor ride in the most beautiful panoramic area of Cappadocia! It was the most wonderful experience of my life, to ride with my friends from the other partner countries in such a special surrounding! The “Special needs and special horses” was a nice presentation on selecting the best horse for therapeutic riding and I especially liked the pictures! The practice and description of 3 types of horses was particularly interesting. The last day was full of feelings.

I am sorry I will never have the chance to make another visit but I will keep it in my mind for my whole life!”



Associazione Anche noi a cavallo

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“Anche noi a cavallo” is a recognised non profit organisation founded in 1987 thanks to a group of people who had a common aim: to set up a therapeutic riding centre.

In those years therapeutic riding was not very common in Italy and therefore the first step was to inform the population about this therapeutic activity. In the meantime donations and grants were found to actually build the centre and to buy the first horses and since 1990 the riding activities have never ceased.

At the moment therapeutic and educational programmes are attended by ca. 100 people: children, teenagers and adults with motoric, cognitive and emotional problems, either individually or in small groups.

Most people come to ride once or twice a week, depending on their impairment, and the sessions last 30 or 45 minutes. We collaborate with the local public authorities (municipality, district etc.), the social health care, schools and universities (faculties of Veterinary Medicine, Psychology, Social Studies) hosting students for stages, local and international voluntary organisations, other local and national institutions working with autism, specific fields of marginalisation, day care etc. We are also part of the Care Farm Forum since its foundation by the Province of Pordenone, with leading roles in programming and tutoring within the Three Year Disability Plan.

The horse related activities mostly take place in the indoor arena, a perfect setting for those sessions where concentration and independent riding in the safest conditions are a priority. Other activities (and usually the last part of all sessions) are carried out outdoors where we find major stimuli for riders and therapists and everyone can enjoy the sun and nature.

During the years many other activities have been created and developed based on the special needs of our users. Consequently the staff has grown to fulfill the various needs and at the moment we have a Medical Director (psychiatrist), therapeutic riding therapists, psychologists, experts in educational sciences, vaulting, para-olympic riding, carriage driving, a veterinarian, all with a wide experience in therapeutic riding.

For many years now “Anche noi a cavallo” has been an important reference point for work inclusion of people aged 16-40 using the various opportunities offered by the local institutions (for example through special work grants). A therapeutic riding centre has proven to be the ideal environment for people to live their first approach to the labour market, especially for those who would not be able to face the particularly stressful and competitive “normal” labour market. In fact we pay particular attention to the personal integration of people with fewer opportunities, accompanying them in their formal and informal learning process in a familiar context and in presence of our animals.

The “working place”, where one goes every morning, knowing the people and the tasks awaiting him/her, has long ago been recognised as one of the most



important therapeutic tools and our aim is to offer this opportunity to as many people as possible.

The horses are the main resource in our activity and much attention is paid to their selection and training for the specific kind of work. All animals are highly respected and their needs taken into account at all times (outdoor space with shelter and time to spend in the paddocks which makes them balanced physically and mentally).

Our mission is human well being with the utmost respect of the animals and nature. To reach this aim we work on different levels: the quality of the rehabilitative and educational sessions, a welcoming and safe surrounding area and a good relationship between human beings and humans and animals.

The staff involved in this programme has the necessary expertise to comply with the variety of special needs, the premises and surrounding area have been built paying particular attention and all the time we try to improve and expand when the space proves insufficient. Through regular board and staff meetings, involving volunteers and other people, we try to create a good empathy among the people which leads to the well being of all!



Therapeutic Riding Association of Greece

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«When I first heard the term therapeutic riding, it didn't impress me much because all the riders, amateurs and professionals, know that riding is therapeutic. It helps you face the daily stress and creates very good physical conditions. Nevertheless I was wrong.

Therapeutic riding is something totally different. It is based on rehabilitation programmes, which use the horse as a therapeutic medium and enhances the quality of life of people with physical, mental or emotional disorders.

Wanting to know more about this, I visited the Therapeutic Riding Association of Greece (T.R.A.G.) in Athens. I felt lucky to watch some kids during their session. I was very impressed when I realized that there is a small team of volunteers responsible for the safety of each child, always under the supervision of the trainer. There is one volunteer who is the leader of the horse and based on each situation, there are one or two volunteers as side walkers who take care of the right position of the child on the horse and the exercises that have to be done as part of the session.»

We believe that the above statement of a visitor clearly highlights the role of the Therapeutic Riding Association of Greece (T.R.A.G.).

The Board and the staff of T.R.A.G. try to culminate all these conditions that can make disabled people, mostly children, benefit from their participation in therapeutic riding programmes.

Foundation of T.R.A.G.

The Therapeutic Riding Association of Greece (T.R.A.G.) was set up in 1983. Aileen Lewis (a volunteer in riding schools abroad who wanted to make therapeutic riding famous in Greece) with a team of volunteers organized the first therapeutic riding sessions for kids and adults. In 1992 T.R.A.G. obtained its legal presence and

started to be framed by specialized scientific personnel, volunteers and members of the Association.

During all these years T.R.A.G. has:

- offered its therapeutic services to more than 1000 children and 300 adults, many of whom have financial difficulties
- taken part in various sports events, such as local or international competitions, Paralympics 2004, Special Olympics 2011
- won 15 medals
- trained 20 trainers of therapeutic riding in the last 5 years
- contributed to the dissemination of therapeutic methods with trainers/trainees who opened their own therapeutic centres across Greece
- contributed and still contributes to the importance of volunteerism. More than 1.500 volunteers helped T.R.A.G. offering their services at least 3 hours per week for 10 months annually
- promoted therapeutic riding as an activity, designed to improve life and health of people with physical, mental or emotional disorders.

Therapeutic Riding is most effective in:

- Autism
- Cerebral Palsy
- Developmental disorders
- Disorders of behaviour
- Emotional disorders
- Mental disorders
- Multiple sclerosis

T.R.A.G. offers its services individually or in groups of people such as schools and institutions.

Infrastructure and technical equipment

T.R.A.G. is located in the centre of Athens and is easily accessible. The area where its premises are is ceded by the army in exchange of a small leasehold.

The facilities consist of eleven stables for our 11 horses. There is a big arena where all the sessions are held. There are three paddocks where the horses are kept during the day waiting for their turn in a therapeutic riding session with a

disabled person. There is also a round pen where the trainers coach the horses to keep them fit and to teach them new techniques that contribute to a better rehabilitation of the disabled people.

As far as the personnel is concerned there are two mobile homes, one for the groom who stays in the Association seven days a week, and one for our 5 trainers-therapists where they keep all their important files. There are also two offices for the secretary and the President of the Board where all the bureaucratic stuff is done. There are a kitchen, toilets and a library with many books about horses and therapeutic riding where anyone can read and learn very interesting things. Finally there are 5 storage rooms where the food for the horses is kept and a tack room.

We are trying to update the technical equipment that we have because the daily use of those items makes them obsolete or not safe. Considering the trainers' experience we buy the equestrian equipment from specialized shops and that makes the work easier for them during the sessions and the handling of our horses. The equestrian equipment that we buy is also specialized according to the disabled persons that take part in the therapeutic programme so that the sessions are more effective.

T.R.A.G. is member of the Federation of Riding for the Disabled International and EOI.





Krila Therapeutic Riding

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Vision

Social inclusion does not include the unification of all people but the respect for the diversity of each individual.

Mission

Changing attitude towards children and youth with Cerebral Palsy and people with disabilities through tolerance enabling us to spread insights on the development of humanity.

Krila ("Winged") Therapeutic Riding, is a non-governmental, non-partisan, non-profit charity organisation of people with Cerebral Palsy established to promote citizens' health, social, educational, cultural, environmental and humanitarian goals to help people with Cerebral Palsy (especially children and young people), and indirectly to help all people with disabilities and protect their human rights and freedom. The Association was founded in 1995 and currently owns 6 horses and boards other 5 horses.

