



THE SANCTUARY

SERVICE EVALUATION

Prepared by: Dr Anita Hamilton, Dr Suzi Jordan
and Dr Prue Milliar



EXECUTIVE SUMMARY

Purpose of report

The purpose of this report is to present an independent evaluation of two equine-assisted programs offered by Kanyini Connections Ltd. at Hoofbeats Sanctuary (the Sanctuary). The Sanctuary is an equine therapy Centre, operating on the Sunshine Coast since 2019. The mission of the Sanctuary is to improve mental health through evidence-based, trauma-informed, animal-assisted, and nature-guided programs.

Background

Mental illness is the most common chronic health condition in Australia, affecting 26.1% of the population. Rates are rising, particularly among young women, with 45.5% of females aged 16-24 reporting mental health disorders in the past year. Queensland faces higher rates of certain mental health issues compared to the national average, with self-harm hospitalisation rates nearly 60% higher than the national rate in 2020–21. The Australian mental health system is overstretched, struggling to meet demand. Furthermore, research shows that individuals with complex trauma may not respond well to traditional mental health treatments.

Trauma-informed approaches recognise the broad impacts of trauma, identify its signs in clients, and integrate this understanding into practices to support healing while avoiding re-traumatisation. Equine-assisted therapy has emerged as a holistic and effective approach for individuals with trauma, combining physical activity, mindfulness, and emotional engagement. Non-verbal interactions with horses can help participants build confidence, enhance emotional resilience, and process trauma in ways traditional talk therapy may not achieve. Evidence also indicates that equine-assisted interventions can deliver significant benefits in shorter timeframes compared to standard approaches, making them an efficient and impactful option for supporting recovery in individuals affected by trauma.

The Sanctuary

The Sanctuary offers two trauma-informed equine-assisted programs, "Go Remarkable" and "Recovery and Discovery," to support girls and women to build knowledge and skills to address the impact of trauma on mental health and wellbeing. The two programs are facilitated by certified Equine Assisted Learning practitioners who are also individuals with lived experience. The equine-assisted approaches employed at the Sanctuary are educational and experiential. Practitioners lead participants in ground-based activities with horses and ponies, developing awareness of equine body language, herd behaviour, trust, boundaries, mindfulness, distress tolerance, and emotional regulation. This report includes an evaluation of the effectiveness of programs for the 47 participants that have finished their 12-week program in either the Go Remarkable program or Recovery and Discovery program since 2023.

The Sanctuary's greatest challenge is its limited capacity to accommodate more participants due to space and funding constraints. With only a small portion of its revenue generated from service fees, the Sanctuary depends heavily on external funding, with 95% of its income from donations, grants, and sponsorships. Partial funding has been provided by the Department of Social Services under the 'Strong and Resilient Communities' grant, but this support will end in June 2025.

Findings

The impact of the Sanctuary's programs were rigorously evaluated through analysis of program data.

Quantitative: Participants complete pre- and post-program self-evaluations using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the Adult Wellbeing Questionnaire (AWQ), aligned with program objectives. The data were statistically analysed to assess the program's impact on mental health and wellbeing.

The analysis of data from the WEMWBS found a substantial improvement in the participants' wellbeing post intervention, with a **magnitude of difference that is exceptionally significant**. Notably, the WEMWBS findings revealed the areas of most significant change differed between girls and women, highlighting the tailored approach to program content and delivery. The analysis of the AWQ data also showed **a very strong and very substantial effect** on participants' overall mental health and emotional wellbeing.

Qualitative: Participant interviews and testimonials provided further evidence of the programs' benefits. Participants reported **reduced** thoughts of **suicide**, **increased emotional resilience**, improved **self-regulation**, greater **confidence**, enhanced **coping** skills, and better interpersonal **relationships**. The therapeutic bond with the horses, the safe and supportive environment, and the trauma-informed framework were frequently cited as critical factors in achieving these outcomes. Many participants indicated that skills such as mindfulness, breathing techniques, boundary-setting, and emotional regulation continued to positively influence their lives well beyond program completion.

Conclusion

The Sanctuary has played a vital role in enhancing the mental health of the 47 women and girls included in this evaluation. This service review has found the equine-assisted programs delivered by the Sanctuary are providing **highly impactful** and **enduring** outcomes for participants. The biggest challenge facing the Sanctuary is its limited financial and physical resources.

Recommendations

1. **Raise Awareness:** Implement targeted marketing strategies to enhance understanding of the positive impact of the programs at the Sanctuary. Leverage this to attract additional sponsors or partners.
2. **Program Development:** Continue refining the existing programs to maximise tailored benefits for different demographics.
3. **Stakeholder Engagement:** Continue to strengthen existing partnerships and build new relationships with potential donors, grant providers, and community partners to ensure long-term sustainability.
4. **Secure Funding:** Develop a strategic funding plan to address the impending loss of the 'Strong and Resilient Communities' grant in June 2025.
5. **Expand Capacity:** Once further funding has been secured, increase resources such as space, staffing, and programs to accommodate more participants.

TABLE OF CONTENTS

Executive Summary	i
1 Introduction and Context	1
1.1 Purpose of the Report	1
1.2 Service Background and Context	1
1.3 Mental Health in Australia	1
1.4 Mental Health in Queensland	2
1.5 Federal and State Government Mental Health Priority Areas	2
1.6 A Renewed Understanding of Trauma	3
1.6.1 Trauma-informed approaches	4
1.7 Equine-Assisted Approaches to Addressing Trauma	4
2 The Sanctuary	6
2.1 Overview	6
2.1.1 Funding Partnerships and Support	6
3 The Programs	7
3.1 Program Content	7
3.1.1 Go Remarkable Program (12-24 years)	7
3.1.2 Recovery and Discovery Program (>25 years)	7
3.2 Staff Training	7
3.3 Program Outcome Objectives	8
3.3.1 Measurement of Program Outcomes	8
4 Service Evaluation Process	10
4.1 Evaluation Scope	10
4.2 Evaluation Approach & Process	10
4.3 Ethical considerations	10
5 Service Evaluation Analysis and Findings	11
5.1 Participant Profile	11
5.2 Quantitative Analysis and Findings	12
5.2.1 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	12
5.2.2 Adult Wellbeing Questionnaire	13
5.3 Qualitative Findings	15

5.3.1	Pre-program self-evaluation _____	16
5.3.2	Key features of the program _____	16
5.3.3	Learning from the program _____	18
5.3.4	Life improvements post-program _____	19
5.3.5	Comparison with traditional therapies _____	21
5.3.6	Challenges _____	22
5.3.7	Volunteers _____	23
5.4	Alignment Between Mental Health Priorities and Programs _____	24
5.5	Alignment Between Outcome Objectives and Findings _____	25
6	Summary, Conclusion and Recommendations _____	27
6.1	Conclusion _____	28
6.2	Recommendations _____	28
	References _____	29
	Appendices _____	32

TABLE OF TABLES

Table 1.	Initial program outcome objectives and measurement approaches	8
Table 2.	Intermediate program outcome objectives and measurement approaches	9
Table 3.	Ultimate program outcome objectives and measurement approaches	9
Table 4.	Paired samples t-tests of combined WEMWBS scores to show the change in wellbeing after program completion.	13
Table 5.	Top 5 ranked areas of change on the WEMWBS reported by girls and women.....	13
Table 6.	Questions included on the Adult Wellbeing Questionnaire (AWQ)	14
Table 7.	Paired samples t-tests of combined AWQ scores to show the change in wellbeing after program completion, ranked from most to least change	14
Table 8.	Satisfaction with the program and outcomes (5 indicates high satisfaction).....	15
Table 9.	Sources of Qualitative Data	15
Table 10.	Alignment between government mental health priority areas and the programs	24
Table 11.	Mapping alignment of initial program outcome objectives.....	25
Table 12.	Mapping alignment of intermediate program outcome objectives	26
Table 13.	Mapping alignment of ultimate program outcome objectives	26

TABLE OF FIGURES

Figure 1. Potential impact of trauma on girls and women	4
Figure 2. Map showing participants' home locations	11
Figure 3. Program waitlist numbers	11
Figure 4. Change in WEMWBS wellbeing scores pre- and post-program	12
Figure 5. Feelings Pre-program	16
Figure 6. Feelings Post-program.....	20

AUTHORS

Dr Anita Hamilton



Dr Anita Hamilton is an experienced occupational therapist with expertise in mental health, work rehabilitation, and occupational therapy education in Australia and Canada. Over the past five years, she has integrated animal-assisted approaches into the occupational therapy curriculum at the University of the Sunshine Coast.

Anita's interest in animal-assisted approaches began in 2009 when her family volunteered as puppy raisers for 'Dogs with Wings,' a Canadian Assistance Dog training organisation. Upon returning to Australia, she conducted research and quality improvement projects with Young Diggers, Defence Community Dogs, and Pets for Life. In 2020, Anita and her partner trained their puppy, Cooper, as a therapy dog with Therapy Dogs Australia. Cooper has worked in education settings since 2021.

In 2024, Anita led the Hoofbeats Sanctuary service evaluation, collaborating with two experts to assess the impact of equine-assisted programs on participants, furthering her commitment to integrating animals into therapeutic interventions.

Dr Suzi Jordan



Dr Suzi Jordan is a casual academic and researcher in the School of Business and Creative Industries at the University of the Sunshine Coast. Her teaching areas include international business, economics and management.

With a strong interest in management within non-profit organisations and social enterprises, Suzi's PhD explored resource-based power in nonprofit-corporate partnerships. She has also led a project on best practice models for social enterprises and was a member of a research team exploring governance and resilience in social enterprises.

Suzi joined the evaluation team for this project because she is passionate about enhancing the effectiveness and sustainability of non-profits and social enterprises, as well as fostering better management practices in the sector.

Dr Prue Milllear



Dr Prudence Milllear is currently a Senior Lecturer in Psychology, in the School of Health, at the University of the Sunshine Coast, and she completed her PhD in occupational health psychology at QUT in 2010.

Her research interests focus on personal agency and self-regulation, what makes for "good work" and the balance of roles and interests in adulthood, how personal characteristics influence the quality of jobs, relationships and family life, and leisure activities are the basis for a happy old age. Prue was delighted to contribute her expertise in statistical analysis to the service evaluation.

1 INTRODUCTION AND CONTEXT

1.1 PURPOSE OF THE REPORT

The purpose of this report is to present an independent evaluation of the two equine-assisted programs offered by Kanyini Connections Ltd. at Hoofbeats Sanctuary (the Sanctuary). The report will provide a summary of mental health concerns and priorities in Australia and Queensland, and descriptive evaluation of the program activities, implementation approaches and impact on clients. The report incorporates scholarly literature, government data, and information about the Sanctuary's programs provided to the evaluation team between July and November 2024. Analysis by external researchers ensures objectivity, allowing outcome data to be confidently shared with potential grant funders, government departments, and corporate sponsors as unbiased evidence.

1.2 SERVICE BACKGROUND AND CONTEXT

The Sanctuary is a trauma recovery Centre, operating on the Sunshine Coast since 2019. It is an initiative of the not-for-profit organisation Kanyini Connections Ltd., founded in 2009. Kanyini Connections is a mental health charity registered with the Australian Charities and Not-for-profits Commission (ACNC). The Sanctuary is currently based on a 6-acre property in Doonan, Southeast Queensland. The land is owned by the Queensland Government and held in trust by the Sunshine Coast Council.

The mission of the Sanctuary is to improve mental health through evidence-based, trauma-focused, animal-assisted, and nature-guided programs. The Sanctuary provides low to no-cost access to equine therapy programs for financially disadvantaged community members, offering a variety of trauma-informed mental health programs for women and girls who have been impacted by trauma and are aged 12 and above. The Sanctuary's current equine therapy programs for individuals include "Go Remarkable" and "Recovery and Discovery" and is the only organisation in Australia to provide ongoing free equine therapy programs.

Trained professionals run the Sanctuary, and the organisation relies on a vast team of volunteers to support program delivery and ensure its success. Nine horses and ponies support the core of the equine therapy programs; most of the horses and ponies have been rescued and rehabilitated by the Sanctuary after experiencing abuse and neglect.

Although the Sanctuary does not market or advertise its programs both programs often have long waitlists. Potential clients learn about the programs through internet searches, word-of-mouth, psychologist recommendations, and informal referrals from Child Protective Services.

1.3 MENTAL HEALTH IN AUSTRALIA

Mental illness is currently the most prevalent chronic health condition in Australia, with cognitive and behavioural problems experienced by 26.1% of the population (Australian Bureau of Statistics, 2023). The incidence of mental health issues is rapidly increasing, with the proportion of adults reporting high or very high levels of psychological distress growing from 10.8% in 2011 to 14.4% in 2022 (National Mental Health Commission, 2024). The incidence is markedly higher for young women, with the percentage of females aged 16-24 years who experienced a mental health disorder in the previous 12 months **increasing from 28.5% in 2007 to 45.5% in 2020-2022** (NMHC, 2024).

The Australian mental health system is currently overstretched and unable to provide adequate support (NMHC, 2024). There is a 32% shortfall in mental health workers compared to the National Mental Health Service Planning Framework target (Department of Health and Aged Care, 2022). In addition, 19% of people with a mental health condition did not see a mental health professional in the past 12 months due to cost (ABS, 2023).

Research has shown that individuals with complex trauma may not always respond effectively to traditional mental health treatments like Cognitive Behavioral Therapy (CBT). Equine-assisted therapy (EAT) has emerged as a promising alternative for this population (Buck et al., 2017; Mueller, & McCullough, 2017; Naste et al., 2018). Early detection of mental health issues, coupled with prompt treatment and support, can reduce the severity, duration, and recurrence of mental illness (Correll et al., 2018), therefore selecting the most appropriate treatment approach is crucial.

1.4 MENTAL HEALTH IN QUEENSLAND

Recent data indicates that Queensland experiences higher rates of certain mental health issues compared to the national average. The Report of the Chief Health Officer Queensland highlights that in 2021, 26% of national suicide deaths occurred in Queensland, with 813 deaths in the state out of 3,144 in Australia (Queensland Government, 2024). Additionally, the report notes that Queensland's self-harm hospitalisation rates were almost 60% higher than national rates in 2020–21, with a crude rate of 183.1 per 100,000 persons compared to 116.3 nationally. Approximately 20.5% of Australia's population resides in Queensland, therefore, these statistics indicate that Queensland has a higher incidence of suicide and self-harm compared to the national average (ABS, 2023).

1.5 FEDERAL AND STATE GOVERNMENT MENTAL HEALTH PRIORITY AREAS

In Australia, both State and Federal governments have a responsibility to deliver services to support mental health and wellbeing. In addition, many Local Governments (councils) and charities and not-for-profit organisations provide mental health services designed to address specific local needs.

