



Equine-Assisted Therapy for Autistic Children

An evidence-informed guide for families, carers and professionals

Open Circle · Behaviour Support Practice Resource

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What this resource is

A plain-language guide to what equine-assisted therapy is, what current research suggests, how to distinguish therapy from recreation, how to screen and choose a provider safely, and how NDIS funding may apply. It also includes practical checklists for families and professionals.

What this resource is not

This guide is general information, not individual clinical, medical, legal or funding advice. It does not recommend equine-assisted therapy for every autistic child and it does not guarantee NDIS funding. Decisions should be based on the individual child's goals, preferences, safety and treating team.

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About this resource

This guide brings together peer-reviewed research, Australian practice guidance and NDIS funding information on equine-assisted therapy for autistic children. It is designed for parents and carers, support workers, teachers, allied health professionals, behaviour support practitioners, support coordinators and community organisations.

Some practice suggestions in the source document came from an Open Circle clinical discussion. In this public edition they are presented as practice considerations, not as published research findings.

How to use it

- Start with the At a glance page for the main messages.
- Use Parts A and B to understand what the intervention is and where the evidence is strongest.
- Use Part C before referral to check fit, safety and informed consent.
- Use Part D to assess a provider and understand the NDIS funding distinction between therapy and recreation.
- Use Part E as a practical planning and review pathway.

At a glance

The short version

Equine-assisted therapy can be a reasonable complementary option for some autistic children when it is goal-directed, delivered within a qualified professional's scope of practice, matched to the child's interests and support needs, and reviewed against measurable outcomes. It is not simply horse riding with a therapeutic label.

What current evidence suggests

Evidence position	What it means
Stronger support	Social communication and social cognition; adaptive socialisation; motor skills. Meta-analysis and controlled trials report measurable gains.
Promising	Irritability, hyperactivity, self-regulation, executive function, sensory participation and quality of life. Findings are positive but less consistent.
Not demonstrated	Restricted and repetitive behaviours have not shown a clear treatment effect.
Important limit	Most studies are small, short and rely heavily on parent-report. A particular child may not benefit.

Five things to get right

1. Choose the goal before choosing the horse. The intervention should address a defined functional or clinical need.
2. Screen first. Interest in animals, fear, allergies, sensory needs, impulse control, physical readiness and any history of unsafe behaviour around animals all matter.
3. Vet the provider. The Australian market is variable, and a therapy label alone does not establish clinical quality.
4. Protect the horse as well as the child. Horse welfare is both an ethical issue and a safety issue.
5. Measure outcomes and review. Continue only if the child's goals, participation, distress and functional outcomes justify it.

How to read the evidence

Label	Source type	How to use it
Higher confidence	Meta-analysis, randomised or controlled trials	Best basis for describing where measurable benefits are most credible.
Promising	Systematic reviews of smaller studies and non-randomised studies	Supports a trial with clear goals and review, not a promise of benefit.
Contextual	Qualitative research and practice guidance	Useful for family experience, implementation and safety; does not establish cause.
Practice consideration	Open Circle clinical reasoning from the source document	A planning suggestion to test against the individual child and team.

PART A · UNDERSTANDING EQUINE-ASSISTED THERAPY

A1 What it is - and what it is not

Terms such as equine therapy, horse therapy, hippotherapy, therapeutic riding and equine-assisted learning are often used loosely. For families, the important question is not the marketing label but what service is actually being delivered, by whom, for what goal and under which professional standards.

Three broad service types

Service type	What it is	Who typically delivers it
Therapy	A qualified health or human-service professional incorporates the horse into treatment within their professional scope. Goals are clinical and documented.	Registered or accredited health/human-service professional, usually with equine expertise alongside.
Learning	Experiential learning through grooming, handling, leading or observing horses for education, personal development or skill building.	Trained equine-assisted learning facilitator. Not therapy unless delivered within a qualified professional's scope.
Horsemanship / adaptive riding	Riding, driving or vaulting adapted for people with disability. Valuable recreation or sport, but not automatically therapy.	Certified riding instructor or adaptive riding provider.

A practical definition of therapy

White-Lewis (2020) identified five common attributes across equine-assisted therapy studies:

1. A human participant and horse are physically present.
2. The intervention arises from purposeful horse-human interaction.
3. The interaction is structured rather than incidental.
4. A trained facilitator directs and interprets the interaction.
5. A positive health outcome is an explicit goal.