The aims of the Association are:

- monitoring in accordance with Article 33 of the UN KPOI
- provide rehabilitation services for people with Cerebral Palsy (CP), in particular children and youth members of the Association
- empower people with CP and create equal opportunities for the sake of a better quality of life and a greater role in society
- promote autonomy of people with CP, especially children and youth, as well as of the user of communities and social services
- to warn against and prevent discrimination of people with CP, in particular children and young people
- to respect human rights and the freedom of people with CP, in particular children and young people

- to strengthen social integration of people with CP, in particular children and young people, by developing their social skills
- to promote the value of volunteering
- to strengthen social cohesion in society
- to combat stereotypes, prejudices and harmful practices relating to people with CP in all areas of life
- promoting therapy using horses for people with disabilities, especially hippotherapy for children and young people with CP
- promoting human and ethical relationships, respecting horses and animals in general

The aims of the association are based on the principles of competence, professionalism, altruism, mutual understanding and tolerance, highly organized volunteer work and respect for the welfare of horses as active participants in the programme and in compliance with all applicable laws and regulations, standards, codes of ethics, declarations and conventions.



Goal achievement is carried out through various activities of the Association:

- therapy using horses for people with CP, especially children and youth, as follows: hippotherapy, recreational riding, rehabilitation, therapeutic horseback riding, etc.
- the providing of rehabilitative and therapeutic treatments
- individual and group counselling
- collaboration and networking with institutions and organizations which have similar or the same aims and activities
- organizing educational, pedagogical, cultural and social workshops for children
- providing full-day and half-day care for children with CP and people with disabilities
- stimulating activities of the competent authorities through participation in the formulation of government measures, proposing the adoption, modification and amendment to the legislation concerning the rights and obligations of people with CP, in particular children and young people
- developing volunteer and other programmes for children and youth
- determining interest and needs of people with CP in all areas of life
- organizing lectures, seminars and other meetings in accordance with the aims of the Association
- participation in equestrian events, demonstrations, performances and competitions
- organizing public appearances, demonstrations or competitions
- collaboration with medical and other professionals
- collaboration with the local and wider community
- training staff (volunteer and/or professional) to carry out activities of the Association
- training horses for inclusion in therapeutic riding program.

Membership in the Association is voluntary and the Association has regular, supportive, nominal and honorary members. All members participate in the work of the Association, but without the right to vote in the General Assembly. Only regular members of the Association have the right to vote in the General Assembly, according to the principle of one member one vote.

Organisation of the Association

The bodies of the Association are the Assembly and the President.

The Assembly of the Association:

- adopts the Statute and its amendments
- adopts other acts necessary for the Association which are in the jurisdiction of another body
- elects and dismisses the President of the Association
- presents the financial plan and adopts the annual financial report
- considers the annual report on the work of the Association
- decides on the termination of the Association
- decides on issues of importance to the Association specified in the Statute
- decides on other issues of importance to the Association in accordance with the Statute which are not under the jurisdiction of another body
- resolves complaints by members of the Association in the second degree

Work teams

The Team for horse management includes a stableman and horse trainer.

The Coordination Team includes the coordinator and volunteers.

The Therapeutic team includes the hippotherapy coordinator, the therapeutic riding coordinator, a sports riding specialist and a Bobath coordinator.

Results 2011:

Therapies: 1772

Volunteers: 196

Volunteer hours: 6420

Results 2012:

Therapies: 2875

Volunteers: 277

Volunteer hours: 8476

Results 2013:

Therapies: 1453

Volunteers: 254

Volunteer hours: 9863



Nevşehir Hacı Bektaş

Meslek Yüksekokulu

Nevşehir Üniversitesi, 50300 Nevşehir, Turkey

Our School was founded in the academic year 2001-2002. Its 7.500 square meters of buildings hosting 850 students are situated on 36.000 square meters of land. There are 3 computer labs equipped with 120 computers and OHPS, 17 classrooms with total capacity of 850 students, 2 electronic labs and graphics and photography studios.

Our programmes include Computer Programming, Office Management and Secretaryship, Electricity, Energy, Electronics and Automation Engineering, Accounting and Taxes, Tourism and Hotel Management, Marketing and Graphic Design. In Nevşehir Vocational School, educational activities are conducted by 1 associate professor, 5 assistant professors and 25 lecturers. Students can benefit from internet labs and libraries all day. There is also a conference room that hosts many events.

The role we have in this Grundtvig project is to make people aware of therapeutic riding, especially owners of ranches in our region, and to organize therapeutic riding which we consider beneficial and helpful for disadvantaged people. Tourism is of vital importance for the future of our area. Therefore, after the project, therapeutic riding will be another attractive activity for disadvantaged people and not just for those who live in Cappadocia, but also from other parts of Turkey and from all over the world.

Therapeutic riding and land riding are organised by Kadost&Akhal-Teke Horse Centre in Avanos, in the middle of the Cappadocia spectacular landscapes. There are two trainers and 4 horses for this activity.

At the beginning of the project our school had the dream of founding a riding centre where therapeutic riding and other equestrian training as well as research in this field could be provided.

Now, at the conclusion of “Taught me how to walk”, the architectural project of the facility is ready and we hope that the construction will be completed by

2015. There will be four barns with storage rooms for 20 horses, a horse exercising machine, two indoor arenas, two outdoor arenas, 10 paddocks of different sizes, 70.000 square metres of grassland, an office, two classrooms, a playground, a fitness centre, a first aid and health unit, a physical measurement lab, a longeing area and plenty of parking space.

University students will have the opportunity to train as volunteers for therapeutic riding on the premises participating in this programme or working as auxiliary staff. There will be a special procedure for those who wish to participate in the volunteering programme from outside the university. Non governmental organisations for the disabled in the region will be involved in collaborations. At the same time, certification programmes are planned to be held on various themes at this facility (horse leading and horse care, equipment maintenance, disability etc.) These programmes will be open to everyone and carried out in cooperation with other institutions.

The staff of the facility will consist of a therapeutic riding instructor, a riding coach, various therapists, a veterinarian, a blacksmith, four barn keepers and office staff. The facility will be directed by a manager nominated by the university rector.



BEST PRACTICE

In most therapeutic riding centres many activities are carried out like hippotherapy, recreational or sports riding for disabled, summer activities and work inclusion. Each partner has developed one specific activity or field described in the following Best Practices.



Social inclusion

To include means to offer the opportunity to be a citizen in all senses. Through working experiences and many other activities “Anche noi a cavallo” aims at the social inclusion of marginalised people.

In the last thirty years all the people who have been working in the field of disability will remember how various definitions have followed upon one another. Each of them symbolised the way in which the people concerned were defined (handicapped, disabled, people with disabilities etc.) or the theoretic or concrete thought behind the policies and actions in favour of these people. So if at the end of the seventies the word used was integration, at the end of the eighties it was inclusion.

At first this choice was somehow bothering because it seemed as though a step backwards instead of forwards had been taken referring to the idea of inclusion. Only a careful analysis of the concept has allowed to catch the potentiality and the force of this change: this change concerns all people and the human condition which can present living difficulties and situations of disability.

The concept of inclusion leads to the recognition of a right, in contrast to its opposite: exclusion. It confirms that the strategies and actions that have to be promoted should lead to the removal of those forms of social exclusion that people with disability have to cope with daily: marginalised and often not adequately supported school life, dropping out of school, unsuccessful learning of social and living competences, exclusion from the labour market, emotional experiences which are often limited to the family sphere, little participation in social and leisure activities.