Federal: The role of the National Mental Health Commission (NMHC) is to “...provide evidence and advice on ways to continuously improve Australia’s mental health and suicide prevention system, and act as a catalyst for change to achieve those improvements.” To achieve this the NMHC has three roles: monitoring and reporting, planning and delivering projects, and **integrating lived experience** into all components of their work. Currently, the NMHC is delivering the following projects (<https://www.mentalhealthcommission.gov.au/projects>):

- National Guidelines for including wellbeing in **early childhood** checks.
- Understanding how digital technology is impacting **young people**.
- National **Stigma** and Discrimination Reduction Strategy
- National Mental Health **Research** Strategy
- Mentally Healthy **Workplaces**
- National **Children’s Mental Health** and Wellbeing Strategy
- Vision 2030: Blueprint for Mental Health and Suicide Prevention
- National COVID and **Disaster Response**

State: The Queensland Government published “Thriving Lives, Connected Communities: Queensland’s Commitment to Mental Health and Wellbeing” in 2024. Although the government has changed since the publication was released, it was written in partnership with the Queensland Mental Health Commission and the priorities may be updated. The priorities for addressing mental health in Queensland are currently:

Collective wellbeing

- Adopt joint leadership and whole-of-government approaches.
- Reduce stigma and discrimination, and enhance community safety, through collective efforts.
- Prioritise mental health and wellbeing research and evaluation.

Community wellbeing

- Build community capacity to enhance **place-based** community support for mental health and wellbeing, including:
 - approaches to combat **social isolation** and loneliness, and
 - accessible supports after natural **disasters** and other adverse events.
- Increase community awareness of **stigma** and discrimination.
- Support mental health and **wellbeing** in key settings such as education and **workplace** settings.

Individual wellbeing

- Build individual and family mental health and **wellbeing literacy**.
- **Assist** individuals and families to **navigate to supports**.
- **Specific programs** for minority groups and priority populations.

1.6 A RENEWED UNDERSTANDING OF TRAUMA

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from an event, series of events, or a set of circumstances that an individual experiences as physically or emotionally harmful or threatening. Trauma can have lasting adverse effects on the individual’s functioning and wellbeing, impacting their mental, physical, social, emotional, or spiritual health (Substance Abuse and Mental Health Services Administration, 2023; Van Der Kolk, 2015). Examples of trauma include physical, sexual, or emotional abuse, natural disasters, violence, and loss (Van Der Kolk, 2015).

Trauma will often result in mental health challenges (Buck et al., 2017). Girls and women impacted by trauma can potentially experience a range of adverse outcomes, as depicted in Figure 1. (Phoenix Australia, 2024).

Figure 1. Potential impact of trauma on girls and women



(Source: Phoenix Australia 2024)

1.6.1 Trauma-informed approaches

Trauma-informed approaches acknowledge the widespread impact of trauma, recognise the signs and symptoms of trauma in clients, and integrate knowledge about trauma into policies, procedures, and practices (Founds, 2024). This set of approaches aims to avoid re-traumatisation and actively support healing and recovery pathways (SAMHSA, 2023).

SAMHSA outlined six core principles of trauma-informed approaches:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

These principles provide a framework for the design and delivery of therapeutic programs in safe and supportive environments to facilitate recovery and build resilience for individuals who have experienced trauma (SAMHSA, 2023). It became evident while conducting the service evaluation how the Sanctuary and its programs demonstrate all six principles of trauma-informed care.

1.7 EQUINE-ASSISTED APPROACHES TO ADDRESSING TRAUMA

Equine-assisted therapy has been revealed to be a powerful approach capable of delivering benefits in a shorter timeframe than other therapies (Wilson et al., 2017). Research by Punzo et al. (2022) on the effectiveness of equine-assisted therapy intervention among children and adolescents found significant reductions in anxiety, increased self-esteem and boosted self-confidence in children and adolescents with mental illness.

The primary goal of equine-assisted therapy is to enhance various aspects of functioning, including physical, cognitive, social, and mental wellbeing (Levinson, 1978; Nimer & Lundahl, 2007; Selby & Smith-Osborne, 2013; Trösch et al., 2019). The ability for horses to sense and respond to human emotions, and to contribute to creating a non-judgmental and supportive environment has led to the continued development of equine-assisted approaches in therapeutic, educational, and human service settings (Fuller-Lovins et al., 2023; Trösch et al., 2019).

In the context of mental health, equine-assisted therapy integrates trauma-informed principles into therapeutic and educational services that support participants to feel safe and build trust so they can improve emotional regulation, cognitive capacity, coping skills, as well as form meaningful relationships (Burgon et al., 2018; Trösch et al., 2019). Equine-assisted therapy is a strategy employed by qualified practitioners and is also sometimes referred to as equine-assisted psychotherapy or equine-assisted learning (Lee & Makela, 2018; *The Equine Psychotherapy Institute, 2023*). The Sanctuary uses the term equine-assisted therapy.

The approach of learning through doing in equine-assisted therapy contributes to functional and structural brain alterations (Zhu, et al., 2021) that that can positively impact how the brain responds to triggers, enabling participants to learn new ways to process deep emotions in a supportive environment.

Equine-assisted approaches align with nature-based approaches, by utilising natural environments and living beings to promote wellbeing. Both equine-assisted and nature-based approaches are grounded in the biophilia hypothesis, highlighting the therapeutic potential of engaging with nature and animals (Joschko et al., 2023; Oh et al., 2020).

The *biophilia hypothesis* suggests that humans have an innate emotional connection and selective attentiveness towards nature and other forms of life (Amiot & Bastian, 2015). This theory underpins both animal-assisted and nature-based approaches to healing, as it recognises the calming and healing effects that interacting with natural environments can have on humans.

While equine-assisted approaches focus specifically on horses, nature-based approaches may involve a broader range of natural elements, such as walks in nature, gardening, and ecotherapy (Tambyah et al., 2022). Both approaches offer non-judgmental environments, foster independence, and promote experiential learning, encouraging personal growth and self-awareness (Buck et al., 2017).

2 THE SANCTUARY

2.1 OVERVIEW

The Sanctuary currently offers two evidence-based equine therapy programs: "Go Remarkable" and "Recovery and Discovery". Both programs are delivered individually in a non-threatening environment at the Sanctuary, in paddocks with horses. The programs combine equine-assisted therapy in a natural environment to provide an immersive experience of learning, personal growth and healing.

The programs use experiential therapy, which focuses on helping individuals explore and process emotions, behaviours, and relationships through direct experience. This therapy involves engaging in activities that stimulate emotional responses and provide insight into one's internal struggles. Engaging with horses encourages participants to express and confront feelings that may be difficult to articulate through words alone. The approach emphasises experiencing emotions in the moment, helping participants to better understand and work through their feelings and reactions. By participating in activities with the horses, participants can gain new perspectives, develop coping skills, and build self-awareness, which can lead to personal growth and improved emotional wellbeing.

To maintain participant confidentiality, only 3-4 participants can participate in the Go Remarkable and Recovery and Discovery programs per day. Until recently two practitioners were employed to facilitate the Go Remarkable and Recovery and Discovery programs (now there are three practitioners). Despite the 12-week program design, sessions can be extended if participants need more time to achieve their goals.

Program participants are invited to complete a pre-, mid-, and post-program questionnaire. Throughout the program, participants can access handouts, notebooks, and refreshments.

2.1.1 Funding Partnerships and Support

The Sanctuary offers two fee structures: a standard fee (\$240 per session) and a subsidised fee (\$120 per session) for its programs. The standard fee applies to participants who qualify for government support (e.g., NDIS, DVA funding) and participants who do not receive government funding but have the personal resources to pay the full standard fee.

A subsidised fee is available for participants who cannot pay the standard fee for the program. Full and partial scholarships allow participants without government funding support or personal resources equitable access to the programs. Public donations, funding support from the business community, and fundraising activities are continually needed to finance these scholarships.

The Sanctuary does not receive significant income from service fees, so it relies on financial supporters, including philanthropic grants and donations. The program has received partial funding from the Department of Social Services in the past, under the "Strong and Resilient Communities" grant, which covers approximately one-third of the Go Remarkable and Recovery and Discovery costs until the funding period ends in June 2025. In 2023, 95% of income received was from donations, grants or fundraising, with only 3% from service fees (Kanyini Connections Ltd., 2024). Ongoing funding remains the biggest risk to the sustainability of the programs.

3 THE PROGRAMS

3.1 PROGRAM CONTENT

The "Go Remarkable" and "Recovery and Discovery" programs are 12-week programs with 12 private weekly appointments. Session lengths vary but are usually between 60 and 90 minutes. The sessions focus on ground-based activities with the horse rather than horse riding. Participants are required to have a level of fitness and physical health that enables them to move out of the way if a horse moves suddenly. A certified Equine Psychotherapy Institute Practitioner facilitates each program, and each practitioner also has a lived experience of trauma.

The two programs aim to support clients to discover alternative ways to view and respond to life's challenges. Participants learn to recognise and control their physical and emotional responses to internal and external stressors (triggers). The program teaches participants to self-regulate using mindfulness and breath-control techniques. They gain knowledge of trauma-related mental health concerns and how green and blue spaces (*biophilia*) affect mood. Ultimately, both programs aim to improve the participant's mental health and quality of life, helping survivors of trauma move towards a pathway of healing through self-understanding and self-management.

3.1.1 Go Remarkable Program (12-24 years)

The Go Remarkable program is framed around 13 themes: gratitude, optimism, resilience, empathy, mindfulness, awareness, responsibility, kindness, acceptance, boundaries, bravery, liberty, and empowerment. It is a 12-week individual equine therapy program for girls and young women aged 12 to 24 and is fully tailored to each participant's specific needs.

3.1.2 Recovery and Discovery Program (>25 years)

The Recovery and Discovery program is structured around seven key themes: calmness, awareness, boundaries, thinking, feeling, relationships, and facing life's challenges. The Recovery and Discovery program is a 12-week individual restorative equine-assisted personal development program for women aged 25 and above. It is fully tailored to each participant's specific needs.

3.2 STAFF TRAINING

All programs are delivered by equine practitioners certified in Equine Assisted Learning (EAL) by the Equine Psychotherapy Institute (EPI). The EPI has provided training in Equine Assisted Therapy in Australia since 2011. Equine Assisted Learning is a specialist experiential learning process where participants are offered safe experiences with horses to learn social-emotional skills, personal development, and professional development skills (e.g., leadership and team building). The EPI Foundation Practitioner training consists of 124 hours of specialised training and supervision and additional final assessment processes. The Sanctuary's practitioners all attended the in-person version of this training course at the EPI's facilities in Victoria. A team of specialists in clinical social work, psychology, counselling, psychotherapy and somatic trauma specialists deliver the training.

The course learning objectives focus on understanding and applying EPI theory and practice, utilising experiential and creative methods effectively, adhering to ethical standards in social-emotional

learning and personal development, ensuring safety in interactions with horses and participants, mastering assessment and facilitation skills, tailoring equine experiences based on assessment, fostering self-awareness as a practitioner, understanding horse psychology and herd dynamics, cultivating respectful practitioner-horse relationships, designing diverse EAL sessions, and initiating EAL practice under supervision. These objectives aim to equip practitioners with holistic competencies essential for ethical, practical, and empathetic practice in equine assisted learning.

The Sanctuary's equine practitioners also hold a Diploma in Equine Psychology. The Centre of Excellence delivers this course online. It is designed for horse owners and equine professionals and teaches candidates about horse behaviour and how horses learn. The course comprises 10 modules that take up to 150 hours to complete.

The equine practitioners meet the participants "where they are", so the approach taken with children differs from that with adult participants. Although both programs are similar, the techniques adopted and the tools used vary between programs to accommodate the difference in participants' ages, their confidence with horses and their readiness to learn.

3.3 PROGRAM OUTCOME OBJECTIVES

The outcome objectives for both the Go Remarkable and Recovery and Discovery programs are outlined in Table 1, Table 2 and Table 3. This information was obtained from the Program Logic Models developed for both the Go Remarkable and the Recovery and Discovery programs. The Program Logic Models are provided in Appendix 1 and Appendix 2.

3.3.1 Measurement of Program Outcomes

The measurement of program outcomes is completed pre-, mid-, and post-program. Data are collected using three questionnaires **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**, the **Adult Wellbeing Questionnaire (AWQ)** and the internally developed **Client Report Form (CRF)**. Copies of the evaluation tools are provided in Appendix 3, Appendix 4, and Appendix 5, and described in 4.2 Evaluation

Table 1. Initial program outcome objectives and measurement approaches

Program Outcome Objectives	Measurement Approaches		
	WEMWBS	AWQ	CRF
Initial Phase			
Learn to recognise physical and emotional responses to internal and external stressors (triggers)		3	✓
Learn to control physical and emotional responses to internal and external stressors (triggers)	6	4	✓
Feel more confident to self-regulate using mindfulness and breath-control techniques for self-regulation	3, 6	5	✓
Experience fewer and less intense symptoms of anxiety, depression and PTSD	7	8	✓
Develop a sense of hope for a positive future	1, 13		✓

Table 2. Intermediate program outcome objectives and measurement approaches

Program Outcome Objectives	Measurement Approaches		
Intermediate Phase	WEMWBS	AWQ	CRF
Increase in self-efficacy	2	4,5	✓
Increase self-agency and empowerment	6, 7, 10, 11	6	✓
Mental Health & wellbeing scores >30%	3, (14)	1, 3	✓
Decrease social isolation/Increase social participation	9	7, 2	✓
Increase self-confidence and self-esteem	8, 10		✓
Increase knowledge of impact of trauma on Mental Health		3	
Increase knowledge of green and blue spaces on Mental Health (biophilia)		3, P	✓
Improve quality of relationships with parents and peers	4, 9, 12	2	✓

Table 3. Ultimate program outcome objectives and measurement approaches

Program Outcome Objectives	Measurement Approaches		
Ultimate Outcomes	WEMWBS	AWQ	CRF
Decrease self-harm behaviours (e.g., substance use, self-harm, eating disorders, thoughts of suicide)	6		✓
Increase positive lifestyle behaviours			✓
Improve quality of life			✓
Maintain positive change over time	5		✓
Positive mental health reported (e.g., reports life satisfaction and happiness)	3, 8	1	✓
Increases social participation (e.g., education, work, hobbies, friendships)	13	1	✓

4 SERVICE EVALUATION PROCESS

4.1 EVALUATION SCOPE

The CEO of Kanyini Connections Ltd reached out to the University of the Sunshine Coast in April, 2024 seeking an independent service evaluation of their equine-assisted programs. The focus of the report was to evaluate the impact of the program on participants, using a retrospective analysis of de-identified program evaluation data.

The service evaluation was led by Dr Anita Hamilton and the team included Dr Suzi Jordan and Dr Prue Milliar. The team has expertise in working in mental health, working with NGOs and charities, and in mixed methods research. In addition to analysing the data provided, the team also collected new data by interviewing program participants and volunteers. This was to triangulate the existing data and ensure objectivity and transparency of the process. The Service Review commenced in July 2024.

4.2 EVALUATION APPROACH & PROCESS

The approach to evaluating the programs was guided by the scope of the project and the data made available to the evaluation team. During each program the Program Director collects quantitative self-evaluative data using two participant questionnaires:

- The Warwick-Edinburgh Mental Wellbeing Scale (questions on Wellbeing) (University of Warwick, 2006).
- The Adult Wellbeing Questionnaire (questions on Circumstances, Goals, and Satisfaction) (Queensland Government, 2024)

The two questionnaires collect quantitative data at pre-, mid-, and post-program stages, measuring changes in participants' self-assessed wellbeing in categories aligned with program objectives. The Program Director records overall outcomes using the internally developed **Client Report Form**, incorporating data from the Warwick-Edinburgh Mental Wellbeing Scale and the Adult Wellbeing Questionnaire. Qualitative data from the program practitioner contextualises the quantitative results, supporting quality improvement and outcome reporting.

