

Setting Standards in EAS

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Equine Assisted Services Standards

The 5 main standards required to be approved as an EAS provider listed on HEIR and able to use the 'kitemark' are:-

1. Professionalism
2. Equine Welfare
3. Service provision and participant engagement
4. Benefits and impact of the service
5. Good governance and safety to practice



Until this summer, a provider must demonstrate the above but increasingly there are people wanting to be clearer about their *offer* on the register.

Also concerns from some, both on the register and not, that there are folk using certain titles that may not be professionally accurate.

Better to look at this earlier rather than later, and a Thank You to HETI for the work on terminology they have also been doing.

Why We Need More Standards

- To be clear about required evidence against which applications to be an Approved EAS Provider on HEIR will be assessed if they are using a **particular title** for their provision
- To agree a common understanding of terminology (within EASP)
- To be inclusive - there is a place for everyone who meets the EASP Standards, (they may need to consider the title of their 'declared' practice)
- To support commissioners, funders and service users to understand the 'offer' so that they can access the most appropriate provision
- Support the EASP strategic aim of raising standards across the EAS sector

Developed by Reference Groups

- Task & Finish Groups
- HEIR Approved members
- Professionals in their practice



Use their knowledge, experience and any associated legislation and professional body requirements when developing standards for their specific type of Equine Assisted Service or practice

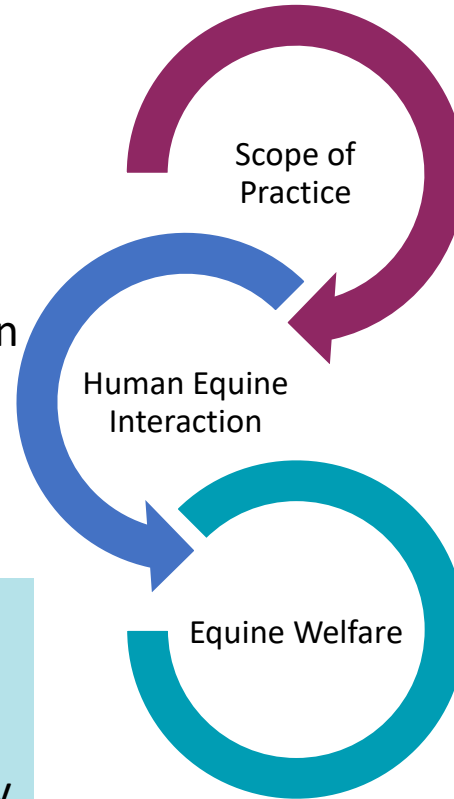
Recruited by expression of interest and in consultation with established bodies

EAS Approved Provider Criteria

For EAS Providers who wish to be listed on HEIR there are three connecting loops of evidence required

Proof of training/ experience in **working with horses to assist humans**

The scope of practice is a way of describing what the provider is trained and competent to do. It describes the areas of knowledge, skills and experience to practice safely, effectively and legally with the best interest of participants in mind.



A clear **scope of practice** ie which EAS modalities are provided to which age groups for which conditions.
Are sessions mounted / dismounted etc
Appropriate 'human' qualifications to deliver the service

Proof of training/experience and oversight of **equine welfare** for animals working in this way

Professional Standards	Equine Assisted (Facilitated) Psychotherapy	Equine Assisted Learning: <ul style="list-style-type: none"> • Education – award or qualification • Learning • Personal Development 	Equine Assisted (Facilitated) Physical /Allied Health Professional	Equine Assisted Wellbeing
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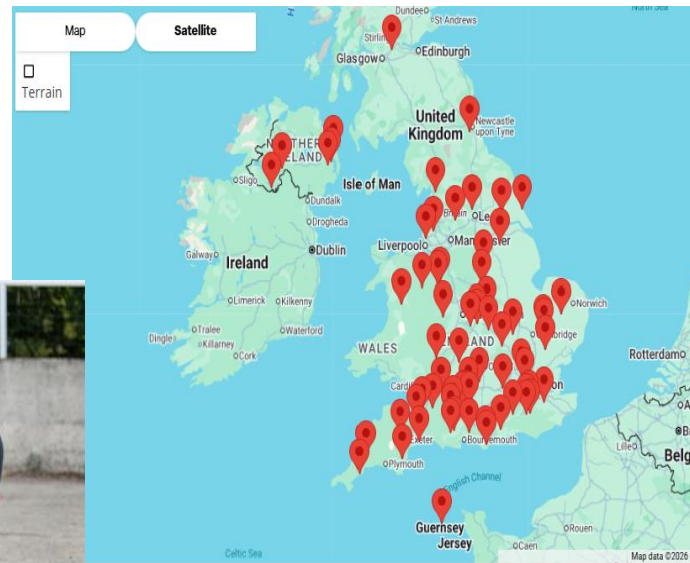
Scope of Practice	Model of Practice Sole, lead or team. Evidence of Continuing Professional Development (CPD) as defined by their registering body and suitable supervision			
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Professional Registrations Evidence of qualifications at an appropriate level for any intervention provided.	Either - Statutorily registered mental health professional eg Chartered Psychologist, Mental Health Nurse, Psychiatrist, GPSI etc Or - Statutorily registered health professional with further mental health training and/or experience e.g. Occupational Therapist, Art Therapist, Drama Therapist, Play Therapist Or - Registered with an established counselling or psychotherapy register requiring hours of supervised training and practice, personal therapy and ongoing supervision e.g. BACP, UKCP, NCS, BAPCP, ACP-UK Evidence of supervision of 1.5 hours per month	Degree trained to teach Teaching qualification eg Post Graduate Certificate in Education (PGCE) Nationally Accredited Coaching qualification level 2 and above. eg CiEC or BHS Riding Coach. Adult learning qualification such as Level 2 or 3 Award in Education & Training (AET), previously known as PTTLS 'Preparing to Teach in the Lifelong Learning Sector' Level 1 qualified individuals must be supervised by one of the above in their practice.	Extant professional registrations such as Physiotherapist, Speech and Language Therapist, Occupational Therapist Equine Assisted Physiotherapist or Equine Assisted Allied Health Professional Current registration with the Health Care Professionals Council Extant Medical or Nursing qualifications eg a medical practitioner with General Practice training and experience, an orthopaedic consultant or a specialist nurse practitioner in a specific field WITH Current registration with GMC or NMC	A suitable Diploma level, nationally accredited qualification which provides the basis for this role A Teaching Assistant level qualification which does not allow the designation of teacher to be applied. Be working towards full BACP registration with an appropriate degree but insufficient registered hours
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Equine Welfare	All applicants must provide evidence of equine wellbeing (Domain 5) by demonstrating:- learning and/or experience that supports an understanding of the equine partners' environment, learning theory and behaviour/ethology. knowledge of the application of their service and its effect on the equine partner. an understanding of the relational context between human and equine EASP endorses the NEWC Guidance for EAS and HETI Ethical Guidelines			
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Those qualified in countries outside the UK should demonstrate ability to practice in the UK with recognition of their qualifications.

The coverage is growing



Raising the Bar

- Whether the application is for solo practice or a team provision
 - An individual practitioner should have qualifications that span both education and equine welfare and how to work with an equine in education.
 - If the applicant to HEIR is part of a team, team members should have qualifications that span all three loops of the serpentine.
- EASP aims to be supportive and to improve standards across the EAS sector. Rather than be pejorative with a 'pass' or 'fail', an applicant who can't provide any of the above, may be asked to participate in a dialogue either online or at a face-to-face visit to discuss the shortfalls and plans to address them.