Why the distinction matters

It affects safety, professional accountability, the relevance of research findings and NDIS funding. A recreational activity can be enjoyable and valuable without being a clinical treatment.

A2 What a well-structured program looks like

Published programs vary, but the standardised six-month program reported by Borgi et al. (2016) provides a useful benchmark for structure.

Element	What good structure can look like
Frequency and duration	Weekly sessions over six months; around 60-70 minutes in the Borgi program.
Ground phase	Grooming, horse-care and hand-walking with explicit safety teaching and visual supports.
Mounted or active phase	Riding or structured horse interaction with motor, communication or executive goals embedded in activities.

Element	What good structure can look like
Closure	A predictable ending such as feeding, putting equipment away and saying goodbye.
Fidelity	Written session plans, trained staff, consistent delivery, safety procedures and horse-welfare oversight.

Ground-based work can be an appropriate starting point for children who are anxious, sensory-sensitive or not physically ready to ride. Mounted work adds movement, posture and balance demands. The choice should follow the child's goals and safety, not the provider's convenience.

Published programs range widely in dose. Families should be cautious of providers who cannot explain why a particular frequency or duration has been chosen.

PART B · WHAT THE EVIDENCE SAYS

B1 Outcomes with the strongest support

The evidence is positive but modest. The strongest findings are in social-communication domains, with additional support for adaptive, motor and regulation outcomes.

Outcome	What the source evidence reports	Position
Social communication and cognition	Strongest area of evidence. Meta-analysis found significant improvement in overall social responsiveness, social communication and social cognition (Madigand et al., 2023).	Higher confidence
Adaptive behaviour and socialisation	A six-month controlled trial reported gains in Vineland socialisation and transfer to functional tasks (Borgi et al., 2016).	Promising to higher
Behaviour and regulation	Trials report reductions in irritability and hyperactivity and improvements in attention and self-regulation (Gabriels et al., 2015; Beavers et al., 2023).	Promising
Motor skills	Systematic-review evidence reports improvements in coordination, strength, balance, posture and participation (Meera et al., 2024).	Promising
Executive function	Faster planning on a novel task after a structured program; other findings are positive but mixed (Borgi et al., 2016).	Promising
Sensory participation	Some positive findings, but horses, noise, smells and movement can also trigger overload for some children.	Limited / individual
Quality of life and family wellbeing	Qualitative and review evidence describes improved quality of life, family relief and meaningful participation, especially with sustained engagement.	Contextual / promising
Restricted and repetitive behaviours	No clear treatment effect has been demonstrated.	Not demonstrated

Core research snapshot

Source	Design	Main contribution
Madigand et al. (2023)	Meta-analysis; 5 RCTs; N=240	Significant gains in social responsiveness, social communication and social cognition; no clear effect on autistic mannerisms.
Borgi et al. (2016)	Controlled trial; n=28	Six-month structured program improved socialisation, motor skills and planning time.
Gabriels et al. (2015)	RCT; n=116	Reductions in irritability and hyperactivity; gains in social cognition, communication and words spoken.
Meera et al. (2024)	Systematic review; 12 studies	Consistent positive motor findings across equine-assisted service types.
Lord et al. (2025)	Qualitative; 6 parents	Long-term participation described as a lower-demand learning environment with functional carry-over.

B2 How much confidence to place in the evidence

Across the reviews in the source document, the same limitations recur: small and selective samples, few randomised trials, short intervention windows, inconsistent protocols, heavy reliance on parent-report outcomes, limited long-term follow-up and possible publication bias.

The balanced message for families

There are credible, measurable benefits in some domains - especially social communication and social cognition - and promising findings in motor skills, regulation and executive function. The evidence does not justify promising that equine-assisted therapy will work for every child, and goals should be written to the outcomes the research actually supports.

It can also be difficult to separate the effect of the horse from the effect of a skilled, attentive adult, a novel environment and increased engagement. That is another reason to measure the child's own outcomes rather than assume the mechanism.

B3 Why it may help

Preferred, meaningful activity

Grooming, feeding, leading, riding and games can make practice feel intrinsically worthwhile rather than externally imposed.

Immediate feedback

Horses respond to movement, posture and tension. A skilled facilitator can use this feedback to support awareness and regulation.