The program also collects participant testimonials, which the evaluation team used to provide additional qualitative data from individuals who have completed the program. The evaluation team interviewed four participants and four volunteers to triangulate data objectively and to develop case studies for the report. Case studies are available in Appendix 10.

The evaluation was completed over a five-month period between July and November 2024. All available program and participant data were made available to the Service Evaluation Team for analysis against the outcome objectives detailed in the Program Logic Models developed for both programs. The six-stage evaluation process is described in Appendix 6. Service Review Process.

4.3 ETHICAL CONSIDERATIONS

This report did not require ethical approval as it was not commissioned to be published or reported in any manner other than as an objective external evaluation of the program. The review was completed by individuals not associated with Kanyini Connections Ltd or the program.

5 SERVICE EVALUATION ANALYSIS AND FINDINGS

A mixed methods approach to data analysis was adopted for this service evaluation. Correspondingly, the findings are presented in three sections: participant profile, quantitative data analysis and qualitative data analysis.

5.1 PARTICIPANT PROFILE

Since 2023, 22 young women or girls have completed their Go Remarkable program and 25 women have completed the Recovery and Discovery program. Participants have come to the program from a range of locations; the furthest north is Bundaberg, and the furthest south is Russell Island (Figure 2).

As illustrated in Figure 3, the combined waitlist numbers for the Go Remarkable and Recovery and Discovery programs between May and October 2024 ranged from 10 individuals in August to 27 individuals in July. The number of individuals on the waitlist for the Recovery and Discovery program was consistently higher than for the Go Remarkable program during this period. There is a higher demand for services for women aged 25 years and older. This data highlights the limited capacity for the Sanctuary to meet this demand due to current funding and facility constraints.

Figure 2. Map showing participants' home locations

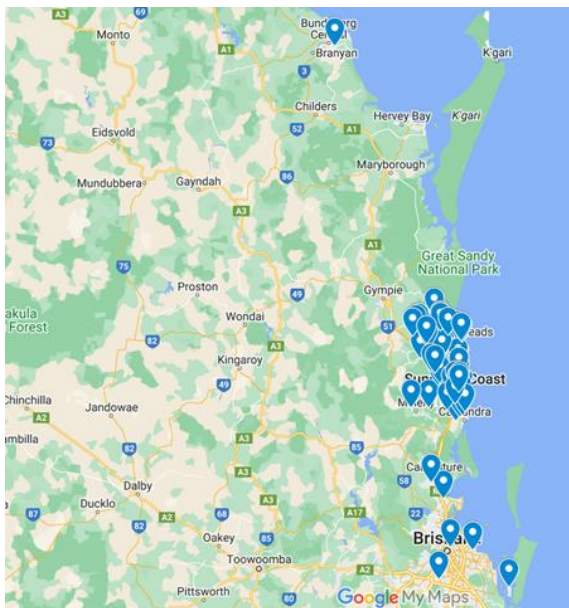
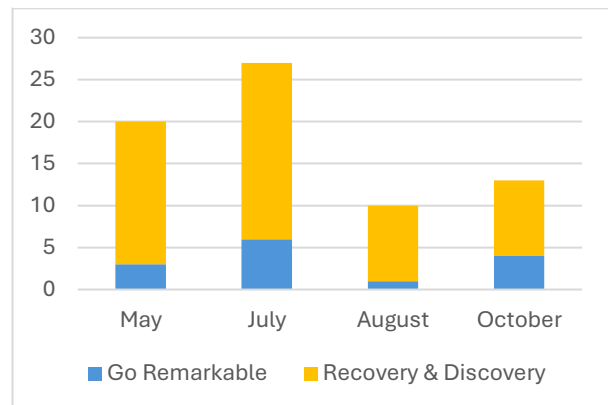


Figure 3. Program waitlist numbers



- Go Remarkable program – in May there were 3 individuals on the waitlist and they each needed to wait 7 weeks until a place was available on the program.
- Recovery and Discovery program – in May there were 17 individuals on the waitlist. The shortest wait time for an individual until a place was available on the program was 4 weeks, while the longest wait time for an individual was 36 weeks.

5.2 QUANTITATIVE ANALYSIS AND FINDINGS

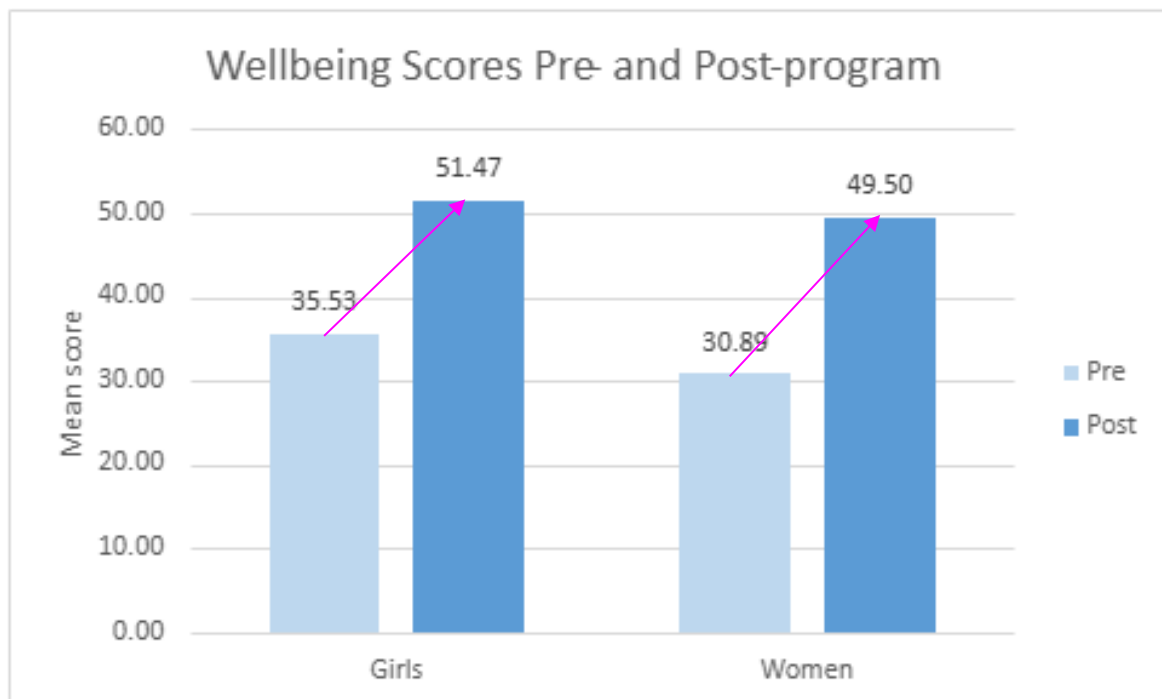
Quantitative data were analysed using IBM SPSS Statistics (Version 27). Each participant's pre- and post-data for the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the Adult Wellbeing Questionnaire (AWQ) were compared to understand the effects of the program. Individual items of the scale, as well as total scores were used. The data from the questionnaires were analysed using a mixed ANOVA, comparing Group (Women, Girls) and Time (pre-, post-program), followed by paired samples t-tests, with Cohen's d calculated to show the magnitude of the effects (with effect sizes taken as small ($d = .20$), medium ($d = .50$) and large ($d = .80$)) (Cohen, 1992).

5.2.1 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The WEMWBS scores for participants before and after completing the program were summed, and the means are displayed in Figure 4. These results include 18 women and 17 girls who completed programs at the Sanctuary and provided responses at both "Time 1" (before starting the program) and "Time 2" (after completing the program).

Both women and girls showed **highly significant improvements** in wellbeing from before to after the program, $F(1,33) = 305.71$, $p < .001$. While women started with slightly lower scores ($t(33) = 1.93$, $p = .063$), both groups achieved similarly high scores by the program's end ($t(33) = 0.72$, $p = .478$).

Figure 4. Change in WEMWBS wellbeing scores pre- and post-program



(Girls (n=17) and Women (n=18))

Table 4 highlights the program's impact on participants' wellbeing, as measured by the WEMWBS. The results show a **substantial improvement** in the participants' wellbeing post intervention, with a magnitude of difference that is **exceptionally significant**. Detailed results on the overall impact of the program on WEMWBS wellbeing scores are provided in Appendix 7.

Table 4. Paired samples t-tests of combined WEMWBS scores to show the change in wellbeing after program completion.

Question	t	df	p	Cohen's d
1. I've been feeling optimistic about the future	9.03	33	<.001	1.55
2. I've been feeling useful	9.90	34	<.001	1.67
3. I've been feeling relaxed	9.12	32	<.001	1.59
4. I've been feeling interested in other people	7.26	34	<.001	1.23
5. I've had energy to spare	7.16	34	<.001	1.21
6. I've been dealing with problems well	9.11	34	<.001	1.54
7. I've been thinking clearly	8.91	34	<.001	1.51
8. I've been feeling good about myself	12.77	34	<.001	2.16
9. I've been feeling close to other people	6.77	34	<.001	1.14
10. I've been feeling confident	11.89	33	<.001	2.04
11. I've been able to make up my own mind about things	6.86	34	<.001	1.16
12. I've been feeling loved	7.46	33	<.001	1.28
13. I've been interested in new things	8.10	34	<.001	1.37
14. I've been feeling cheerful	8.65	34	<.001	1.46

Effect sizes taken as small ($d = .20$), medium ($d = .50$) and large ($d = .80$). Cohen's d uses the sample standard deviation of the mean difference.

5.2.1.1 Impact of the programs on wellbeing for girls and women

When analysing the results separately for girls and women, the areas of greatest change on the WEMWBS differed between the two groups. Table 5 shows the top five areas of change for each group, while the rankings for all 14 questions are provided in Appendix 8.

Table 5. Top 5 ranked areas of change on the WEMWBS reported by girls and women

Rank	Girls	Women
	Question number and wording	Question number and wording
1	7. I've been thinking clearly	4. I've been feeling interested in other people
2	8. I've been feeling good about myself	8. I've been feeling good about myself
3	2. I've been feeling useful	2. I've been feeling useful
4	11. I've been able to make up my own mind about things	10. I've been feeling confident
5	6. I've been dealing with problems well	3. I've been feeling relaxed

5.2.2 Adult Wellbeing Questionnaire

The Adult Wellbeing Questionnaire (AWQ) incorporates questions from standardised tools to assess an individual's circumstances and goals (Queensland Government, 2024), see Table 6. Participants complete the AWQ both before and after their equine-assisted therapy program at the Sanctuary. Additionally, the AWQ includes three questions about the participant's satisfaction, which are completed only at the end of the program.

Table 6. Questions included on the Adult Wellbeing Questionnaire (AWQ)

Scope	Question	Question wording
Circumstances	1	Mental health, wellbeing and self-care
	2	Community participation and networks
Goals	3	Knowledge about issues impacting and improving Mental H
	4	Skills in managing issues impacting and improving Mental Health
	5	Behaviours contribute to managing issues impacting and improving Mental Health
	6	Empowerment choice & control to make own decisions
	7	Engagement with relevant support services
	8	Impact of immediate crisis
Satisfaction	9	The service listened to me and understood my issues
	10	I am satisfied with the services I received
	11	I am better able to deal with issues that I have sought help with

AWQ data for both the Girls (n=9) and Women (n=9) were available, and these were analysed together for questions 1-8 and the results are shown in Table 7. The mean responses to questions 9-11 (satisfaction questions) shows the results for Girls and Women separately in Table 8.

Table 7. Paired samples t-tests of combined AWQ scores to show the change in wellbeing after program completion, ranked from most to least change

Question	Before		After		t	df	Significance	Cohen's d
	M	SD	M	SD				
5	2.17	0.62	3.67	0.91	-8.1	17	<.001	1.91
6	2.06	0.8	3.44	0.86	-7.58	17	<.001	1.77
8	1.94	0.87	3.5	0.79	-7.16	17	<.001	1.69
1	1.94	0.87	3.06	0.8	-6.97	17	<.001	1.64
2	2.28	0.83	3.5	0.71	-6.41	17	<.001	1.51
3	2.44	0.78	3.61	0.78	-6.3	17	<.001	1.48
4	2.11	0.9	3.39	0.78	-5.33	17	<.001	1.26
7	2.11	1.02	3.33	1.08	-5.17	17	<.001	1.22

Effect sizes taken as small (d = .20), medium (d = .50) and large (d = .80). Cohen's d uses the sample standard deviation of the mean difference.

The results highlight the program's impact on participants' circumstances and goals, as measured by the AWQ. The results show that the programs had a **very strong** and **very substantial** effect on the participants' overall wellbeing post intervention. The top four items are discussed in more detail below and detailed results on the overall impact of the program, as reported on the AWQ, are shown in Appendix 9.

The AWQ results demonstrate how equine-assisted therapy programs effectively supported positive change, particularly in enhancing participants' empowerment and agency. These findings align closely with the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), underscoring the programs' substantial impact on overall wellbeing. The top four areas of change reported on the AWQ are outlined below.

1. **Managing Issues Impacting Mental Health (Q5):** Participants reported significant improvements in behaviours that helped manage issues affecting their mental health. This aligns with WEMWBS Question 6, "I've been dealing with problems well," highlighting participants' increased ability to address challenges effectively and build resilience.
2. **Empowerment and Decision-Making (Q6):** A notable increase in participants' sense of choice and control over their decisions was observed, reflecting greater empowerment. This correlates with WEMWBS Question 10, "I've been feeling confident," indicating the program's role in cultivating confidence and self-agency.
3. **Impact of Immediate Crisis (Q8):** Participants experienced reduced impact from immediate crises, aligning with WEMWBS Question 6 on effectively dealing with problems. This demonstrates the programs' success in equipping individuals with coping strategies for navigating challenges.
4. **Mental Health, Wellbeing, and Self-Care (Q1):** Participants showed significant improvements in overall mental health and self-care, directly supporting the overall WEMWBS findings, which reflects enhanced wellbeing across all domains.

These findings highlight the program's effectiveness in strengthening participants' ability to take control of their mental health and wellbeing, enabling sustainable change and underline the reason for the high satisfaction scores shown in Table 8

Table 8. Satisfaction with the program and outcomes (5 indicates high satisfaction)

Question	Go Remarkable	Recovery and Discovery
The service listened to me and understood my issues	5	5
I am satisfied with the services I received	4.67	5
I am better able to deal with issues that I have sought help with	4	3.78

5.3 QUALITATIVE FINDINGS

Qualitative analysis of the data gathered via testimonials and interviews was conducted to identify key themes. Four testimonials were provided by participants on the Go Remarkable program and ten testimonials were provided by participants on the Recovery and Discovery program. Two of the four interviewees had completed the Go Remarkable program, and two had completed the Recovery and Discovery program. The mother of one of the Go Remarkable participants was interviewed in lieu of the actual program participant. A group interview with four current volunteers was also completed. This data is summarised in Table 9.

Table 9. Sources of Qualitative Data

	Go Remarkable Program	Recovery and Discovery Program	Volunteers
Testimonials	4	10	
Interviews	2	2	4

The qualitative data were analysed using a thematic analysis approach. Thematic analysis involves reading text to find repeated patterns of meaning to enable the researcher to identify and name concepts which can be brought together as themes (Braun & Clarke, 2021). Themes were then assessed against the questionnaire data to ensure the attribution of meaning to the human experience was accurate and to ensure the themes provide a credible account of the data (Braun & Clarke, 2021).