To follow the road of social inclusion basically means to put disability in the social dimension of citizens' rights because it concerns all people who participate in social life within a certain context: to include means to offer the opportunity

to be a citizen in all senses. This does not mean denying that everyone is different or the presence of some kind of disability or impairment which has to be treated adequately. It means that focus and intervention have to be moved from the person to the context so as to identify the obstacles and remove them.

The aim is to promote respectable living conditions as well as a network of satisfying relationships for those people who are not independent and who have social difficulties so that they can feel they are an active part of the community, and that they are recognised in their role and identity. Of course this requires a new approach: first of all the institutions and all those who are involved in the field of disability should have an open mind towards changes and go beyond the intervention focused on the dual relationship “professional/user”.

Once the strategy of partial aims was abandoned (more services, more money for pensions and care etc), the movement of people with disabilities has achieved an extraordinary result in setting up a new strategy based on human rights (equality, respect, no discrimination, equal opportunities, participation in choice making): the approval of the UNO Convention on the rights of people with disabilities (New York – December 13th 2006), also validated by Italy in 2009.

To act in favour of human rights of people with disabilities means considering disability not as a disease (medical model), but as a social relationship between the characteristics of people and their environment (bio-psycho-social model). This way of thinking was approved by the WHO and later by the UNO in art. 3 of the Convention where among the general principles we find “the full and effective participation and inclusion in society”. To promote inclusion therefore means to try to avoid that people, independently of their conditions, be treated differently or in a humiliating way, live or work in separated places, and to ensure that they will have the same opportunities to participate in choices that concern them. Action has to be taken towards society and the environment to include people with disabilities, that is to say capable of concrete actions and changes when necessary, regarding the right of citizenship of all people independently of their conditions.

These are the considerations on and definitions of social inclusion that “Anche noi a cavallo” has respected and complied with since the foundation more than 25 years ago. Our mission has always been social inclusion.

Moreover, we would like to remember that just before its foundation and in the following years, in Italy and in particular in our region Friuli Venezia Giulia, historic changes in the social policies have taken place.

First of all the so called Basaglia Revolution together with the Health Care reforms. For the first time in Europe and worldwide the walls of psychiatric institutions were theoretically and practically pulled down. People suffering from psychiatric disorders were nursed and integrated (or re-integrated) outside closed institutions and not only with drugs...but with work, schooling, the active participation in social life.

Until the present day this revolution has not been cancelled, even if there are many economic and social difficulties. It has “dragged along” other cultural and social changes in a very wide area of disability: in our Region Friuli Venezia Giulia there have been important changes concerning childhood, the disabled, the elderly, social marginalisation, addictions, which have been an example to follow for other Italian regions and countries.

So far we have carried out our mission promoting the well being of people through animals and the contact with nature, with continuous daily good practices of social exchange.



The riding centre is attractive, full of colours and pleasant stimuli, disabled friendly: there are a well kept (spontaneous) natural garden, simple and accessible furniture, safe for people and animals.

Our horses are of course... “the bosses”, but they are not alone: dogs, cats, rabbits, sheep are or have been their companions. All animals are protected but free, the users and visitors continuously have an undisturbed but safe contact with them even outside the therapeutic and educational sessions.

Over the years the staff has gained expertise and qualifications in hippotherapy, therapeutic riding and management so as to carry out its work in the most efficient way.

Alongside the professional staff many well trained and coordinated volunteers work daily: youngsters from our neighbourhood looking for a voluntary experience, friends of the riders, trainees of social-health schools and universities and last but not least the European Voluntary Service volunteers. Hosting these foreign volunteers is a particularly precious experience of intercultural and practical exchange which often creates everlasting bonds!

The atmosphere is peaceful and welcoming, simple but direct: members, riders and other participants have always been positively attracted from the moment they entered the premises. All animals also transmit this peacefulness and sympathy.

The disabled people, and in particular the children, having a history of suffering and exclusion, feel welcomed and at ease when they enter the gate of the association, away from the white coats of hospitals and clinics and school discipline. The same is true for the accompanying family members.

The Centre is fenced but absolutely “porous” towards the outside: its boundaries, which protect and define the premises, are full of physical and relational openings. There is a continuous exchange going on between the inside and outside.

Social inclusion and raising awareness is indeed promoted through the building of informal networks which involve the people in various kinds of concrete projects. People become acquainted with us and with our working methods



through our participation in local events: above all they can learn about our approach which puts the accent not on the disability or disadvantage but on a common well being and on the competences and capabilities, even if reduced to a minimum, of each human being.

Individual planning is always the result of a collaboration with schools, social and health care organisations which are in charge of the users so as to harmonize and reinforce every single activity we carry out with or for them in our therapeutic riding centre. Teachers, physiotherapists, speech therapists, psychologists but also family members, neighbours, local administrators are being involved and invited to participate so as to learn, collaborate and often celebrate with us.

There are in fact numerous other events organised on regular basis: the celebration of one's birthday at the Centre, open days, end of the year recitals (Ability Trail), training, summer activities and camps for children where all people come together, challenged or not.

Moreover, our organisation hosts various kinds of working experiences, also for

people with “temporary” challenges: people with psychiatric problems, addictions or social marginalisation. And to our own surprise they manage to find a certain balance again. Relational and working competences lead in a short time to more independence and satisfaction, in an open air environment where mutual help makes one feel happier and freer.

The work with animals, our core activity, is very diversified including many tasks and opportunities: ground work (mucking out stable and paddocks, grooming, saddling etc.), riding on horseback, training our dogs and playing with them, tidying up and feeding the animals. Rules and discipline aim at the effectiveness of the “work” and at the respect of all people and animals as well as the surrounding nature.

What we mentioned above all leads to the satisfaction of going beyond obstacles and big efforts, gaining self confidence and self respect.

[Social inclusion is therefore the effect and cause of all our work.](#)

Autism Spectrum Disorder (ASD)

Who can help autistic children better than a horse to develop their natural core skills? T.R.A.G. has specialised in this field to help the many children affected by this disorder.

The Autism Spectrum Disorder (ASD) is nowadays highly spread all over the world and is considered to be epidemic due to the factors causing the disorder, as presented in the Autism Conference (Autism Research Institution, Sacramento, CA, USA, June 2013).

The main causes are:

- Environmental factors
- Dysfunction of the Thyroid gland
- Dysfunction of the Immune system
- Father's age >40
- Problems in the Gastro-internal system, lack of enzymes
- Toxicity
- Mitochondrial dysfunction
- Oxidative stress (neurons)
- Brain neurons infection
- Infection of RBC during the 1st three months of pregnancy
- Intrauterine exposure to acids (thalidomide & valproic acids)
- Environmental pollution (lead, pesticides, polychlorinated biphenyls, aromatic hydrocarbons, etc.)

It seems that most of the factors are very common, at least in western societies and that pollution, stress, inappropriate nutrition and delayed giving birth to children, are more or less inevitable. Consequently, it is a disorder that should highly interest Equine Assisted Therapy centres as well.

The variation of symptoms in each person with autism, as well as the great differences in their needs and aims, make working with them very interesting, but

it is also difficult to distinguish the therapeutic tools that will be effective for the specific person.

Horses provide us this information in the best way, due to their acute awareness and their ability to mirror ones' personality traits, needs, emotions, etc.

Moreover, an appropriate therapeutic method adjusted in the physical environment of the horse will: a) increase the correlation between client, animal and therapist, b) multiply the tools that help the therapeutic procedure, c) help the generalization of the functional behaviour to other social and/or educational frames.

An example of such a naturalistic intervention for Autism is the Pivotal Response Training (PRT - Koegel, O'Dell, 1987). This method of training Autism Spectrum clients seems to be the best to apply in Equine Assisted Therapy since it mainly promotes working in naturalistic environments and inclusive educational settings.

