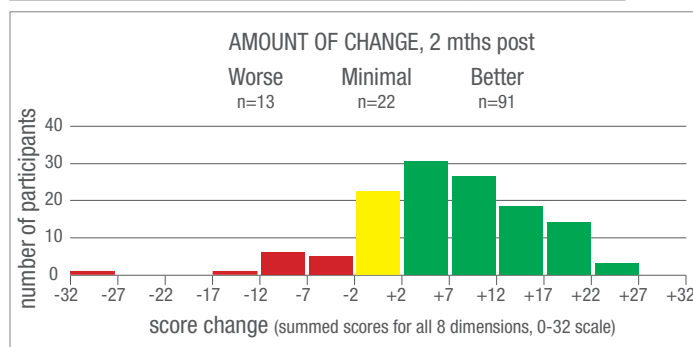
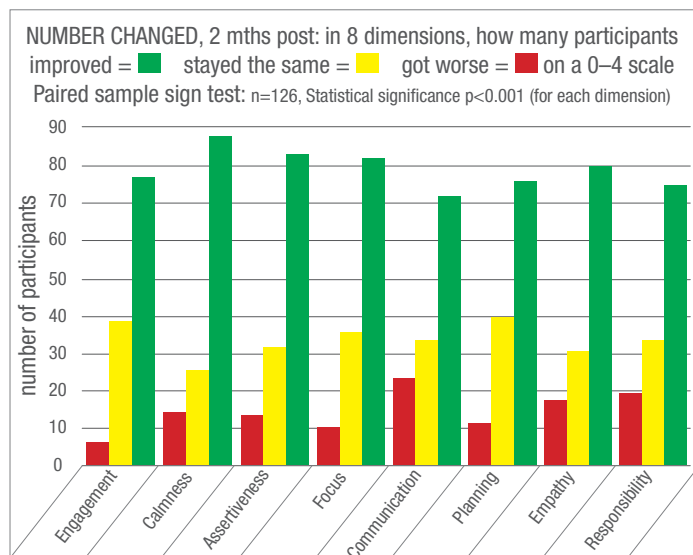


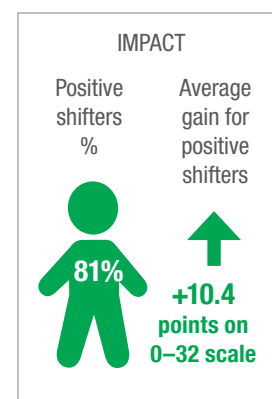
CALL TO ACTION: RCT needed to further investigate innovative equine intervention for “hard to treat” populations

This is a summary report following recent findings by Bournemouth University regarding the efficacy of an innovative equine-assisted programme, TheHorseCourse ReStart. It is also a call to action for a randomised controlled trial of this important work, promising to change outcomes for hard to treat populations otherwise likely to have extensive longterm contact with services.

The ReStart is an equine-assisted one-to-one intensive 5-day programme aimed at hard to reach/treat individuals suffering from poor emotional and/or thinking skills.



IMPACT 81% of participants shifted in a positive direction overall and the average positive shift seen using a scale 0–32 was +10.4 points for those that improved. Statistically significant positive results ($p < 0.001$) were found in each of the 8 dimensions of TheHorseCourse Skills Star, see *THC Star online*. A large standardised effect size ($d = 1.1$) was found for the summed scores of the 8 dimensions. Cronbachs alpha for this tool was 0.9 indicating a high level of internal validity. Factor analysis suggests that the 8 dimensions group together as a single factor, overall scores show a normal distribution – all reassuring indicators. A more detailed report is in preparation for publication in an international peer reviewed scientific journal.



STUDY GROUP BU has conducted an analysis of data gathered 2014-16 from professional referrers of all 126 participants referred in the period, 8yrs to adult at pre- and two months post- intervention. One of the very interesting things about this programme is the consistent set of outcomes despite a wide range of issues, often multiple diagnoses and circumstances. Referrals were made by: CAMHS, Schools & PRUs, YOT, Childrens Services (EIS to LAC), D&A treatment agencies, domestic abuse support specialists. The study group was characterised by high resistance to usual treatments, making the results all the more impressive.

ADDITIONAL DATA CONSIDERED *Ongoing BU research:* 12 month post-intervention follow up interviews conducted with referrers; data taken during the intervention and post hoc, mapping psycho-physiological responses to the intervention. *Other:* Moj-reviewed statistical analysis of reoffending data for a smaller sample (n=25) which showed a statistically significant reduction in reoffending of 27 % points ($p < 0.01$); a number of observational and qualitative studies which also show positive results. See www.thehorsecourse.org/evidence

CONCLUSION The evidence to date for the effectiveness of this intervention is striking and the potential benefits so important that an RCT (randomised controlled trial) or other large scale controlled evaluation is clearly appropriate. The undersigned agree.

For further information:

Dr Ann Hemingway
Professor of Public Health
aheming@bournemouth.ac.uk



SIGNATORIES

Professor P Thomas Professor of Health Care Statistics and Epidemiology, Director (Methodology) Bournemouth University Clinical Research Unit (BUCRU), NIHR Research Design Service Consultant
Dr Alex Hassett Principal Lecturer and Senior Consultant (CAMHS), Salomons Centre of Applied Psychology, Canterbury Christ Church University
Dr Mark Kerr Lecturer in Social Policy (particular interest in LAC outcomes), University of Kent
Patrick Myers Strategic Joint Commissioning Manager, Dorset County Council
James Noble Deputy Head of Measurement and Evaluation, New Philanthropy Capital