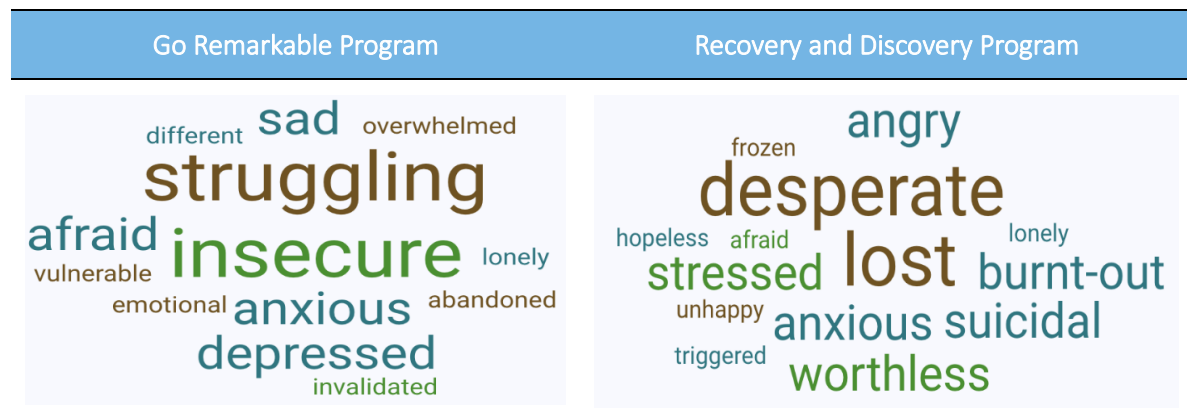
During the data analysis process, the evaluation team kept notes on their observations and thoughts to inform the questions for the interviews planned for the next stage of the service evaluation. The key themes that were identified from the testimonials and interview data are detailed in the following sections. For privacy reasons, the names of some participants have been changed.

5.3.1 Pre-program self-evaluation

Before joining the program, the participants were dealing with severe emotional, mental, and physical struggles.

Figure 5 shows word clouds depicting the struggles faced by participants prior to commencing their equine-assisted therapy program at the Sanctuary. The word clouds were developed from participant testimonials and summaries of the testimonials can be found in Appendix 11.

Figure 5. Feelings Pre-program



The interviewees shared stories of emotional distress, burnout, and feelings of hopelessness. They came to the Sanctuary as a last resort, hoping it would provide the support and healing they needed. Willow was in a severe mental health crisis, having **attempted suicide** and the family was "at the end of our road", desperately seeking support. They felt like they had exhausted other options, and finding the programs at the Sanctuary was a pivotal moment of hope. Steph shared how deeply she was struggling, recounting "if this is not going to work out, I'm not going to keep going". She felt unsupported by her family and medical professionals, describing herself as being in such a dark, emotional place that she had "tried to commit **suicide** a few times". Cassia explained how she had reached a low point: "I really was just exhausted, emotionally, mentally, physically". She applied to join the program after dealing with panic attacks and social anxiety that had made her daily life difficult. Similarly, Dahlia explained that she had been struggling with burnout and mental health challenges and hoped one of the Sanctuary's programs could provide relief.

5.3.2 Key features of the program

Participants described how the programs offer a holistic, trauma-informed approach that provides substantial benefits associated with the bond formed with the horses, the safe and supportive environment, the peaceful natural setting, and the pivotal role of the practitioners.

5.3.2.1 Connection with the horses

The connection with the horses was described as **therapeutic** and **healing** by several interviewees and in many participant testimonials. A volunteer explained that the horses have a profound understanding of human emotions: "animals really do get us... they can tell you more about yourself than any therapist will". Cassia also described the power of the one-on-one interaction with the horses: "I felt the one-on-one was exceptional... it was all about me and the horses, and I didn't have to share them with anybody", while Dahlia mentioned how her connection with the horses helped her regain strength and confidence: "I [became] really close with all of the horses... my strength within myself... grew immensely".

The phrases "**being part of the herd**" and "being with the herd" were mentioned in several instances, highlighting the participants' deep connection with the horses at the Sanctuary. Dahlia explained how her connection with the herd evolved during her 12-week program: "You actually become part of the herd if that makes sense. So that was really heartwarming for me... being there with them and learning about them... over time it just changed [me] so much in a really good way ". This quote highlights the development of a sense of **belonging** with the herd, which played a significant role in the participants' healing process and personal growth. Similarly, volunteers repeatedly emphasised the healing power of being in nature and connecting with the horses, as the animals provided a sense of peace and mindfulness that contributed to emotional wellbeing.



5.3.2.2 Safe and supportive environment

The safe and **supportive** environment created at the Sanctuary, that allowed participants to process their emotions **without fear of judgment**, was praised by several interviewees and in participant testimonials. Steph expressed: "I feel good. I feel safe. Sometimes I'm not... but I feel the support here... the energy here [is] very safe." Willow's mother mentioned how the Sanctuary created "such a safe space for somebody that's going through things... you literally can... sit down and just watch the horses". In addition, Dahlia noted: "I felt so safe. I felt so... welcome to be there." The sense of safety was a critical part of the healing experience at Hoofbeats, contributing to the participants' emotional wellbeing. Notably, the program's trauma-informed approach was also praised by the volunteers for creating a non-judgmental space where participants feel safe, respected and supported.

5.3.2.3 Physical environment

The physical environment at the Sanctuary is described as a **serene, tranquil** space that plays a significant role in the healing process for participants. The peaceful surroundings, natural beauty, and privacy helps participants feel safe, calm, and connected to nature and contributes to the overall therapeutic atmosphere. The environment at the Sanctuary is described as being intentionally quiet, with few people around during therapy sessions. This sense of isolation adds to the feeling of safety

and privacy, which was crucial for many participants. Steph described: "It was quiet. I felt good because it was private." The sense of privacy allowed participants to open up and process their feelings in a supportive, **non-judgmental** environment. Willow's mother highlighted the importance of the natural surroundings at the Sanctuary, describing it as "so serene." She noted how the peaceful setting was particularly important for those struggling with mental health challenges, as it provided a much-needed contrast to the overstimulation of everyday life. She emphasised, "Just going there... and listening to the birds and looking at the green... is really good for your soul". Similarly, Steph described feeling immediate comfort upon arriving at the Sanctuary, remarking: "I felt good because... it was very natural". This peaceful, natural environment, combined with the presence of animals, is a critical factor in participants' emotional regulation and healing.

5.3.2.4 Pivotal role of the practitioners

The pivotal role of the practitioners was highlighted repeatedly in the participant testimonials. Many participants expressed a strong **connection** with their **practitioner**, who made them feel listened to, validated, respected, supported, and safe. The importance of the practitioners in the participant's healing journey was also highlighted in the interviews. Steph felt a deep sense of trust



with Olivia right from their first conversation: "I felt like I could trust her from the start, and I told her everything about me". This initial connection was crucial to her opening up about her struggles. Dahlia described Marie's impact on her life as **transformative**: "Marie... changed my life. She's just an incredible woman". In support, Willow's mother noted "Marie is just so unassuming and so gentle and so...not confronting...without Marie, it would have been a longer slower process, and I don't know whether we would have gotten to the same place that we did". Finally, Cassia emphasised the difference Olivia's personal experience made in how she approached their sessions: "Olivia shared a bit about her story with me... I knew she understood that I wasn't crazy... having a 'counsellor' like that who's been where you've been... makes a difference". These quotes reflect how essential the personal understanding and care from the practitioners was to the healing and emotional journeys of the program participants. The empathy and genuine connection from Marie and Olivia provided not only emotional support but also a sense of trust.

5.3.3 Learning from the program

The participant testimonials revealed the participants benefited from learning a variety of skills through their participation in the program, including emotional processing and regulation, grounding techniques, techniques for establishing and respecting boundaries, communication and social skills, as well as building trust and self-worth.

Emotional processing and regulation were important skills highlighted by many participants as benefits from the program. Several participants expressed an increased confidence to self-regulate using mindfulness and breath-control techniques. Dahlia learned valuable coping strategies to assist in managing grief and trauma: "I learned a lot about grounding and breathing techniques... I've used those techniques outside." Willow learned to process her emotions by connecting her experiences with the behaviour of the horses. After each session, she would reflect on what she learned, applying the lessons about horse behaviour to her own emotional management: "Mum, you know I learnt this about the horses...when they're stressed, they do this, and this is what helps them... and I think that I could [apply it to myself]". In addition, Steph reflected on how interacting with the horses revealed patterns of emotional regulation, as the horses have the capacity to let go of emotions, rather than retaining them: "they maybe get afraid... but then they go back to grazing again". This observation helped her understand how to release stress instead of holding onto it, learning to manage stress by mimicking the horses' actions: "Horses do out breaths, and that helps me as well". This technique provided her with a practical way to release stress and regulate her emotions, demonstrating the development of self-efficacy (an increased belief in one's abilities and capacity to handle challenges).

Cassia highlighted how her involvement in the program helped her to establish boundaries and communicate openly with people. She described instances of standing up for herself at work and resolving long-standing misunderstandings with others in her life, which she attributes to improved communication and assertiveness, and knowledge of boundaries: "I could stand up for myself... I wasn't going to put up with that behaviour anymore". In addition, Willow's mother explained that Willow learned valuable social skills in a less intimidating space: "She learned in a really gentle environment... skills that she couldn't practice in big noisy crowded environments". Willow's experience with Marie also fostered trust over time. Willow's mother described how her daughter, initially resistant to talking to others, gradually felt safe enough to open up due to Marie's gentle, non-confronting approach: "There was no expectation that she was actually going to... talk or do anything. She was really there just to be, and Marie let her just be". Further, Steph expressed how connecting with the program practitioner, Olivia, allowed her to share deeply personal information she had previously withheld: "I told her everything... I felt like I could trust her". These examples demonstrate how participants learned to establish boundaries, communicate openly, develop social skills, and build trust with others through the supportive, non-judgmental approach of the programs and practitioners.

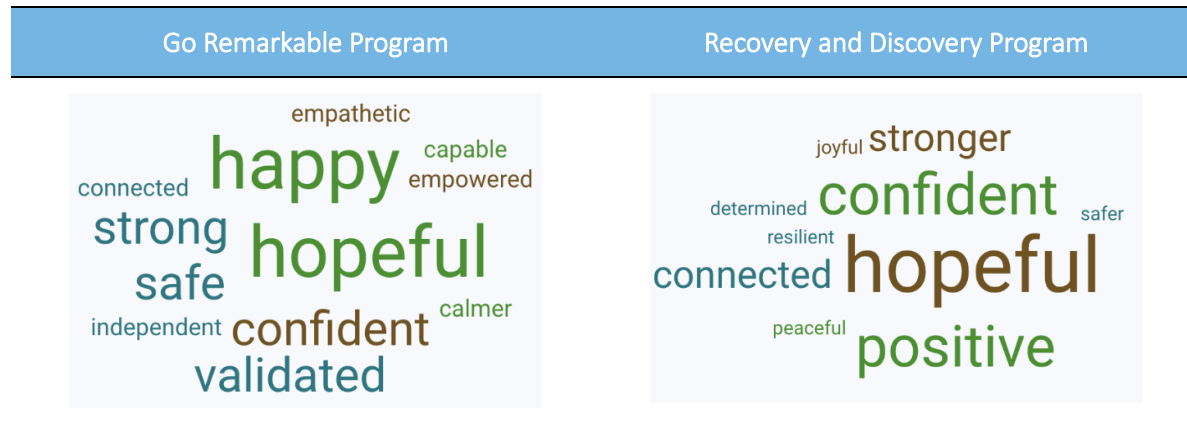


5.3.4 Life improvements post-program

After completing the program, the participants reported significant improvements in mental health and emotional wellbeing, increased confidence, improved relationships, and improvements in their ability to cope with daily life challenges. Figure 6 shows word clouds depicting participants' feelings

following completion of their program. These were developed from participant testimonials and summaries of the testimonials can be found in Appendix 11.

Figure 6. Feelings Post-program



5.3.4.1 Impact on mental health and emotional wellbeing

Most participants emphasised the profound impact the program had on their mental health and emotional healing. Willow's mental health symptoms reduced significantly following the program: "We went from living with a child... [who] had to be monitored 24/7...to just being a kid again." Willow's mother highlighted how the program "was **literally life-changing**". Dahlia mentioned how the program helped her cope with grief and trauma: "it's actually... helped me about 80% of my whole grief journey", while Steph described how the program became a crucial turning point in her mental health recovery recounting "**this program saved my life**".

5.3.4.2 Improved relationships

The programs not only helped participants with their personal healing but also enhanced their capacity to build and maintain **healthy relationships with family, peers, and others**. In addition to the example provided by Willow's mother of her daughter's mental health improvement leading to healthier family interactions, Dahlia explained how the emotional healing she experienced at the Sanctuary helped her nurture family relationships: "Even on the days when I want to be alone, I'm creating a relationship with my grandchildren, and they love me". The program has had positive impact on her emotional wellbeing and empowered her to engage more meaningfully with her family.

5.3.4.3 Increased confidence and reduced social anxiety

The interviewees shared stories of increased confidence and strength, aligning with the development of self-efficacy. Dahlia described how her **self-confidence** and strength grew during the program: "At the start, I looked at the ground when I walked... by the end, I walked in with my head up... my strength grew immensely". This personal growth extended into her daily life, impacting her interactions and emotional resilience. This increased confidence combined with an increase in **self-worth** and **self-love** was also reported in many of the participant testimonials. Further, a reduction in social anxiety was an improvement cited by several program participants. Prior to the program, Willow "was very frightened of... social interaction, and very intimidated by...social situations". Following completion of the program, Willow experienced significant improvements in her social anxiety and was able to

manage her social interactions more effectively: "She's gone from strength to strength since then... she's happy and healthy". The program enabled Willow to gradually **build confidence** in social settings, decreasing social isolation and increasing social participation.

5.3.4.4 *Sense of purpose and self-discovery*

Participant testimonials and interview data indicated many participants achieved a sense of purpose, self-discovery, and a reason to keep going following completion of the program. Steph shared how her involvement with the Sanctuary led her to pursue further education in Equine Assisted Learning, saying, "It helped me so much... I'm now studying it as well". For her, the program was not just a healing experience but also a **discovery of a new path in life**, providing her with a **sense of purpose**.

5.3.4.5 *Long term impacts*

The participant testimonials and interviews revealed that the many participants identified the importance of learning such as breathing and grounding techniques for emotional regulation and explained how they continued to practice these skills to help them **cope with everyday life**. Dahlia shared that while she had some setbacks after the program, she could go "back to my breathing techniques...I would sit back and rethink on our lessons and what we did... [and I realised] I could really use that... to help me keep going forward". Steph explained how she continues to rely on what she learned during her program: "I am still sometimes struggling... [so] I'm doing [grounding] every day". She cited a recent example of having a "mental breakdown" in a public area, where she was able to use grounding to "fully calm...down". These new skills help participants **cope with triggering situations effectively**, increasing their self-agency and empowerment. Cassia explained her journey towards taking ownership of her choices and wellbeing: "I realised that it's not the end of the world if I go and I don't get on with them... It's about learning control in my life, having control over stuff that affects me". These examples illustrate how the program equips participants with lasting skills, fostering sustained improvements in emotional wellbeing and resilience over time.