The environment of horses, either inside - in the stables and tack room -, or outside - in an open-air arena or countryside - is indeed naturalistic and of course inclusively educational, since it is full of different kinds of stimuli and possibilities of learning and expressing oneself. Also, we can easily multiply those opportunities by adding extra stimuli to the setting, such as toys, educating cards and exercise tools, which are always needed in therapy. At the same time they increase the interest in horses and therefore the interaction among members of the therapeutic session.

Some of the main dysfunctions of Autism Spectrum Disorder clients are:

- **Social disabilities:** lack of appropriate interaction with others (lack of reciprocity, lonely play, non-spontaneous responses, etc.)
- **Communication problems:** lack, limited or delayed verbal and non-verbal communication (no speech, idiosyncratic speaking, eye contact, facial expressions, gestures, echolalia, etc.)
- **Emotional impairment:** lack of comprehension and/or inappropriate expression of feelings (preoccupation with the self by stereotyped and restricted behaviors, avoiding expressive behaviours by non-functional routines).
- **Cognitive delay:** delay in main areas of knowledge according to age.

During the therapeutic process, by using the Pivotal Response Training method, we aim at pivotal skills such as the above, through:

a) Choice

We start by letting the client get used to the environment by introducing horses, people and places, or –if willing and able- just letting the client explore the environment and choose the horse. Usually clients choose the appropriate horse for themselves, the one that the therapist had in mind. In this procedure, we create a secure and familiar setting for them and we put the first elements to establish a secure and respectful relationship. The clients' choice of the horse, and later the choice of the educational mediums (the materials that will be used for therapy), is very crucial.

Since they usually get orders they are not keen to follow, by making a status of their own choice we increase their interest and their commitment to the session. If we want to teach colours, we can let a child choose the set of materials of his favourite colour (horses' bandages, balls, rings, etc). Also, it seems that we immediately have receptive communication and more willingness to trials. By keeping this strategy of their own choice throughout the therapeutic procedure, we aim at building up spontaneous behaviours to stimuli and reducing stereotyped behaviours and restricted interests.

Horses and their spontaneous reactions will put the appropriate restrictions in one's possible "inappropriate" choice, and those moments are the magical moments of building a social interaction with the horse, initiating the development of social abilities. For instance, a client's choice to put bandages on the horse's eyes will have an immediate reaction from the horse.

The therapist should encourage the client's choice and then explain the horse's choice to react, so that the person learns to react to others' needs and adjust in every situation.

b) Motivation

By giving chances of choice, some clients will be directly motivated to proceed in the therapeutic programme. Moreover, in working with horses, many clients (adults and children) will be immediately motivated to cooperate with the horse, because of the animal itself. So, we have the best reinforcer, the horse, and we



should use its participation in the sessions as much as possible in many ways. We give tasks that have direct impact on the horse and if not possible, we try to associate the reaction of the client (positive or negative) with the reaction of the horse or associate the choice of the client with the characteristics of the horse.

Definitely, the strategy should contain reinforcement of "attempts". People with ASD often experience what is called "Learned Helplessness" (Martin Seligman, *Helplessness*, 1975): one stops trying to accomplish, because of repetitive failures in the past, which made him believe that none of his actions have any effect in the task or situation. Therefore, it is very important that we reinforce any kind of attempt and trial for achievement, so we can remake the connection of effort and reward for them. Progressively, we can always ask for more, but only if the motivation of trial or an intermediate success is well established. For instance, when we ask a non-verbal client to communicate with the horse by saying "Go" to initiate movement in riding, the horse will walk, even if the vocal attempt is very approximate. Later, we should wait for a more similar trial, such as "Oo" or "Gg" to initiate movement.

The awareness of the trial-effect-reward procedure is increased, along with the self-confidence of the client's behaviours' impact on the environment.

Another important element in motivating people is to use direct and natural reinforcers. Especially for young children, rewards should be given immediately after the appropriate response, and for best results, it should be something that naturally relates to the specific action. For example, when asking a non-verbal client to speak to the horse and he suddenly says "Stop!", no matter what, we should immediately stop the horse and help him relate his action (speaking) to the impact on the environment (stopping of the horse's movement). This way we achieve acquisition and interspersal of trials, as well as maintenance of responding, that will progressively result in spontaneity in stimuli, cognitive development and generalization of skills acquisition.

c) Teaching initiations

In training ASD clients, we evaluate the level of initiation that they have, because it usually shows their potential in treatment. However, we can promote initiative behaviours by providing desirable materials. For example, for a child who likes football, we can include balls in the session. It is the therapist's job to turn the client's desirable material or action into a therapeutic procedure.

Additionally, to teach initiations, we should have various materials available at a visible place. As we approach the horse, we could have tack and accessories of the horses, toys, etc. The client becomes familiar with the materials and feels at home in a secure environment at all times. We could ask questions like "What's this? Aha, these are our horse's reins!" or "Where is the halter?" or even promote actions by saying "Look, here are the horse's pad and roller! Let's put them on". By these questions and statements we introduce the materials that the client should interfere with and he will eventually make a trial of interest. At this crucial point, we should offer the materials as a natural reinforcement, but in a secure way of success. Specifically, if the client tries to touch and lift the roller, we should immediately help him putting it on the back of the horse, without having any possibility of failure due to the weight of the roller, and we should never say "OK, let me do it...". We should encourage the initiation by all means, increase self-helping behaviours and confidence in the procedure of trying and achieving.

d) Creating opportunities for verbal and emotional expression

In all cases, we should provide clients with chances of verbal and non-verbal communication with others (horses and people). This can be achieved by modeling prompts for clients, like saying "Go" to initiate the movement of the horse, or model emotional expressions, when tapping the horse and saying "Good horse, thanks for the ride". At a next stage of creating opportunities, we could progressively practice time-delay in prompting. So, as the client becomes more efficient at using a skill, the therapist increases the time between the instruction and the prompt.

Finally, we could have more open-ended questions to encourage full, meaningful answers using their knowledge and feelings. For example, at the end of the session we could ask "How was riding with your horse today?".

The strategies which were mentioned are also the ways that a horse can learn faster and better! So, by using them in Equine Assisted Therapy, we also increase the understanding and correlation among the three participants in therapy (client - horse - therapist). As a result we are creating respectful relationships that: teach ASD clients appropriate social skills, have enjoyable cognitive development and increase important personality traits like self-confidence and high self-esteem.

We should note that the proposed method should always be adjusted - in some details only - according to the person we deal with, due to the diversity and wide range of symptoms, behaviours and abilities of the Autistic Spectrum clients.

Horse Grooming

Horse grooming is not only making the horse look beautiful, but creating a relationship through care and physical contact and developing skills that can be used in everyday life.

Occupational therapy helps people to participate in the things they want and need to do through the therapeutic use of everyday activities (occupations) (American Occupational Therapy Association): self care tasks, work and free time activities.

Horse grooming means the cleaning of the horse, which is to keep clean and improve his external appearance, to maintain the good health, give pleasure to the horse and to come closer (also mentally) to him.

In equine assisted therapy it can be used as a self care task, as a prevocational task or simply as an entertainment activity. Thus, it belongs to all the three kinds of the above mentioned everyday activities.

This educational, creative and therapeutic activity strengthens, develops or improves sensorimotor, cognitive and psychosocial skills. It is also a good way to make contact with the horse and to become familiar with its appearance (many clients don't feel so comfortable with this). It aims at a variety of diagnostic categories and all ages and it can be done individually or in groups.

The main sensorimotor skills are gross motor coordination, fine motor skills, visual – motor coordination, bilateral organization, balance – posture, right/left separation, control of strength, grips, kinesthesia, spatial orientation and tactile stimulation. The posture, the movements of the arm during the grooming, holding brushes and other tools, the different materials (soft brush, rough brush, sponge etc.) and installing the harness (closing straps, tying reins etc.) are activities to promote sensorimotor skills. The client is standing up the whole time during the grooming and sometimes is standing on his/her toes in order to reach the back of the horse. This is an achievement for people with balance

and posture difficulties. It is also a good exercise for the bilateral coordination, when one hand holds the horse and the other hand is brushing.