5.3.4.6 *Summary of post-program improvements*

Overall, the program provided participants with **improved mental health** and **emotional wellbeing**, critical **tools** to manage strong emotions, increased **confidence**, a sense of **purpose**, the ability to **manage challenges** in their daily lives, and an overall a **positive outlook** for their **future**. This supported participants to continue to progress, even after the program ended. Willow's mother shared how her daughter **rediscovered hope** through her participation: "I could see that little spark back in her again... and the fact that she was connecting and feeling some hope... feeling some joy... it was phenomenal". In addition, the long-lasting impact of the program is reflected in Dahlia's deep sense of **gratitude**: "It **changed my life**... I would do anything for Hoofbeats". This illustrates how transformative the program was in shaping her **wellbeing** and outlook on life.

5.3.5 *Comparison with traditional therapies*

Participant testimonials indicate program participants had tried a range of traditional therapies including psychologists, psychiatrists, therapists, counsellors, and GPs, prior to commencing their program at the Sanctuary. Some of the words used in the participant testimonials to describe these traditional therapies include: "unhelpful", "draining", "harmful" and "frustrating".

The programs at the Sanctuary are **distinct from traditional therapy** in several ways. Traditional therapy was frequently described in interviews and testimonials as clinical and detached, while the programs at the Sanctuary were described as fostering a personal, emotional connection. In addition, while traditional therapy is founded on verbal and cognitive approaches, the equine-assisted programs add a **powerful non-verbal, experiential** element through **interactions** with horses in a **nature-based** setting. The horses and ponies help participants process emotions in a unique way, adding a physical and emotional connection. Cassia mentioned that her psychologist was "very clinical" and she "didn't feel emotionally attached to her or any emotion from her, but [with] the horses...you felt included". The equine connection was critical in her journey. Similarly, Steph mentioned the profound connection she developed with the horses, "[I] feel like she just gets me, and I get her", which was a unique form of emotional healing through mutual understanding and **acceptance**, that went beyond words.

The Sanctuary **tailors programs** specifically to the needs of each participant, in contrast to traditional therapy, which can feel more generalised and time constrained. Dahlia shared that "Marie made me feel like I was going there for myself, and I'm allowed to be there for myself." She contrasted this with the rigidity of sitting in a room with a therapist of a more standard therapy session where she felt the pressure of the "clock ticking". The program takes place in a **serene, natural setting**, which allows participants to feel at peace and open up emotionally. Willow's mother noted that the quiet, **tranquil space** created a "safe space" for her daughter. Traditional therapy typically occurs in an office or clinical setting, which can often lack this calming atmosphere.

Participants described the changes they experienced at the Sanctuary as being more **profound** and **long-lasting** compared to what they had achieved in traditional therapy. They attributed this to the deep, personal connections and the overall experience. Dahlia mentioned how her experience at the Sanctuary impacted her in a way traditional therapy had not, allowing her to find her "higher self" and feel **authentic** and **safe**, while Cassia expressed that while clinical therapy had provided some support, it did not deal with the "deep stuff," which she was able to address through equine assisted therapy.

5.3.6 Challenges

The interviewees and volunteers mentioned several challenges with offering the equine-assisted programs. One of the recurring concerns was that the program was **limited** in its **capacity** to help **more people**. This limitation was also highlighted in terms of the need for more practitioners. Willow's mother expressed the desire for more people to be able to access the program, saying, "I [would] just love it to be more available to more people... having more resourcing to have more Marie's would help more people". Similarly, Cassia pointed out that the size of the current facility limits how many people can access the service at a time. She mentioned that the one-on-one structure, while valuable in protecting participant's privacy, restricts the number of participants that can be accommodated and suggested that "something bigger" would allow for more people to go through the programs. The volunteers confirmed the reality of this challenge with one volunteer highlighting the issue of **long waiting lists** due to limited space and capacity, stating, "We do have a massive bloody waiting list because we don't have the space".

A final issue raised by Willow's mother was the sense of loss experienced by her daughter once the program ended, specifically as Willow was too young to volunteer and continue a connection with the

Sanctuary. The feeling of **disconnection post-program** left her wanting more opportunities to stay involved after completing the program.

5.3.7 Volunteers

The role of the volunteers at the Sanctuary is multifaceted and involves a combination of direct care for the horses, program support, and maintaining the overall environment, both for the animals and participants. Their involvement is crucial to the program's operations, providing essential support to the organisation.

5.3.7.1 *Motivation for volunteering*

The volunteers expressed a range of personal and values-based motivations for their involvement with the Sanctuary, with many initially joining after completing a program at the Sanctuary. The **positive impact** of their experiences with the horses led them to **continue as volunteers**, finding deep personal **value in their roles**. Several volunteers were **motivated by their lived experience** with mental health challenges and their desire to help others facing similar issue, with volunteering for a mental health charity providing a renewed sense of **purpose**: "now you can give it back". One volunteer shared how the trauma-informed and ethical approach, both with participants and horses, aligned with her values: "Hoofbeats has a **trauma-informed approach**... not just with our service users, [but] with the horses as well... that really **resonated** with me... that's why I've stayed so long and I'm so passionate". Volunteers appreciated the **respectful treatment** of both **participants** and **horses**, which resonated with their desire to be involved in an ethical program.

The volunteers also described numerous personal and **emotional benefits**, which not only supported their own healing journeys but also allowed them to **give back to the community**. One volunteer reflected on this: "How many places give you the opportunity to reintegrate back into society, to actually make you feel worth something again?". The therapeutic power of working closely with the horses was a major benefit for the volunteers. This connection to animals and nature provided **emotional healing** for the volunteers as much as it did for the participants. Some volunteers highlighted the **physical benefits** of the hands-on work, which helped them stay grounded. One volunteer described how engaging in the physical work helped her **disconnect from negative thoughts**: "Doing the physical work just gets you back into your body and out of your brain". This combination of physical labour and emotional fulfillment made the volunteer experience **rewarding**. Finally, the strong sense of **community** and **support** from other volunteers contributed to a **shared mission**, creating a meaningful sense of **belonging**: "I feel supported by good people who also have all gone through struggles like me". This sense of belonging and purpose was a common thread in the volunteers' experiences.

5.3.7.2 *The Sanctuary's values*

The volunteers at the Sanctuary expressed a strong alignment with the organisation's values, particularly focusing on **trauma-informed care**, **respect**, **ethical** treatment, and providing **equitable access** to those in need. The volunteers emphasised that the entire program, both for humans and horses, operates under an ethical, trauma-informed approach.

A key value at the Sanctuary is the **ethical treatment of horses**. The volunteers described how the program is designed to work with the horses rather than treating them as objects for therapy. One volunteer explained, "The horses are respected here. They're not just an animal or an object". They also commented that this approach contrasts with equine programs that view horses as tools, rather than sentient beings.



The **connection with nature** and the holistic approach to healing is also a core value at the Sanctuary. This environment creates a peaceful space for emotional healing, helping individuals reconnect with themselves through interactions with animals and nature.

The Sanctuary strives to provide mental health services for individuals who may not have access to traditional care due to financial constraints. One volunteer expressed how important it is that the Sanctuary offers these programs free: "For us to be able to provide that to people in need for free, I mean that to me is one of the biggest positives of this place". This reflects the organisation's mission to **support the most vulnerable** members of the community. These values illustrate the Sanctuary's commitment to creating a compassionate, respectful, and inclusive environment that prioritises the wellbeing of both its participants and its animals.

5.4 ALIGNMENT BETWEEN MENTAL HEALTH PRIORITIES AND PROGRAMS

Table 10 provides an overview of how the two programs offered at the Sanctuary address current government priority areas.

Table 10. Alignment between government mental health priority areas and the programs

Government Priorities	The Programs
Suicide prevention	No delay referral process (self-refer via the website). Priority allocations. Program Director triages applications to identify individuals with highest needs. Scholarships available to cover cost of program. Several participants indicated they had suicidal ideation pre-program but did not have those same ideation/thoughts post-program.
Stigma reduction	Self-stigma addressed through education, self-awareness and self-acceptance. Public stigma addressed through 'Open House' events to educate the public on mental health. Peer-led facilitation, where facilitators have lived-experience of mental health concerns and trauma, helps reduce stigma.
Trauma-informed approaches	The minimum training for the practitioners is Equine Assisted Learning and counselling. Many have additional qualifications. All have lived experience.

	Trauma-informed programs are well positioned to support individuals affected by a disaster.
Alcohol and other drugs	The programs provide education on a range of topics, meeting the person 'where they are'.
Specialised services for minority groups and priority populations	Current focus: Women and girls who have mental health concerns (mainly trauma-based). Other priority populations: Aboriginal and Torres Strait Islander peoples; LGBTQI+ community; Veterans
Specific life-stage support. Mental health and wellbeing of children and young people.	Go Remarkable program is for girls and younger women 12-24 yrs. Recovery and Discovery program is for women aged >25 yrs.
Integration of lived experience in service design and delivery	The programs are designed and delivered by women with lived experience of trauma.
Mentally healthy workplaces	The Sanctuary upholds trauma-informed approaches for its paid and unpaid workforce.

5.5 ALIGNMENT BETWEEN OUTCOME OBJECTIVES AND FINDINGS

A summary of the alignment between the program outcome objectives and the key findings of the service evaluation (by report section) is provided in Table 11, Table 12 and Table 13. This is provided to illustrate that there is clear evidence that the intended objectives of the two programs are being achieved.

Table 11. Mapping alignment of initial program outcome objectives

Program outcomes (both programs)	Section of Findings in this Report	
	Quant	Qual
Learn to recognise physical and emotional responses to internal and external stressors (triggers)	5.2.2	5.3.3; 5.3.4.5
Learn to control physical and emotional responses to internal and external stressors (triggers)	5.2.1, 5.2.2	5.3.3; 5.3.4.5
Feel more confident to self-regulate using mindfulness and breath-control techniques for self-regulation	5.2.1, 5.2.2	5.3.2.1; 5.3.3
Experience fewer and less intense symptoms of anxiety, depression and PTSD	5.2.1, 5.2.2	5.3.4.1; 5.3.4.3
Develop a sense of hope for a positive future	5.2.2	5.3.1; 5.3.4.4; 5.3.4.6

Table 12. Mapping alignment of intermediate program outcome objectives

Program outcomes (both programs)	Section of Findings in this Report	
	Quant	Qual
Intermediate Outcomes		
Increase in self-efficacy	5.2.1, 5.2.2	5.3.3; 5.3.4.3
Increase self-agency and empowerment	5.2.1, 5.2.2	5.3.4.5
Mental Health & wellbeing scores >30%	5.2.1, 5.2.2	5.3.4; 5.3.4.1
Decrease social isolation/Increase social participation	5.2.1, 5.2.2	5.3.3
Increase self-confidence and self-esteem	5.2.1	5.3.3; 5.3.4.3
Increase knowledge of impact of trauma on Mental Health	5.2.2	5.3.3
Increase knowledge of green and blue spaces on Mental Health (biophilia)	5.2.2	5.3.2.3
Improve quality of relationships with parents and peers	5.2.1, 5.2.2	5.3.3; 5.3.4.1

Table 13. Mapping alignment of ultimate program outcome objectives

Program outcomes (both programs)	Section of Findings in this Report	
	Quant	Qual
Ultimate Outcomes		
Decrease self-harm behaviours (e.g., substance use, self-harm, eating disorders, thoughts of suicide)	5.2.1	5.3.1; 5.3.4.1
Increase positive lifestyle behaviours		5.3.4
Improve quality of life		5.3.4.1
Maintain positive change over time	5.2.1	5.3.2.1; 5.3.2.4; 5.3.4.4; 5.3.4.5
Positive mental health reported (e.g., reports life satisfaction and happiness)	5.2.1, 5.2.2	5.3.4.1; 5.3.4.3; 5.3.4.4
Increases social participation (e.g., education, work, hobbies, friendships)	5.2.1, 5.2.2	5.3.4.2; 5.3.4.3; 5.3.4.4

6 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Mental illness is the most prevalent chronic health condition in Australia, affecting 26.1% of the population (Australian Bureau of Statistics, 2023). The incidence of mental health issues has been increasing, with the proportion of adults reporting high psychological distress rising from 10.8% in 2011 to 14.4% in 2022 (National Mental Health Commission, 2024). The impact is particularly significant among young women, with **45.5%** of females aged 16-24 years reporting mental health disorders in the past year (NMHC, 2024).

The Sanctuary offers two trauma-informed equine-assisted programs to support girls and women to build knowledge and skills to **address the impact of trauma** on mental health and wellbeing. Trauma-informed care recognises the widespread effects of trauma and integrates this understanding into practice to avoid re-traumatisation and support healing.

The two programs, "Go Remarkable" and "Recovery and Discovery," are facilitated by certified **Equine Assisted Learning practitioners** who are also individuals with **lived experience**. The equine-assisted approaches employed at the Sanctuary are simultaneously educational and experiential. Practitioners facilitate ground-based, rather than riding-based, observations of and interactions with horses and ponies to understand equine body language and herd behaviour. Through these immersive interactions participants learn about trust, boundaries, mindfulness, distress tolerance, and emotional regulation. The approach of learning through doing in equine-assisted therapy contributes to **functional and structural brain alterations** (Zhu, et al., 2021) that that can positively impact how the brain responds to triggers, enabling participants to learn new ways to process deep emotions in a supportive environment.

The impact of the programs was rigorously evaluated through both quantitative and qualitative measures. Statistical analysis of data from the Warwick-Edinburgh Mental Wellbeing Scale and the Adult Wellbeing Scale revealed **highly significant improvements in participants' wellbeing** from pre- to post-program, underscoring the effectiveness of the interventions. Qualitative data from interviews and participant testimonials, indicated **increased emotional resilience**, improved **self-regulation**, and enhanced **coping skills**. Notably, the areas of most significant change differed between girls and women, highlighting the tailored impact of the programs.

Participants reported **substantial benefits** from the program, including a sense of connection, increased **confidence**, and improved **relationships**. Many highlighted the **therapeutic bond** with the practitioner and the horses, the safe and calming **environment**, and the holistic, **trauma-informed** approach as critical factors in their progress. Skills such as breathing techniques, mindfulness, boundary-setting, and emotional regulation learned during the program continued to be utilised by participants in their everyday lives after the program was completed.

The Sanctuary **deserves recognition** for its contribution **to improving mental health** for the 47 women and girls that have completed one of the two programs since 2023. Today, the biggest challenge faced by the Sanctuary is its limited capacity to serve more participants due to **resource limitations** (money and space). Only a small **fraction of revenue** comes from service fees, so the Sanctuary relies primarily on external funding, with 95% of income derived from donations, grants, and sponsorships. The

Department of Social Services has provided partial funding under the "Strong and Resilient Communities" grant, but this ends in June 2025.

This service review has shown that the equine-assisted programs delivered by the Sanctuary are providing impactful and enduring results for participants. These outcomes are a result of:

- The vision and leadership of Barb Blashki, CEO and founder of Kanyini Connections, the Program Leadership Team, and the dedicated team of volunteers
- The strong organisational culture founded on equal respect for humans and animals
- The trauma-informed approaches that underpin the organisation's philosophies and practices
- The focus on equity by providing programs to those with the most pressing needs
- The purposeful selection of practitioners with lived experience of mental health concerns
- The selection of the Equine Psychotherapy Institute as the central training organisation
- The tranquil, nature-based setting where the programs are delivered
- The ability to tailor each program for each participant, meeting them "where they are"

6.1 CONCLUSION

Since 2019, the Sanctuary has played a vital role in enhancing the mental health of the 47 women and girls it has served. This service review has demonstrated how the two programs delivered by the Sanctuary are providing impactful and enduring results for participants. Despite not marketing or advertising its programs, both programs frequently have long waitlists. Today, the Sanctuary's greatest challenge is its limited ability to accommodate more participants due to resource constraints, including funding and space. With only a small portion of its revenue generated from service fees, the Sanctuary depends heavily on external funding, with 95% of its income coming from donations, grants, and sponsorships. Partial funding has been provided by the Department of Social Services under the 'Strong and Resilient Communities' grant, but this support is set to end in June 2025. Ongoing funding remains the biggest risk to the sustainability of the programs.