The client uses gross motors, especially in the arm (shoulder) during the horse grooming. He/she does circular, horizontal, diagonal and vertical movements. These movements are useful, especially to children, because most of them have difficulties in arm coordination and shoulder stability and consequently in fine motor skills. Also, they sometimes complain that they become tired when they are involved in fine motor activities (writing, eating, dressing etc), because of this difficulty in arm coordination.

During the whole cleaning, the client should keep eye – hand coordination to do the work. In time this kind of coordination increases and also children with low eye contact improve this skill.

The way the person holds the brushes (every brush and tool) promotes fine motor skills and grips. Closing straps, reins, harness and tying the rope promote these skills as well. Some of these tasks are similar in activities of daily living such as dressing – undressing, opening – closing shoes, bags and holding spoon. During the brushing the client has to put the appropriate strength in his/her hand. Many clients with sensory difficulties either put too much or too

little strength in different kinds of activities (e.g. hold the pencil very tightly or with pressure etc.). They do the same while they are brushing the horse. It is a good example to “measure” the strength and generalize in other situations.

Holding the tools, touching the horse, washing the face and the genital of the horse with the sponge is used to make people tolerate tactile defensiveness.

In time tactile defensiveness is reduced and the clients better tolerate tactile stimulus in their life. The main cognitive skills are memory, recognition, orientation, body awareness, sequence, generalization of learning, safety assessment and time management. It is very important that horse grooming is structured, meaning that it has a beginning, middle and end. It has sequence as a whole activity and every task separately. This promotes



sequence and organization and helps people who have difficulty in their life and in their self – organization. Also, to be on time is an important skill during the grooming lesson for the clients who have difficulties in time management. During the horse grooming the client has to remember the name of the tools and their use, the safety rules, the place to take the tack and to choose the correct stuff. Also, the client learns spatial concepts (e.g. behind, under the belly, left etc.), body signs of the horse and of his/her own body.

Finally, cleaning horses stimulates personal hygiene. Horse grooming is a cleaning task and trainers can use this to teach human self care activities. For example the client can learn to brush his/her hair or to wash his/her face.

The main psychosocial skills are self-esteem, responsibility, interaction skills, communication and cooperation. Horse grooming requires communication and cooperation with the horse and in case of group lessons with other people – collaborators. The client learns to improve behaviour and cooperation through the work with the horse. It is also important for the client to feel that he/she prepares the horse for riding alone. Self esteem and confidence is increased and the client obtains a realistic view of his/her own abilities.

In conclusion, horse grooming can be done as a whole lesson – activity or as a part of the riding lesson (first prepare the horse and then ride). The trainer chooses carefully the best activity for the client (riding, grooming or both of them) and which horse is better to use. It is a suitable activity for children and is useful for the clients who are prone to making routines.



Hippotherapy

Hippotherapy is the more physical implementation of therapeutic riding. In Krila special attention is paid to children with Cerebral Palsy and the benefit is often amazing.

The programme implements a therapist (physiotherapist, occupational or speech therapist) with additional training in the field of hippotherapy. Other techniques can be integrated (ie Bobath, sensory integration, proprioceptive neuromuscular facilitation, kinesiology by Vojta) in order to create balance and a sense of symmetry, to stimulate reactions to normal movement facilitated by the user being on horseback.

In hippotherapy the main aim is not to learn to ride, but to adapt the body to the movement of the horse. This can be the foundation of learning riding skills through a gradual transition to a more advanced programme. Primarily, the aims of hippotherapy are physical: improving function, posture, balance and mobility. Therapies are conducted individually, lasting 20-30 min.

Therapeutic models applied in hippotherapy

An integral part of hippotherapy is the application of the principles of some therapeutic models to achieve better effects on the users of the programme. Some of the models are the Bobath concept and sensory integration.

Transferring the motion of a walking horse

The movement of the hind legs and pelvis of the horse are transferred to the user facilitating the movement of his pelvis which goes up on the side where the horse puts his hind leg to the ground. Such successive alternating lifting and lowering the left and right sides of the pelvis of the person on the horse gives a sense of movement like normal walking.

The largest shift of the pelvis is made when the horse shifts his weight onto his hind legs located right under the pelvis. Transfer of the movement comes with a

slight delay due to the distance from the horse's back to the centre of gravity of the person on horseback (Rehle, 1990).

Pelvic thrusts

	horse	man
1. Lateral pelvic tilt	5 cm	5 degrees
2. Pelvic rotation	8 degrees	3-4 degrees
3. Lateral pelvic displacement	7-8 cm	4-5cm
4. Anterior-posterior pelvic tilt	higher	3 degrees

In walking the movement of the average horse is very similar to the walking of an adult man and the speed allows the riders' torso and pelvis to get used to the movements of the walking horse.

Frequency

(steps per minute)

horse	man
80-100	110-120

Equipment in hippotherapy

In hippotherapy we use the equipment necessary for normal horse riding and some special equipment for individual treatments. The patient can actively adapt to the movements of the horse and should not be influenced too much by the equipment.

All equipment in hippotherapy must be tested before being used to make sure that the horse is relaxed and comfortable with it.

Equipment used:

- **ramp and mounting-dismounting horseblock** (with a special handle to pull oneself up, see picture)
- **safety helmets** (exceptions may be made for patients with poor head control, atypical shapes and sizes of heads, hydrocephalus etc.)
- **false saddle and soft fleece covers for the saddle**
- **girth**: *with one handle* maintains position of the hands in adductive position and internal rotation blocking the lateral tilt of the pelvis, allows anterior-posterior tilt, reduces anxiety in the patient, increases security, emphasizes kyphotic and flexed posture. *With two handles* it provides a neutral hand position, anterior-posterior pelvic tilt, emphasizes lateral trunk flexion; good for patients with adductor hypertonus. *Without handles* it does not affect the



treatment, allows to perform hippotherapy in all positions, does not restrict movement (be careful with anxious patients, minimum security).

- **saddle**: it increases the base of support, affects the position of the pelvis and increases the amplitude of motion of the horse to be transmitted to the patient.
- **stirrups**: they are only used if especially indicated by the therapist (usually with the false saddle). They increase the base of support and the length of the stirrups changes the position of the foot and hip.

Special equipment in hippotherapy

- **reels**: to reach for and grip with both hands, bilateral integration, functional positions
- **soft textile balls and sensory balls**: to reach and grip in all directions, awareness, mid line of the body (posture with both hands), receiving and throwing in vertical position (proximal stability, depth perception, visual tracking), weight transfer
- **dolls**: many children want to take their doll for a ride while the horse must stabilize the torso to keep the doll in the mid line
- **hair pins** in the horse's mane: the therapist can show what you can do on horseback, the children imitate, reach, pinch and grip, weight transfer
- **gelatinous supporting cushion**: maintains optimal body position
- **accessories** for grooming and care of horses

Team members and job division in hippotherapy

- **The therapeutic horse** has to be well trained, obedient, move correctly meeting the requirements of the programme.
It should be between 7-20 years old and have a medium height of 152-158 cm for the therapist to easily control the situation. The calculation of the load on the legs of the horse is an important parameter in hippotherapy. Knowing the load without the rider it is possible to plan in detail the therapeutic effect and reduce the risk of overloading the horse.
- **The patient/user** actively participates in setting the goals (when possible and is actively involved during the therapy).
- **The Hippotherapist** is a physiotherapist (in Europe), physiotherapist, occupational or speech therapist (in the United States and Canada), specially trained and licensed by a recognised organization that promotes hippotherapy. He/she makes the initial and final evaluation and the treatment plan, chooses the appropriate equipment for the treatment, cooperates in the selection of horses and horse equipment for the patient, determines the appropriate mounting method, gives indications on the movement of the horse, depending on the reactions of the patient, instructs the team members on their role related to the patient, evaluates and adjusts the treatment during the therapy, evaluates and records the therapy process at regular intervals, is responsible for the safety of the users and of the entire work team, provides permanent consultation to the user, his/her family and other professionals, releases users when the objectives are reached and recommends another programme or therapy, is professionally responsible for the hippotherapy programme.
- **Horse leaders (volunteers)** are people who are qualified to work with horses and acquainted with the programme and methods of its implementation, they must ride well (A level dressage, therapeutic riding instructor, riding instructor, horse trainer), cooperate with the therapist in choosing the horse equipment meeting the needs of the patient, train the horses keeping them fit, prepare the horses before treatment (grooming, warming up of the horses), control and monitor the horses during mounting and dismounting, check the equipment beforehand, in cooperation with the therapist, manage the horses during the riding sessions following the directions of the therapist.
- **Side walkers (volunteers)** are volunteers who are familiar with the programme and methods of its implementation, they help preparing the horses

before therapy, prepare the patient before mounting, help mounting and dismounting and maintaining and adapting the position of the patient on horseback, they facilitate/inhibit, if necessary, following the therapist's instructions and help the user after dismounting while performing some functional activities related to the removal of equipment, transportation of carts, taking care of the horses and the environment etc.

- **Family/guardians of the patient** have an important role in the planning of a treatment, it is important to understand their expectations and interests as far as hippotherapy is concerned.
- **Neuropediatrician:** he/she recommends the therapy, depending on the diagnosis, the patient's current condition and the indications and contra-indications and advises the therapist regularly, keeping contact if there are progresses or changes in the medical status of the patient.
- **Assistants (physical therapist, occupational, rehabilitation or speech therapist, psychologist, teacher)** need to know the basis of hippotherapy. The hippotherapist will decide if the participation of colleagues in the session is necessary.



Volunteering

“Society cannot exist without the precious work of volunteers”. Krila basis its work on this statement and has a long and interesting experience in volunteer management.

Procedure and steps to become a volunteer in Krila therapeutic riding centre.

First contact: detailed presentation of the association, the structure and its activities to the potential volunteer. The volunteer will fill in and sign the application form and/or agreement and commit him/herself to one or more terms.

Training and education:

Basic training

- property maintenance and outdoor space (use of cleaning tools, horse behaviour and care in the paddock. Person in charge: mentor. Duration: 1 term (one term = one session)
- maintenance of indoor space, use of specific tools, safety instructions, how to lead the horse to the paddock; person in charge: mentor; duration: 2 terms

Advanced training for:

- **volunteers**, when the volunteer starts to work with the horses (grooming, saddling, leading the horse to the ramp and through the arena at the various gaits, cooperation with other members of the therapeutic team; person in charge: mentor (trainer); duration: 3 terms
- **side walker**, the specific role and communication with the other members of the therapeutic team, mounting, the use of equipment in the sessions, attention on the user, not the horse; person in charge: mentor, therapist, coordinator; duration: 2 terms
- **horse feeder and assistant:** the volunteer must have completed the training of side walker; person in charge: coordinator; duration: 3 terms
- **horse leader:** training on how to lead a horse during the therapeutic session, communication and cooperation with the horse, focus on the horse,

not the user. The training includes leading in different gaits, dressage movements, mounting, how to prepare the horse for the sessions (using the correct equipment in the right way, grooming, use and storage of blankets, safety guidelines; person in charge: mentor, therapist; duration: 4 terms

- **person responsible for the shifts:** duties, programming, emergency management; person in charge: mentor; duration: 2 terms
- **mentor:** knowledge of the statute and quality standards; person in charge: president of the association, coordinator; duration: 2 terms

Following the basic and advanced training the next step is team work, divided in horse team, coordination team and therapeutic team.

The horse team includes volunteers who feed the horses having completed the training for horse leader and attended lectures on feeding, (person in charge: team leader, president of the association; duration: 2 terms) and the horse fitness trainer who should have completed a riding school education and taken a practical exam; person in charge: team leader, president of the association; condition: working contract.



The coordination team has a coordinator who is trained for all the positions, has the knowledge of the key documents of the association, has followed the education for coordinator under the supervision of the president. Person in charge: president of the association, requirements: one year of experience in the association with at least 100 appointments.

This team also has a coordinator of the volunteers who has completed the training for all the above mentioned positions. He/she has been trained as team leader for the administrative and operational work to the required quality standards. Person in charge: team leader, coordinator, president, requirement: 30 days probation with a minimum of 5 terms.

The therapeutic team includes the horse leader (see above), side walker (see above) and the therapist (physiotherapist, occupational or speech therapist, psychologist, special educator etc.)

Volunteers who do not participate to the activities for more than 30 days will have to repeat part of the training. Supervision and monitoring is done by the president or general coordinator at regular intervals.



MONITORING AND EVALUATION OF VOLUNTEERS' PROGRESS

-according to volunteers' positions-

Monitoring and evaluation of volunteers' progress are useful for the management and regular review with respect to the individual schedule. It facilitates replacement if the expected results are not achieved, or if the last are substantially different from the original plan of implementation.

We monitor and evaluate:

- **Relevancy – 10%**
Inclination of a volunteer for a certain group of tasks with the aim of further guidance. Especially: potential, personal attitude and work attitude
- **Efficiency – 20%**
Consumption of resources needed in relation to the assigned task. Especially: rationality, planning, following directions.
- **Effectiveness – 20%**
Achievement of the goals set by the execution of each task. Especially: precision, focus, tidiness.
- **Performance – 25%**
Overall contribution to the understanding of the objectives of the Association through the accomplishment of individual tasks. Especially: quality, capacity, plan realisation.
- **Sustainability – 25%**
Motivation of volunteers to progress to higher positions or retain the current position. Especially: motivation, affinity to volunteering position, communication.

Guide for monitoring and evaluation

Monitoring and evaluation of progress is made in percentage points. The highest possible percentage for each criterion is determined on the basis of quality only. This means respecting the principle of equal opportunities for all volunteers, no matter the gender, age, level of education, employment or unemployment. It is sufficient to volunteer even the smallest possible number of hours or terms for carrying out the assessment and monitoring, because evaluation is based on the quality, not the quantity of volunteer work.

Leisure time activities

Open air, an amazing countryside, reliable horses are the main ingredients for an unforgettable trekking in Cappadocia, one of the recreational activities of Nevsehir Vocational School.

Leisure time activities have to be used in a goal-oriented way in therapeutic riding. Leisure time activities in therapeutic riding make riding lessons enjoyable for the disabled riders, keep the relation warm between rider and horse, have a relaxing effect and develop various abilities.

Leisure time activities in therapeutic riding mainly aim at increasing the motivation of the rider, strengthening the learned skills, becoming happier because of doing the activities by himself/herself and participating in longer riding lessons. This kind of activities can be applied in the warm-up part of the session, or during the main and cool-down part. Moreover, these activities can be carried out before or after the riding lesson when riders have spare time. When planning



these activities, it is important to consider the level of the user, the educational level of the horses, their skills and characters.

Land Riding

Land riding can be used to improve the self-confidence of the riders and to improve their skill level when they are ready for it.

The rider needs to apply all his/her skills to control the horse in unexpected road or path conditions. The rider has to be explained that he/she has to be trained for outdoor riding and he/she has to be advised on all the particular aspects related to this activity (always keeping the riding level of the rider and his/her disabilities in mind). We also need to ensure security conditions to allow the rider to experience free land riding. Even though this is free land riding, the riders need to obey and follow the pre-determined route, the walking tempo, breaks etc. and riders will never be allowed to go land riding by themselves.