6.2 RECOMMENDATIONS

1. **Raise Awareness:** Implement targeted marketing strategies to enhance understanding of the positive impact of the programs at the Sanctuary. Leverage this to attract additional sponsors or partners.
2. **Program Development:** Continue refining the existing programs to maximise tailored benefits for different demographics.
3. **Stakeholder Engagement:** Continue to strengthen existing partnerships and build new relationships with potential donors, grant providers, and community partners to ensure long-term sustainability.
4. **Secure Funding:** Develop a strategic funding plan to address the impending loss of the 'Strong and Resilient Communities' grant in June 2025.
5. **Expand Capacity:** Once further funding has been secured, increase resources such as space, staffing, and programs to accommodate more participants.

REFERENCES

- Amiot, C. E., & Bastian, B. (2015). Toward a psychology of human–animal relations. *Psychological Bulletin*, *141*(1), 6–47. <https://doi.org/10.1037/a0038147>
- Australian Bureau of Statistics. (2023). *Health conditions prevalence*. Health Conditions and Risks. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/health-conditions-prevalence/latest-release#long-term-health-conditions>
- Australian Bureau of Statistics. (2023). *National, state and territory population*. <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>
- Braun, V., & Clarke, V. (2021). *Thematic Analysis: A Practical Guide*. SAGE Publications Ltd.
- Buck, P. W., Bean, N., & De Marco, K. (2017). Equine-Assisted Psychotherapy: An Emerging Trauma-Informed Intervention. *Advances in Social Work*, *18*(1), 387–402. <https://doi.org/10.18060/21310>
- Burgon, H., Gammage, D., & Hebden, J. (2018). Hoofbeats and heartbeats: Equine-assisted therapy and learning with young people with psychosocial issues – theory and practice. *Journal of Social Work Practice*, *32*(1), 3–16. <https://doi.org/10.1080/02650533.2017.1300878>
- Cohen, J. (1992). Statistical Power Analysis. *Current Directions in Psychological Science*, *1*(3), 98–101. <https://doi.org/10.1111/1467-8721.ep107687>
- Correll, C. U., Galling, B., Pawar, A., Krivko, A., Ruggeri, M., Craig, T. J., Nordentoft, M., Srihari, V. H., Guloksuz, S., Hui, C. L. M., Valencia, M., Juarez, F., Robinson, D. G., Schooler, N. R., Brunette, M. F., Mueser, K. T., Rosenheck, R. A., Marcy, P., & Kane, J. M. (2018). Comparison of Early Intervention Services vs Treatment as Usual for Early-Phase Psychosis: A Systematic Review, Meta-analysis, and Meta-regression. *JAMA Psychiatry*, *75*(6), 555–565. <https://doi.org/10.1001/jamapsychiatry.2018.0623>
- Department of Health and Aged Care. (2022). *National Mental Health Workforce Strategy 2022-2032* (DT0002637; p. 68). Department of Health and Aged Care. <https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf>
- Founds, S. D. (2024). Trauma-informed librarianship: An exploratory literature review of trauma-informed approaches in school, academic and public libraries. *Reference Services Review*, *52*(1), 7–22. <https://doi.org/10.1108/RSR-03-2023-0030>
- Fuller-Lovins, S., Kanamori, Y., Myers, C. E., & Cornelius-White, J. H. D. (2023). The Effectiveness of Equine-Assisted Mental Health Interventions for Youth: A Meta-Analysis of Controlled Studies. *Adolescent Research Review*, *8*(4), 495–506. <https://doi.org/10.1007/s40894-023-00209-9>

- Joschko, L., Pálsdóttir, A. M., Grahn, P., & Hinse, M. (2023). Nature-Based Therapy in Individuals with Mental Health Disorders, with a Focus on Mental Well-Being and Connectedness to Nature—A Pilot Study. *International Journal of Environmental Research and Public Health*, *20*(3), 2167. <https://doi.org/10.3390/ijerph20032167>
- Kanyini Connections Ltd. (2024). *Hoofbeats Sanctuary*. Hoofbeats Sanctuary. <https://hoofbeats.org.au/>
- Lee, P.-T., & Makela, C. (2018). Mental health practitioners' strategies in equine-assisted psychotherapy: Implications for social work. *Social Work Education*, *37*(1), 119–135. <https://doi.org/10.1080/02615479.2017.1378318>
- Levinson, B. M. (1978). Pets and Personality Development. *Psychological Reports*, *42*(3_suppl), 1031–1038. <https://doi.org/10.2466/pr0.1978.42.3c.1031>
- Mueller, M. K., & McCullough, L. (2017). Effects of equine-facilitated psychotherapy on post-traumatic stress symptoms in youth. *Journal of Child and Family Studies*, *26*(4), 1164–1172. <https://doi.org/10.1007/s10826-016-0648-6>
- Naste, T. M., Price, M., Karol, J., Martin, L., Murphy, K., Miguel, J., & Spinazzola, J. (2018). Equine facilitated therapy for complex trauma (EFT-CT). *Journal of Child & Adolescent Trauma*, *11*(3), 289–303. <https://doi.org/10.1007/s40653-017-0187-3>
- National Mental Health Commission. (2024). *National Report Card 2023* (p. 33). NMHC. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-07/national-report-card-2023_0_0.pdf
- Nimer, J., & Lundahl, B. (2007). Animal-Assisted Therapy: A Meta-Analysis. *Anthrozoös*, *20*(3), 225–238. <https://doi.org/10.2752/089279307X224773>
- Oh, K. H., Shin, W. S., Khil, T. G., & Kim, D. J. (2020). Six-Step Model of Nature-Based Therapy Process. *International Journal of Environmental Research and Public Health*, *17*(3), 685. <https://doi.org/10.3390/ijerph17030685>
- Phoenix Australia. (2024). *Understanding Trauma. Renewing Lives*. <https://www.phoenixaustralia.org/>
- Punzo, K., Skoglund, M., Carlsson, I.-M., & Jormfeldt, H. (2022). Experiences of an Equine-Assisted Therapy Intervention among Children and Adolescents with Mental Illness in Sweden—A Nursing Perspective. *Issues in Mental Health Nursing*, *43*(12), 1080–1092. <https://doi.org/10.1080/01612840.2022.2126571>
- Queensland Government. (2024). *Chronic Medical Conditions Manual: Section 3—Adult health checks. Social-emotional wellbeing (adult)*. Chronic Medical Conditions Manual. <https://www.ccm.health.qld.gov.au/adult-health-checks/social-emotional-wellbeing-adult>
- Queensland Government. (2024). *Mental health: Report of the Chief Health Officer Queensland*. Retrieved from <https://www.choreport.health.qld.gov.au/our-health/mental-health> (last updated May 2023)

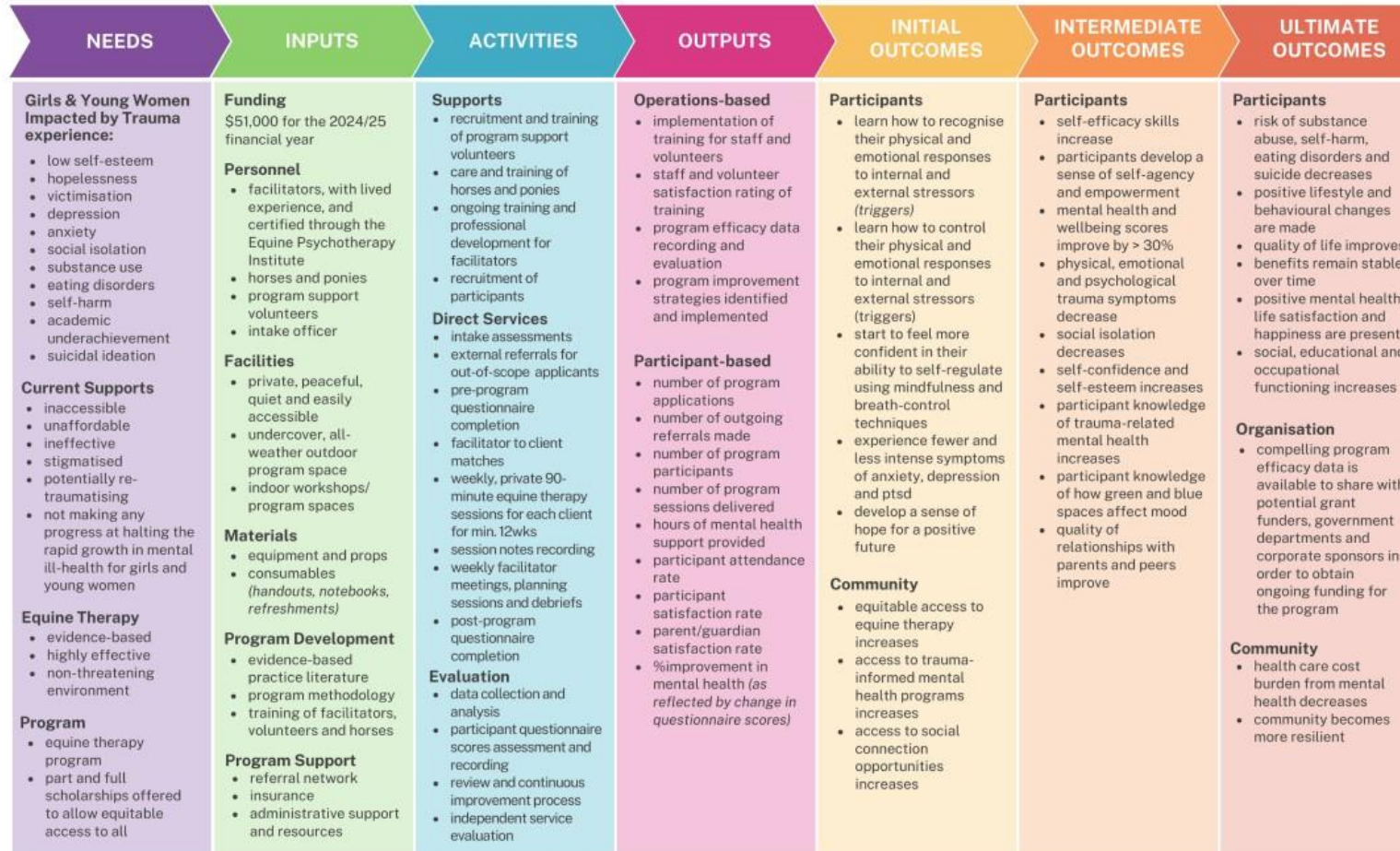
-
- Selby, A., & Smith-Osborne, A. (2013). A systematic review of effectiveness of complementary and adjunct therapies and interventions involving equines. *Health Psychology, 32*(4), 418–432. <https://doi.org/10.1037/a0029188>
- Substance Abuse and Mental Health Services Administration. (2023). *Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach* (PEP23-06-05–005; p. 41). National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration. <http://store.samhsa.gov>
- Tambyah, R., Olcoń, K., Allan, J., Destry, P., & Astell-Burt, T. (2022). Mental health clinicians' perceptions of nature-based interventions within community mental health services: Evidence from Australia. *BMC Health Services Research, 22*(1), 841. <https://doi.org/10.1186/s12913-022-08223-8>
- The Equine Psychotherapy Institute*. (2023). <https://www.equinepsychotherapy.net.au/>
- Trösch, M., Cuzol, F., Parias, C., Calandreau, L., Nowak, R., & Lansade, L. (2019). Horses Categorize Human Emotions Cross-Modally Based on Facial Expression and Non-Verbal Vocalizations. *Animals, 9*(11), 862. <https://doi.org/10.3390/ani9110862>
- University of Warwick. (2006). *Warwick Edinburgh Mental Wellbeing Scale*. University of Warwick.
- Van Der Kolk, B. A. (2015). *The body keeps the score: Mind, brain and body in the transformation of trauma*. Penguin Books.
- Wilson, K., Buultjens, M., Monfries, M., & Karimi, L. (2017). Equine-Assisted Psychotherapy for adolescents experiencing depression and/or anxiety: A therapist's perspective. *Clinical Child Psychology and Psychiatry, 22*(1), 16–33. <https://doi.org/10.1177/1359104515572379>
- Zhu, X., Suarez-Jimenez, B., Zilcha-Mano, S., Lazarov, A., Arnon, S., Lowell, A. L., Bergman, M., Ryba, M., Hamilton, A. J., Hamilton, J. F., Turner, J. B., Markowitz, J. C., & Neria, Y. (2021). Neural changes following equine-assisted therapy for posttraumatic stress disorder: A longitudinal multimodal imaging study. *Human Brain Mapping, 42*(6), 1736–1747. <https://doi.org/10.1002/hbm.25360>

APPENDICES

Appendix 1. Go Remarkable Program Logic Model	33
Appendix 2. Recovery and Discovery Program Logic Model.....	34
Appendix 3. Warwick Edinburgh Mental Wellbeing Scale	35
Appendix 4. Adult Wellbeing Questionnaire	36
Appendix 5. Client Report Form	37
Appendix 6. Service Review Process.....	38
Appendix 7. Mean, standard deviations for women and girls Paired Samples Effect Sizes for all participants (women and girls combined), Warwick-Edinburgh Mental Wellbeing Scale	40
Appendix 8. Comparison of girls' and women's responses to Warwick Edinburgh Mental Wellbeing Scale	41
Appendix 9. Mean, standard deviations for women and girls Paired Samples Effect Sizes for all participants (women and girls combined), Adult Wellbeing Questionnaire	42
Appendix 10. Case Studies	43
Appendix 11. Testimonials.....	47

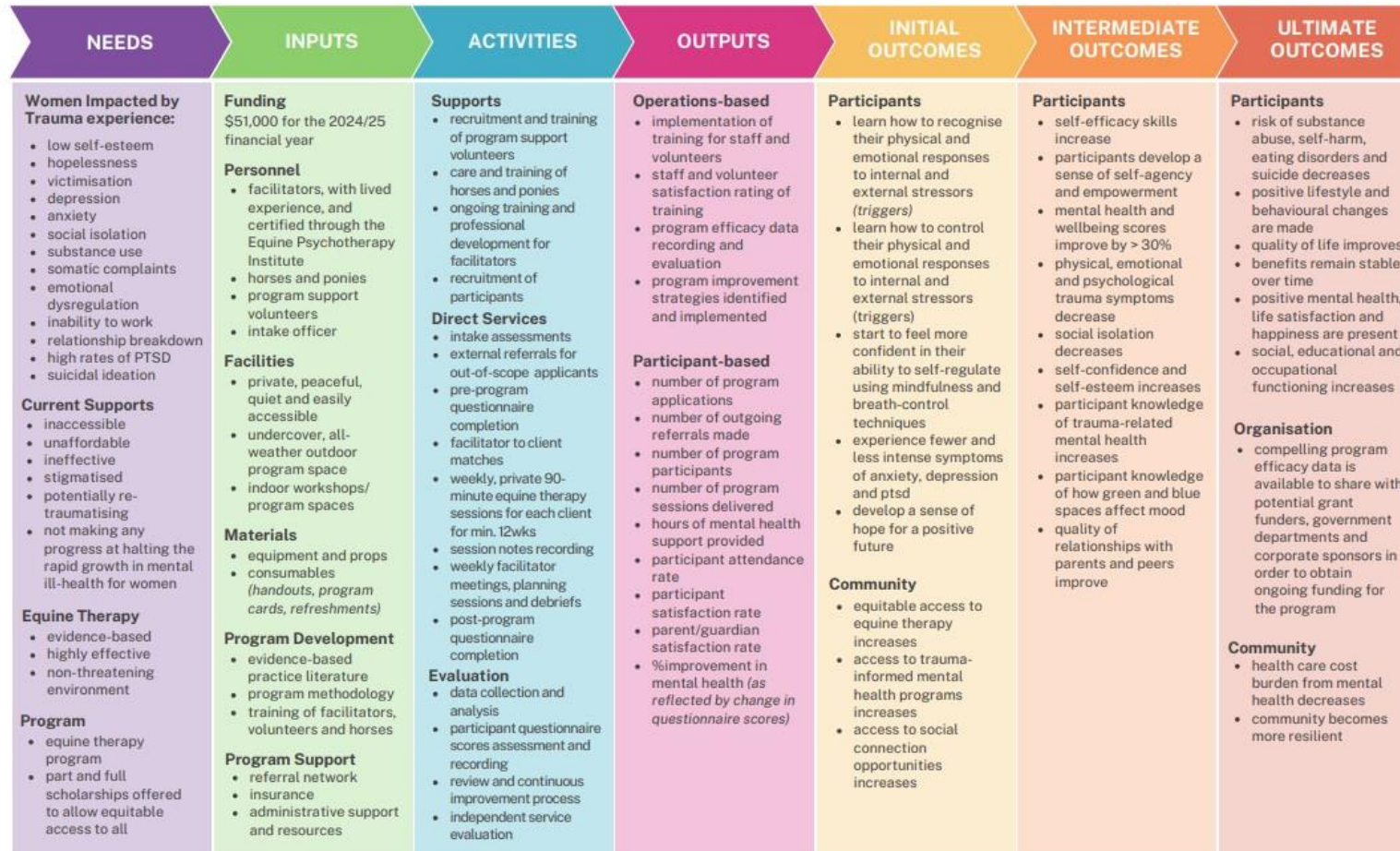
Appendix 1. Go Remarkable Program Logic Model

GO REMARKABLE PROGRAM LOGIC MODEL



Appendix 2. Recovery and Discovery Program Logic Model

RECOVERY & DISCOVERY PROGRAM LOGIC MODEL



Appendix 3. Warwick Edinburgh Mental Wellbeing Scale

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

	<i>None of the Time</i>	<i>Rarely</i>	<i>Some of the Time</i>	<i>Often</i>	<i>All of the Time</i>
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © University of Warwick 2006, all rights reserved.

Appendix 4. Adult Wellbeing Questionnaire

Adult Wellbeing Questionnaire

Circumstances - Please tick the box under the statement that best describes your circumstance

1	Mental health, wellbeing & self-care	My mental health is very poor and this has a profound negative impact on my daily life <input type="checkbox"/>	My mental health is quite poor and this has a negative impact on my daily life <input type="checkbox"/>	My mental health is okay and only sometimes negatively impacts my daily life <input type="checkbox"/>	My mental health is quite good and only occasionally negatively impacts my daily life <input type="checkbox"/>	My mental health is very good and rarely if ever negatively impacts my daily life <input type="checkbox"/>
2	Community participation & networks	I feel very isolated. I have very little contact with friends, family or people in the community. I have no support. <input type="checkbox"/>	I feel fairly isolated. I have little contact with friends, family, or people in the community. I have little support. <input type="checkbox"/>	I feel somewhat connected. I have some contact with friends, family, or people in the community. I have some support. <input type="checkbox"/>	I feel fairly connected. I have a reasonable amount of contact with friends, family, or people in the community. I have pretty good support. <input type="checkbox"/>	I feel very connected. I have a lot of contact with friends or family, or people in the community. I have great support. <input type="checkbox"/>

Goals - Please tick the box under the statement that best describes your situation

2	Knowledge	I know nothing about the issues I sought help with or how to improve my current circumstances <input type="checkbox"/>	I know a little about the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have reasonable knowledge in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have good knowledge in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have very good knowledge in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>
4	Skills	I have very poor skills in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have poor skills in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have reasonable skills in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have good skills in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>	I have very good skills in the areas relevant to meeting my needs and improving my current circumstances <input type="checkbox"/>
5	Behaviours	My behaviour has a profound negative impact on my ability to improve my circumstances <input type="checkbox"/>	My behaviour has a negative impact on my ability to improve my circumstances <input type="checkbox"/>	Sometimes my behaviour has a negative impact on my ability to improve my circumstances <input type="checkbox"/>	My behaviour generally has a positive impact on my ability to improve my circumstances <input type="checkbox"/>	My behaviour has a positive impact on my ability to improve my circumstances <input type="checkbox"/>
6	Empowerment, choice & control to make own decisions	I have no confidence to make decisions that improve my circumstances. This lack of confidence has profound negative impacts. <input type="checkbox"/>	I have limited confidence and limited power to make decision that improve my circumstances. This lack of confidence and choice has negative impacts. <input type="checkbox"/>	I have some confidence and some control in making decisions that improve my circumstances. At times a lack of confidence and choice has a negative impact. <input type="checkbox"/>	Most of the time I have high confidence and feel better empowered to make decisions that improve my circumstances. A lack of confidence rarely has negative impacts. <input type="checkbox"/>	I have very good confidence and feel empowered to make decisions that improve my circumstances <input type="checkbox"/>
7	Engagement with relevant support services	I have a lot of difficulty engaging and working with services to help me improve my circumstances <input type="checkbox"/>	I have some of difficulty engaging and working with services to help me improve my circumstances <input type="checkbox"/>	I occasionally have difficulty engaging and working with services to help me improve my circumstances <input type="checkbox"/>	I seldom have difficulty engaging and working with services to help me improve my circumstances <input type="checkbox"/>	It is easy to work with services to help me improve my circumstances. I rarely have difficulties <input type="checkbox"/>
8	Impact of immediate crisis	Right now, I am facing a crisis that I struggle to cope with and this has a negative impact on my life <input type="checkbox"/>	The immediate crisis I am facing is difficult and has a negative impact on my life. I am interested in improving this <input type="checkbox"/>	The immediate crisis I am facing is sometimes difficult but I am working with a service to improve this <input type="checkbox"/>	The crisis I am facing is lessening and the service I am working with has helped me improve this <input type="checkbox"/>	I am no longer facing an immediate crisis and the service helped me manage this <input type="checkbox"/>

Satisfaction - Please tick the box under the statement that best describes your situation

9	The service listened to me and understood my issues	The service does not listen or understand my issues at all <input type="checkbox"/>	The service listens a little bit or understands some of my issues <input type="checkbox"/>	The service sometimes listens or understands my issues <input type="checkbox"/>	The service listens to me and understands my issues a lot of the time <input type="checkbox"/>	The service always listens to me and understands my issues <input type="checkbox"/>
10	I am satisfied with the services I've received	I am not satisfied <input type="checkbox"/>	I am a little satisfied <input type="checkbox"/>	The service was ok. <input type="checkbox"/>	I am mostly satisfied <input type="checkbox"/>	I am very satisfied <input type="checkbox"/>
11	I am better able to deal with issues that I sought help with	My ability to deal with the issues I sought help with is the same <input type="checkbox"/>	I can occasionally deal with the issues I sought help with <input type="checkbox"/>	Sometimes I can deal with the issues I sought help with <input type="checkbox"/>	Most often I am able to deal with the issues I sought help with <input type="checkbox"/>	I am always able to deal with the issues I sought help with <input type="checkbox"/>

Appendix 6. Service Review Process

Stage 1: Initial information gathering

Information about the two programs was obtained from their website and by emailing questions to the CEO. This process provided the evaluation team with a broad understanding of the process of delivering the two programs and the delivery context. Next, the team met with the CEO and Program Director online to develop a more nuanced understanding of the programs, the staff, the staff training, the location of the program, funding and fundraising, and how participant outcomes are evaluated.

Stage 2: Collation of existing data

The Program Director de-identified, collated and sent all existing evaluation data, including the pre-, mid-, and post-program data obtained from the Warwick-Edinburgh Mental Wellbeing Scale, the Adult Wellbeing Questionnaire, and the Client Report Forms to the evaluation team. The evaluation team organised the quantitative data using Excel, and then the data was exported to SPSS for analysis.

The qualitative data from the Client Report Forms and Client Testimonials were read and collated in Word documents in preparation for analysis. Through this process, the evaluation team familiarised themselves with the dataset and decided on the most suitable data analysis approaches.

Stage 3: Analysis of existing data

Quantitative analysis. In SPSS, each participant's pre- and post-data for the Warwick-Edinburgh Mental Wellbeing Scale and the Adult Wellbeing Questionnaire were compared to understand the effects of the program. Individual items of the scale, as well as total scores were used. The data from the questionnaires was analysed using a mixed ANOVA, comparing Group (Women, Girls) and Time (pre-, post-program), followed by paired samples t-tests, with Cohen's d calculated to show the magnitude of the effects (with effect sizes taken as small ($d = .20$), medium ($d = .50$) and large ($d = .80$)) (Cohen, 1992).

Qualitative analysis. The qualitative data were analysed using a thematic analysis approach. Thematic analysis involves reading text to find repeated patterns of meaning to enable the researcher to identify and name concepts which can be brought together as themes (Braun & Clarke, 2021). Themes were then assessed against the questionnaire data to ensure the attribution of meaning to the human experience was accurate and to ensure the themes provide a credible account of the data (Braun & Clarke, 2021).

During the data analysis process, the evaluation team kept notes on their observations and questions to inform the questions for the interviews planned for the next stage of the service evaluation.

Stage 4: Collection and analysis of new data via interviews

The purpose of the interviews was to obtain more in-depth detail on the impact of Hoofbeat's program on recovery and wellbeing. Four individuals agreed to be interviewed for this evaluation: two had completed the Recovery and Discovery program, and one had completed the Go Remarkable program and the mother of one of the Go Remarkable participants was interviewed in lieu of the program participant. In addition, four current volunteers participated in a group interview. Each interview lasted approximately 60 minutes and was recorded, with permission, to ensure accuracy in reporting the findings and to create individual case studies.

Each interview was thematically analysed using the structure described in Stage 3: Analysis of existing data. In addition, a generative AI tool (ChatGPT4.o) was used to support the process of conceptual and relational text analysis based on the themes identified through the analysis of the testimonials. Following analysis and interpretation, Case Studies were developed for inclusion in the evaluation report and can be viewed in the appendices.

Stage 5: Preparation of Service Evaluation Report

The draft service evaluation report was prepared during each stage of the process and provided in early November 2024 to the Kanyini Connections Ltd CEO and Program Director for feedback and comment.

Stage 6: Preparation of Service Evaluation Report

After the final consultation about the Service Review process and report in mid-November 2024, the final report was delivered to the CEO on December 6, 2024.

Appendix 7. Mean, standard deviations for women and girls Paired Samples Effect Sizes for all participants (women and girls combined), Warwick-Edinburgh Mental Wellbeing Scale

Questions	Before program			After program			t	df	p	Cohen's d
	n	M	SD	n	M	SD				
1	34	2.53	0.83	34	3.66	0.89	-9.027	33	<.001	1.55
2	35	2.14	0.69	35	3.49	0.82	-9.902	34	<.001	1.67
3	33	2.09	0.68	33	3.35	0.76	-9.124	32	<.001	1.59
4	35	2.54	1.15	35	3.71	0.83	-7.261	34	<.001	1.23
5	35	2.17	1.01	35	3.31	0.87	-7.164	34	<.001	1.21
6	35	2.49	0.89	35	3.74	0.74	-9.105	34	<.001	1.54
7	35	2.23	0.77	35	3.60	0.70	-8.913	34	<.001	1.51
8	35	2.09	0.74	35	3.60	0.81	-12.766	34	<.001	2.16
9	35	2.46	0.89	35	3.46	0.78	-6.765	34	<.001	1.14
10	34	2.26	0.79	34	3.50	0.71	-11.887	33	<.001	2.04
11	35	2.57	1.04	35	3.80	0.80	-6.86	34	<.001	1.16
12	34	2.85	1.05	34	3.82	0.76	-7.464	33	<.001	1.28
13	35	2.57	1.09	35	3.83	0.79	-8.097	34	<.001	1.37
14	35	2.49	0.89	35	3.57	0.78	-8.651	34	<.001	1.46

Cohen's d is a measure of the "size" of the differences between the scores before and after the program. According to Cohen (1992), effect sizes are taken as small ($d = 0.20$), medium ($d = 0.50$) or large ($d = 0.80$).

Appendix 8. Comparison of girls' and women's responses to Warwick Edinburgh Mental Wellbeing Scale

Most change	Girls (n=17)				Most change	Women (n=18)			
	Q	M	SD	t(16)		Q	M	SD	t(17)
1	7	-1.53	0.94	-6.69***	1	4	-1.56	0.86	-7.71***
2	8	-1.47	0.62	-9.71***	2	8	-1.56	0.78	-8.42***
3	2	-1.24	0.56	-9.06***	3	2	-1.44	0.98	-6.23***
4	11	-1.24	1.25	-4.07***	4	10	-1.44	0.51	-11.99***
5	6	-1.18	0.81	-6.00***	5	3	-1.39	0.85	-6.93***
6	13	-1.18	0.95	-5.10***	6	6	-1.33	0.84	-6.73***
7	1	-1.16	0.72	-6.39***	7	9	-1.33	0.69	-8.25***
8	3	-1.10	0.71	-5.98***	8	13	-1.33	0.91	-6.23***
9	5	-1.00	1.00	-4.12***	9	5	-1.28	0.90	-6.06***
10	10	-1.00	0.63	-6.33***	10	7	-1.22	0.88	-5.91***
11	14	-1.00	0.79	-5.22***	11	11	-1.22	0.88	-5.91***
12	4	-0.77	0.90	-3.49**	12	12	-1.22	0.88	-5.91***
13	12	-0.69	0.48	-5.75***	13	14	-1.17	0.71	-7.00***
14	9	-0.65	0.93	-2.86*	14	1	-1.11	0.76	-6.22***

Warwick Edinburgh Mental Wellbeing Scale questions and response options are shown in full in Appendix 3

Question Key (Also see Appendix 3. Warwick Edinburgh Mental Wellbeing Scale)

- | | |
|--|--|
| 6. I've been feeling optimistic about the future | 13. I've been feeling good about myself |
| 7. I've been feeling useful | 14. I've been feeling close to other people |
| 8. I've been feeling relaxed | 15. I've been feeling confident |
| 9. I've been feeling interested in other people | 16. I've been able to make up my own mind about things |
| 10. I've had energy to spare | 17. I've been feeling loved |
| 11. I've been dealing with problems well | 18. I've been interested in new things |
| 12. I've been thinking clearly | 19. I've been feeling cheerful |

Appendix 9. Mean, standard deviations for women and girls Paired Samples Effect Sizes for all participants (women and girls combined), Adult Wellbeing Questionnaire

Items	Before		After		t	df	Significance	Cohen's <i>d</i>
	M	SD	M	SD				
1	1.94	0.87	3.06	0.80	-6.97	17	<.001	1.64
2	2.28	0.83	3.50	0.71	-6.41	17	<.001	1.51
3	2.44	0.78	3.61	0.78	-6.30	17	<.001	1.48
4	2.11	0.90	3.39	0.78	-5.33	17	<.001	1.26
5	2.17	0.62	3.67	0.91	-8.10	17	<.001	1.91
6	2.06	0.80	3.44	0.86	-7.58	17	<.001	1.77
7	2.11	1.02	3.33	1.08	-5.17	17	<.001	1.22
8	1.94	0.87	3.50	0.79	-7.16	17	<.001	1.69

Adult Well-being questions and response options are shown in full in Appendix 4.