Horses employed in land riding have to tolerate any unexpected situation and extra staff has to be present for security reasons (horse leader, side walkers, etc.).

Games

Games are used in the warm-up or cool-down part of the riding session. The riders play games, for example imagining a competition in which the start, finish, and route are determined beforehand. The riders cannot leave the route or ride too fast and all the security conditions should be ensured. If it is possible, the game should be ridden with similar speed so that the riders come to the finish all together. If the user does not like competitions, we never use these activities.

Circle game

We normally use this enjoyable activity for the warming up. The riders and the volunteers are placed in a circle and we use a lunge rope to make the horse walk in a circle. When the trainer stops the horse, the person closest to the horse does a specific exercise (bending down, jumping, making movements with arms or legs etc.) that has been chosen beforehand. Neither the riders nor the volunteers can go inside the circle. Please keep in mind that the horse should be familiar with these human movements, and also that the movements are easy to carry out by the riders.

Walking together with the horse

This is generally used during the warm-up period. It is helpful to start the lesson in an enjoyable way and helps the rider to get used to the horse. The trainer makes the horse walk at different speeds in a circle on the lunge rope. All the riders and the volunteers line up along the lunge rope. The person closest to the horse touches the horse and walks together with the horse for one round. Then he/she goes to the end of the line of people. Everybody touches the horse and walks or runs together with the horse during this kind of activity. The person who touches the horse should not disturb the horse during walking or trotting and the trainer should control the horse at all times, regulating the speed of the horse considering the level of the participants.

Bagel Game

It is generally used during the warm-up period. It helps to get the riders ready for the main phase of the training. We carefully choose a simple word and then the riders and the volunteers walk in different directions in the arena finding a space for themselves. The trainer puts many baskets around the arena and puts some equipment of different colours and shapes in each of them. One player leaves his/her place and randomly picks some objects from the baskets. The other ones try to block him. The main player has to say the chosen word out loud and in one breath and at that moment nobody can block him/her. Then the others can again try to block him or her. Each object collected is worth one point. Nobody

can touch the main player during the game but just block him/her and nobody is allowed to move when he/she pronounces the chosen word. The number of times the word is repeated depends on the ability of the riders.



Taking care of the horse

Grooming, cleaning the barn and equipment, feeding; all these activities can be used to acquaint beginners with the horses and their environment. The users get a basic education on feeding, grooming and general maintenance and have to be personally motivated to be involved in these activities. A volunteer or staff member will always accompany the user during the feeding as well as during the grooming, barn cleaning or other side activities.



THE IDEAL CENTRE

The ideal therapeutic riding centre

From the first part of this publication we can understand that there are many different activities that can be carried out in a therapeutic riding centre but not all activities may start at the same time, either because you do not have the means to create all facilities at one time or because you choose to specialize in one field or the other.

So how to set up a therapeutic riding centre?

What we want to imagine are the “ideal” facilities, resources and working conditions that allow to practice the widest range of activities, from hippotherapy to sport riding or vaulting for challenged people, from educational work to social inclusion. However, this does not mean that the single above mentioned activities cannot be carried out with only part of the facilities. Moreover, conditions like for instance weather may vary enormously from one place to another, requiring certain facilities rather than others. Always remember the two most important aspects: safety and competence. To achieve a safe working place with an expert staff (even if consisting of a few people) you have to have a clear idea of what you are planning to do and who you are going to work with, so a good business plan will help making reasonable choices and show how you can develop your project step by step.

After many years of experience and working in the field of therapeutic horse riding and during the exchanges of the Grundtvig project “Taught me how to walk”, we came out with a list of suggestions for the ideal therapeutic horse riding centre which is presented below. To create this list we tried to be as objective as possible and not to present our own therapeutic centre, although this was not so easy. This activity took place during our meeting in Avanos, hosted by our Turkish partner, “Nevsehir Vocational School”.

A collective work, which represents the spirit of our partnership, is the result!

LOCATION

The two main requirements are accessibility, also by public transport, and a peaceful safe (closed) area with space to turn out the horses. Trails for outdoor riding offer great riding opportunities and emergency facilities nearby give extra guarantee and security.

An attractive garden with inviting outdoor and indoor waiting areas for parents and caretakers, colourful decorations and furniture, all help to create a place where everyone (riders, parents and caretakers, staff) is happy to come: an essential added value to therapeutic riding!



The arena

There are two possibilities: indoor and outdoor. The best is to have both!

The indoor arena protects from the weather (cold or hot), allows to create various therapeutic settings and is the safest for riders and horses. Outdoors there are many psychological advantages and stimuli for the riders and therapists like views and sounds.

Characteristics of an indoor arena: 20x40 mt and safety height of min. 4 mt (this size allows you to organize various disciplines), 2 mt high wooden side walls, sloping outwards without protrusions or obstacles, sprinkling system to avoid a

dusty environment which harms people as well as horses, a good clean ground which is soft but also good to walk on for the horses and therapists/leaders (sand or a mixture of sand and wood or rubber chips), a big mirror for the riders to see themselves, lighting, music and all the various objects for the therapeutic setting (letters and pictures, cones, poles etc). The entrance should be min. 2,40 mt wide and 3 mt high.

The outdoor arena should have the same sizes and characteristics as the indoor one but the wooden protection will be lower (1,5 mt).

To keep the ground of the arena in good conditions a tractor is a must. An alternative possibility is to create a horse-pulled plough so you can involve both horses and people in this daily work!

Mounting and dismounting facilities

A well built not too steep ramp with safety measures (handrail, anti-slippery surface, stop at foot level to avoid falling between the ramp and horse) is a must and if possible other aids like lift or pull-up handle avoid to overburden the therapists but must be serviced regularly. The ramp can be inside the arena or just outside if a sheltered and covered area is available.

In the arena area we can also find a vaulting barrel or horse simulator, but this equipment can be integrated at any time.

Some kind of grandstand especially in the indoor arena to allow spectators at events can be very useful and should be taken into consideration when building an arena. Events are very important for the riders: they meet other riders, socialize between each other and families and show their acquired skills, so appropriate facilities help organise such events.

The stables

There are international guidelines which indicate size (surface: 3,7 x 3,7 m; minimum height: two and a half times the horse's height at the withers), kind of doors (divided into two to allow the horse to look out), ventilation and safety requirements. All building material should be damage withstanding and protect the horse from hurting itself. There are various products to put on the anti slippery floor of the boxes (straw, sawdust, shavings or pellets) which can be chosen based on availability, costs and health conditions of the horses. Good manure storage is very important and must comply to the national laws.



Paddocks

Horses need to have as much outdoor space as possible to relax so as to guarantee their well being.

Paddocks should be safely fenced, have a covered area (shelter from rain and sun), clean drinking water at all times, have no public access and be kept clean and free of poisonous plants or dangerous objects.

The tack room

This area should be well organised and fully equipped with horse tack for the general and specific activities. All equipment has to be clean and regularly controlled for safety reasons and, given the high costs, it should be kept in perfect shape. There are various ways of organising the tack room, one of which is using a different colour (beside the name tag) for the tack belonging to each horse. This allows riders to easily recognise the equipment.

There are many kinds of saddles and other equipment but to start off it is important to have at least one English saddle with handle bar, padded seat and buckle on seat pad, a felt saddle or pad, a surcingle and all saddles should be provided with safety stirrups which open up in case of emergency, releasing the rider's foot. Adaptive reins and rainbow reins are also very useful.

The tack room is the best place for the first aid kit for horses. Usually in the tack room you will also find a cupboard to keep (certified) caps. Riders should wear a cap, long trousers and safe shoes or boots with a ridge so as not to slip too far into the stirrup.