Question Key

1. Mental health, wellbeing and self-care
2. Community participation and networks
3. Knowledge about issues impacting and improving MH
4. Skills in managing issues impacting and improving MH
5. Behaviours contribute to managing issues impacting and improving Mental Health
6. Empowerment choice & control to make own decisions
7. Engagement with relevant support services
8. Impact of immediate crisis

Appendix 10. Case Studies

The following case studies highlight the personal journeys of four participants in the two programs offered at the Sanctuary, each of whom shared their experiences during interviews for this Service Evaluation. These accounts illustrate how the program's unique, trauma-informed approach fostered significant emotional healing, personal growth, and resilience in participants facing diverse mental health challenges.



Case study 1 – Steph

Steph's journey to the Sanctuary began when she was facing severe mental and physical health challenges. After suffering from major depressive disorder for three years, exacerbated by a painful shoulder injury, Steph sought help from several GPs and other health professionals but felt dismissed and unsupported. Her mental health deteriorated further, and even after undergoing shoulder surgery in Switzerland, she returned to Australia feeling isolated, misunderstood, and without adequate mental health care.

Desperate for help, Steph searched online for animal-assisted therapies and discovered the Sanctuary. Initially unsure if she could afford the sessions, Steph applied for a volunteer position as a way to connect with the horses and the Sanctuary. However, during her first meeting with Olivia, one of the program facilitators, she felt an immediate connection and trust. Olivia recognised Steph's critical need for support and quickly arranged for her to join the equine therapy program through a scholarship.

Over 12 weeks, Steph engaged deeply in the therapeutic process, which she described as both incredibly challenging and rewarding. The program helped her confront her emotions in a safe space, supported by the horses and the facilitators. Steph found the grounding techniques and emotional regulation strategies invaluable, especially during moments when she felt overwhelmed. Her bond with the horses, particularly Cappy, who had also experienced trauma, became a source of healing and mutual understanding.

The program had a life changing impact on Steph's life. She gained the tools to manage her mental health, began studying equine-assisted learning, and started volunteering at the Sanctuary. Steph credits the equine-assisted programs at the Sanctuary with saving her life, providing not only a pathway to healing but also a renewed sense of purpose and community.



Case study 2 – Dahlia

Dahlia's experience with the program at the Sanctuary was pivotal. As a vet nurse, Dahlia had struggled with burnout and mental health challenges, particularly after moving from the Whitsundays. Her discovery of the Sanctuary came through a friend who found their programs on Facebook. Encouraged

by the uniqueness of the program and its alignment with her needs, Dahlia applied for a scholarship, which she was thrilled to receive.

The 12-week program, which combines interaction with horses and personalised therapeutic sessions, significantly impacted Dahlia's emotional wellbeing. From the very beginning, she felt a sense of safety and belonging at the Sanctuary. She particularly credited Marie, the program's facilitator, for creating an environment where she felt understood and supported. This was vital, as Dahlia had struggled with grief and trauma, and had not found traditional therapy environments helpful. At the Sanctuary, however, the one-on-one interactions, combined with the therapeutic presence of the horses, helped her to open up in ways she hadn't before.

Throughout the program, Dahlia noticed gradual but significant changes in herself. Initially unsure of what to expect, she soon became deeply connected with the horses and, in turn, her own inner strength. By the end of the program, Dahlia walked with more confidence and felt empowered in ways she hadn't before. The grounding and breathing techniques she learned were instrumental in helping her cope with grief even after leaving the Sanctuary.

Dahlia's experience with the Sanctuary was overwhelmingly positive, and she continues to advocate for the program, emphasising its potential to help others like herself. The program not only helped her with her mental health but also provided a path forward in her personal growth.



Case study 3 – Cassia

Cassia's journey with the Sanctuary came at a time when she was struggling with mental health challenges, including anxiety and panic attacks. As someone who had always focused on helping others—being a qualified Shiatsu therapist—Cassia found herself depleted and unable to care for herself. After several years of unsuccessful attempts with traditional therapies and clinical approaches, she found herself longing for something different. The programs at the Sanctuary came to her attention through Facebook, and despite her reservations and financial constraints, she decided to apply.

When Cassia began the 12-week program, she was emotionally and physically exhausted. She had previously tried volunteering at another equine therapy organisation but found it overwhelming. This made her anxious about whether she could even complete the program. However, the welcoming environment and the understanding nature of Olivia, the facilitator, reassured her. The program allowed Cassia to process her emotions without feeling pressured, something she hadn't experienced in other therapy settings.

One of the program's major strengths was the one-on-one interaction with both the horses and the facilitator. Cassia appreciated the privacy and individualised attention, which helped her focus on her personal growth. Through her connection with the horses, she learned valuable lessons in self-acceptance and setting boundaries. When the horses would walk away, she initially felt rejected, but

Olivia helped her reframe this as part of their natural behaviour, which in turn helped her reflect on her relationships with her children.

By the end of the program, Cassia noticed significant changes in herself and her relationships. She rediscovered joy, hope, and confidence, which extended to her family, particularly her husband and daughter. The program not only helped Cassia manage her anxiety but also gave her tools to rebuild her connections with others, leading to profound impacts on her overall wellbeing.

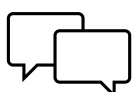


Case study 4a – Willow

After accessing several public and private psychological services with no benefit, Willow's experience at the Sanctuary was transformative and provided her and her family a much-needed lifeline during a challenging period. At age 13, Willow was facing severe mental health struggles, including a suicide attempt. Her family had been searching for support without success, until her mother, came across the Sanctuary through an online search. Willow was accepted into the program, and it marked the beginning of a profound shift in her mental wellbeing.

Willow participated in a one-on-one 12-week equine-assisted program with Marie as facilitator. The individualised nature of the program allowed Willow to feel safe, something she hadn't experienced in traditional therapeutic settings. Instead of being forced to discuss her feelings directly, Willow connected with the horses and learned from them, which helped her process her emotions in a non-confrontational environment. This connection gradually built Willow's confidence, and she would reflect on what she learned about the horses afterward, often sharing these insights with her mother.

The program had a lasting impact on Willow's mental health and her emotional wellbeing. Willow's mother recalled the immense relief and joy she felt as she watched Willow regain a "spark" in her personality. Willow's growth during the program extended beyond the sessions, and by the end, her day-to-day life had improved dramatically. She no longer required constant supervision or the extreme safety measures that had been in place before. Willow now continues to thrive, holding onto the life-changing lessons from the Sanctuary.



Case study 4b – Willow's mother

The improvement in Willow's mental health had a significant impact on Willow's mother. She had been enduring immense emotional strain, as Willow had attempted suicide and the family had to take extreme measures to ensure her safety, such as locking away medications and monitoring her around the clock. When Willow began to engage with the program, Willow's mother observed a significant transformation. The equine therapy helped Willow rediscover hope, joy, and confidence. Seeing the improvement in her daughter was an immense relief for Willow's mother, who had feared for Willow's future.





As Willow progressed through the program, she began to open up more, not just in therapy but also in the family setting, sharing her insights from her sessions with the horses. This improvement allowed the family to relax from the constant vigilance required earlier. Willow went from needing 24/7 supervision to being able to live more freely, regaining her independence and her sense of self.

For Willow's mother, witnessing her daughter's transformation was life changing. It provided the family with much-needed hope, reducing the emotional and physical burdens they had been carrying. Willow's mother credits the program at the Sanctuary as a crucial element in Willow's recovery and believes that without it, the process would have been much longer and more difficult.

Appendix 11. Testimonials






The following summaries of participant testimonials highlight the transformative effects of the programs on participants who faced severe mental health and emotional challenges before joining. Through a supportive, trauma-informed environment and meaningful connections with horses, participants experienced deep personal healing and lasting improvements in their wellbeing.

Go Remarkable Program

Participant	Testimonial
<p>Hazel</p> 	<p>I... was struggling a lot with my self-confidence. I barely left the house... due to my intense social anxiety. I felt like I was spiralling downwards. The Sanctuary was definitely a safe space. I... felt safe and comfortable [and] listened to. I learned how to enforce and respect boundaries, that I am allowed to feel my emotions and ask for what I need in relationships. I am much better at being able to ground myself in the situation. I am able to process my emotions better and communicate to others how I'm feeling.</p>
<p>Hyacinth</p> 	<p>I wanted to feel more confident so that I could work through fears. I wanted to work on my self-love and self-acceptance. I have seen multiple therapists. I felt none ... were helpful, some more harmful. Whilst at the Sanctuary I felt very validated. I felt very safe, and I never felt I was being judged. Being outside with the horses made me feel very peaceful and more grounded. I also had fun [and felt] much less alone. I learned mostly about trust in sessions... [and] with the horses. The program has helped me be less critical of myself.</p>
<p>Dahlia</p> 	<p>I wanted to change my mind set about myself. I wanted the grief I was stuck in to go away. I had tried many psychologists... and none of them helped. Being in a room with someone... just waiting for the sessions to end was mind numbing. I learned so much at the Sanctuary... to be soft with myself and the way I was feeling... to bring myself back to [the] present moment when... flooded with emotions. The Sanctuary became my safe place. I know that I have a positive future ahead of me and I have tools that I will use from this program to help myself get through those tough days. My mindset has improved immensely.</p>
<p>Willow</p> 	<p>I felt powerless against my emotions and wanted to regain control. I felt very safe at the Sanctuary. I learned that my feelings are valid. My boundaries shouldn't be pushed. I am allowed to feel sad and anger at people. I now feel valid[ated] which makes me happy... I have accepted my emotions are ok.</p>

Recovery and Discovery Program

Participant	Testimonial
<p>Flora</p> 	<p>I was really struggling with my recovery [from an eating disorder]. I felt stuck and unsure that I wanted to keep going. I had no self-worth or confidence. [The Sanctuary] was the first time I felt genuine happiness. It gave me a purpose. I learned that there are reasons to recover, ... and that I'm worth something. [The program] taught me that I am important... it's ok to just have fun, rest is ok, and nourishment is essential.</p>
<p>Daisy</p> 	<p>I had lost my ability to trust myself to make decisions, was guarded and found it extremely difficult to trust others. I had been through traditional psychology therapy. It was not helping at all. I felt so stuck and drained. My facilitator at [the Sanctuary] helped me become aware of my triggers. I felt very seen and heard which was new to me. I learned to be more grounded and confident in my decisions, thoughts and feelings. I became more attuned on how to centre myself when anxiety starts to build. I have been able to use my new coping skills... [and] I am much more confident in my ability to get through a triggering event.</p>
<p>Juniper</p> 	<p>I had been struggling with continued anxiety and coping with... post separation abuse that would trigger me into deep despair, anger, ... panic, revenge, and feelings of worthlessness. I felt so safe at the Sanctuary and never pressured. Once I was there, I could finally relax and feel peaceful. I learned to be much more confident in saying “no” to things I don't want to do. I learned to better ground myself, release anxiety, emotionally regulate, and to be in the present moment. I have so much more confidence now. I am more assertive. I am no longer triggered and re-traumatized. I am happier and I am excited for what the future may bring as I now feel well equipped to deal with obstacles as they arise.</p>
<p>Saffron</p> 	<p>[I had] feelings of being upset, and [difficulty] understanding trust. [The practitioner at the Sanctuary] was so beautiful, kind and understanding. She made me feel comfortable and understood. I loved being close to the herd and enjoying the outdoors. I learned about being in the “now” [and]... about putting my feelings first. I feel happier with myself and confident for my future. I am hopeful.</p>
<p>Kalei</p> 	<p>My life has changed dramatically thanks to the Sanctuary. The first time I came to the Sanctuary I had a full-time support person..., I was not able to drive..., I had been suicidal for three years and could not see how I would ever move past the multiple complex mental illnesses that I had been diagnosed with. The Sanctuary became my safe place and somewhere I could go to breath and feel supported by the humans and the horses. [The program resulted in] improvements across all areas of my life. I no longer need a carer, ... I am driving..., I have friends and a social life. Most importantly, I have purpose.</p>

<p>Rue</p> 	<p>[I wanted] to learn to be more outspoken and... to set boundaries in the workplace. [At the Sanctuary] I felt very respected and safe. [The practitioner] was easy to open up to and discuss situations with. I feel I have learned strength, boundaries, being present, and [how to be] more relaxed and peaceful. I am feeling much more confident [and] ... I have stopped people pleasing so much.</p>
<p>Nola</p> 	<p>I have experienced over 43 years of different trauma. There were so many things I wanted to change in my life. I needed to find connection, someone/something to believe in again, to learn to trust again, to feel a sense of safety and build some confidence. So many good things about the program. The lessons learned, the different energy and safety the Sanctuary offered, and the trust and patience that was offered. The program provided me with a safe, welcoming, non-judgemental, and non-threatening environment in which to slowly re-enter society. The Sanctuary certainly saved me at a time I was feeling so very desperate and could not see a way out of my trauma. I am so grateful to Hoofbeats, the program, the herd and the selfless and dedicated volunteers.</p>
<p>Ren</p> 	<p>I participated in [a]... program, after having gone through a difficult time with my own mental health. [The practitioner] helped to create a space that was calm, safe and free of judgement. I soon discovered that it was a place where I could stop and “just be” without having any expectations placed on me. Over the course of the program, we worked through themes of trust, boundaries, thinking, acceptance, etc., ... tailored to my individual needs and goals. My experience has given me a part of myself back, for which I am truly grateful. My time at the Sanctuary has been a rewarding experience and a special gift indeed.</p>
<p>Steph</p> 	<p>I felt that the Sanctuary was my last resort. I wanted to know why I should be alive. I was looking for reasons why I should keep going. [The program] hasn't only improved my life, it has shown me why and how to live. Thanks to this incredible wisdom I gained from real life scenarios with the horses and the understanding and wisdom packed facilitator.</p>
<p>Cassia</p> 	<p>[I wanted to change] how I dealt with grief, rejection, [and having] no direction. I felt safer at home [and] resisted being involved in social activities because of the anxiety. At the Sanctuary I discovered a non-judgmental place where I was free to cry or talk. The horses were amazing. Interacting with [the horses] has taught me to self-regulate. I am learning to let go of the things I can't change. The sorrow is still around but it doesn't consume me. I have become more vocal at expressing my wishes and I'm looking forward to being part of more adventures with my husband.</p>



"Stopping, calming, and resting are preconditions for healing. If we cannot stop, the course of our destruction will just continue"

Thich Nhat Hanh