Grooming area

A separate grooming area for the riders should be clean and safe, outside the arena. Grooming is often an integrated part of the riding session and it is therefore important to have a sheltered place where to tie up the horse safely (using the quick release knot), guaranteeing enough space for the rider to move around the horse at the desired distance. A grooming cart can be very useful for riders with limited mobility.

Barn

The barn should be covered and also include a storage area for other material (cereals) and equipment (gardening tools etc.). The hay and bedding material should be kept dry and the barn should be accessible for disabled people to favour their participation in all horse related activities including stable work.

Office area and other facilities

In this area we find the office with a welcoming front desk reception, toilets (and possibly showers, all respecting wheelchair sizes) for the riders, changing room with toilets and showers for the staff and volunteers, first aid room with pharmacy, parents waiting/leisure room (with cafeteria or vending machine) and if possible a multi functional room for meetings etc.

A separate room for therapeutic activities (physiotherapy, sessions with the psychologist, speech therapist, etc.) offers the possibility to integrate the riding activities with these services. Guest rooms for hosting the stable man and/or international volunteers may not seem so important at first but can be very useful in the future!

Parking area

Most riders will come by car so a well accessible and sufficient parking is necessary, preferably with a covered area for wheelchair riders who need time to get in and out of their car.

All buildings (toilets, office, changing room etc.) and surrounding area should be easily accessible for wheelchairs; doors and corridors have to be wide enough to allow the safe passage of horse, wheelchair, rider and helper.

The whole area should be well illuminated and all surfaces suitable for the various purposes. All national safety regulations should be met including fire extinguishing, alarms and hygienic standards.



HORSES

The main characteristics for horses that will work in the therapeutic riding sessions are a good character and general good health. The horses have to be full grown and have the correct conformation for the work we are planning to carry out.

Their psychological well being is just as important as their physical health which means that free time in the paddock, secure grooming, safe boxes and regular feeding are priorities. Their management, training and the way they are led during the riding sessions need professional guidance. A good method is to have clear guidelines so as to guarantee transparency and general methods respected by all those who are in some way or the other involved.

STAFF

For the horses

Since the horses have the leading role in therapeutic riding, their well being is a high priority. The full time presence of a stable man (24 hours per day – 7 days

per week) is therefore desirable because it is the only way to have a complete control of the horse situation. However, with a small number of horses this may be difficult and to start off it may be enough to have a trusted stable man with a regular timetable.

The horse trainer has to work regularly with all horses according to their needs, give clear indications on the management and training when he/she is not there and give advice on the horse's work and possibilities during the therapeutic sessions (reactions, limits etc).

A trustful veterinarian, farrier and dentist have to be part of the team and on the spot within a short time but they don't need to be present full time at the premises.

For the therapeutic riding

A multidisciplinary professional equipe is required if various fields of intervention are covered: a physiotherapist will be needed for hippotherapy, a psychologist to work with the mentally disabled riders and to assist the other therapists in their work, a speech therapist, an occupational therapist, a riding instructor, all with a special preparation in therapeutic riding.

When starting with only one specific group of riders the therapist or instructor for that category will be sufficient.



Horse leaders: they are the people, usually volunteers but also professionals, who are adequately trained to prepare and lead the horses during the riding sessions.

Side walkers: in certain situations a third person is requested to walk on the opposite side from the therapist so as to guarantee balance and safety of the rider. This person also needs to have a basic preparation on how the horse and rider may react in certain circumstances.

All people involved in the therapeutic riding sessions should wear safety footwear and have their updated tetanus injection.

For the organisation of the activities and coordination of the staff.

The more activities, riders and horses, the more managing staff will be needed. When starting off, one person may be sufficient to cover the following jobs: creating weekly timetable for all activities, billing, creating specific projects for individual riders or groups, coordinating the multidisciplinary equipe, coordinating the volunteers, various secretarial work such as billing etc., organising events and outings. Naturally when the centre grows and the activities increase, it will be necessary to involve other people, as volunteers or professionals.

The preparation of the volunteers and their coordination also depends on their number. *“Volunteer work is the basis of civil society and no programme can survive without it”*. Taking into account this important quote of Krila’s president, it is highly advisable to promote volunteering in therapeutic riding centres and to adequately prepare all volunteers for their work.

All this may require a specific coordinator and trainer.

FILES

There must be written safety rules and regulations for staff members, volunteers, riders and visitors so that they are fully informed on all possible matters regarding the centre and riding. All people who have not been fully informed on the health and safety measures should keep away from the stables.

Privacy laws may differ from country to country but it is extremely important to comply with local regulations on this issue. Usually all riders (or their parents or caretakers) have to sign a privacy form when starting to ride.

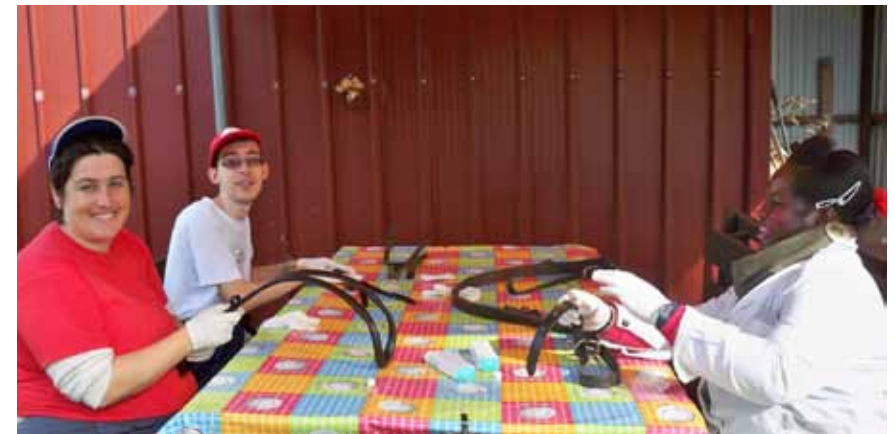
Depending on the field of intervention referral may come from the rider’s own doctor, parents, school or from a psychologist, social worker or other. Medical approval however is necessary according to national requirements.

Individual plans, assessment and evaluation have to be carefully planned using existing forms (if available or provided for by national organisations) or creating one’s own.

Since horse related activities generally speaking entail a certain risk, a very good insurance is essential and one of the first steps to be taken. An ethical code is the foundation of a correct approach, in this case in the work place. It defines behavioural principles and usually each professional group has its own.

OTHER ACTIVITIES

A therapeutic riding centre, given its very particular characteristics concerning setting, facilities and atmosphere, often integrates various other activities.



Social work opportunities

Stable work, grooming, working with horses, gardening: these jobs, mostly outdoors and requiring more or less physical effort, are particularly fit for many people, especially for those with minor opportunities. Of course a thorough training programme is required, but certain jobs can be safely carried out very soon like mucking out the stables and cleaning the paddocks. The presence of horses and other animals, as well as the atmosphere in a therapeutic riding school (generally less stressfull and with more opportunities for creating relationships between people and between people and animals etc.), make possible a working experience also for those who would otherwise be excluded from employment.



Cooperation with other institutions is particularly important to create synergies between the various organisations. The promotion of therapeutic riding and the collaboration between a riding centre and other institutions like schools, rehabilitation centres, universities etc., will allow an integration of the centre in the surrounding district and make rehabilitating plans more complete and functional. Promotional events often involve not only the staff but also the riders, volunteers, families etc., creating real socializing opportunities. Their aim is to promote all the activities of a therapeutic riding centre, to recruit volunteers and to raise funds for special projects.

Often educational programmes are organised for staff and volunteers, and workshops for families and caretakers aim at involving them in the activities.

Summer camps

Camps and summer activities with children or teenagers from the surrounding area are a valid way of integrating the local population. The opportunity to spend a certain period together and share the horse related activities, in which the riders who follow a therapeutic programme are experts, can be useful to create a better understanding and therefore a better society.

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