Co-regulation

A calm, well-matched horse may support regulation - but only when the horse itself is calm and behaviourally sound.

Lower social demand

Side-by-side, activity-based interaction can reduce pressure for eye contact or rapid verbal exchange while still creating natural communication opportunities.

Physical engagement

Stable tasks and riding can embed movement, balance, posture and sustained effort within an activity the child values.

Generalisation

Some studies report gains outside the stable, including novel tasks, home and community behaviour, and longer-term participation in education and work.

These mechanisms are plausible explanations drawn from the studies and practice literature. They should not be treated as proven causal mechanisms for every child.

PART C · IS IT A GOOD FIT FOR THIS CHILD?

C1 When it may suit

Equine-assisted therapy may be worth considering when all of the following are broadly true:

- The child's goals include areas supported by the evidence, such as social communication, social cognition, emotional regulation, functional communication, participation or motor skills.
- The child shows genuine interest in animals or a positive response to horses; this should be observed, not assumed.
- A lower-demand or activity-based therapy environment may be more tolerable than conventional clinic or classroom formats.
- The family can sustain the practical demands of attendance, including travel, time and cost.
- The team can explain why this format is a reasonable option for this child rather than simply a more appealing activity.

A useful question

Why is a horse-based format expected to help this child's specific goals better than a cheaper, safer or more accessible alternative? A good referral should be able to answer that clearly.

C2 Screening, precautions and informed consent

Screening should happen before referral. It protects the child, the horse and the provider and helps identify whether the intervention is suitable now.

	Screen before starting	Notes
☐	Interest in or fear of horses and large animals.	
☐	Any history of harming animals or unsafe behaviour around animals.	
☐	Allergies to horse dander, hay or dust, and asthma.	
☐	Sensory sensitivities relevant to stable environments: noise, smell, textures, movement and unpredictability.	
☐	Impulse control and safety around large animals, including running, sudden movement or loud vocalisation.	
☐	Physical readiness for ground work and, if riding is proposed, for mounting and sitting safely.	
☐	Seizure history, joint or spinal conditions, medication effects, height and weight.	
☐	The child's ability to assent, stop and communicate discomfort.	

Precautions and contraindications

The source guide reproduces precautions and contraindications from professional equine-therapy texts. These should be reviewed by the treating team and the provider for the individual child.

Right child, wrong time is a valid outcome

A child may need to build tolerance, strength, communication or regulation in another setting first. Pausing or declining equine-assisted therapy is not a failure.

Informed consent

Families should receive a clear explanation of the expected benefits and limits of the evidence, foreseeable risks, risk controls, likely time and cost, who is clinically responsible, and the voluntary nature of participation. The child's assent and comfort should remain visible throughout.

C3 Safety and horse welfare

Horses are large, reactive animals and equine settings carry inherent risk. The source guide notes that most horse-related accidents occur during mounted activity, while ground work generally carries lower physical risk.

Safety area	What to look for
Participant safety	Correctly fitted helmet where required, closed-toe footwear, suitable clothing, supervision, safe ratios, tack checks, first aid, emergency access and a clear incident procedure.
Staff competence	Staff should understand both the child's support needs and equine behaviour. The provider should be able to explain who is responsible for each.
Horse-child matching	Use calm, sound, appropriately trained horses matched to the child's size, experience, behaviour and sensory profile.
Environment	Control noise, traffic, surfaces, gates, escape routes and other predictable hazards. Plan for dysregulation before it happens.

The horse's welfare is a safety issue

Rudd et al. (2024) found greater physiological and behavioural stress during grooming - especially grooming with restraint - than during leading or obstacle work. Because grooming is common in autism programs, providers need to recognise and respond to equine stress rather than assuming the horse is always calm.

- Regular veterinary and farrier care.
- Turnout, movement and appropriate social contact with other horses.
- Limits on working hours and rotation of horses.
- Staff who can identify each horse's stress signals.
- A willingness to stop or modify a session for the horse's welfare.
- Use of behaviourally sound horses for children who may themselves become dysregulated.

PART D · CHOOSING AND FUNDING A SERVICE

D1 Provider due-diligence checklist

Australia does not have a single national licensing system for equine-assisted therapy practitioners. The source document describes wide variation in training, philosophy, session structure and horse selection. Families and referrers therefore need to check quality directly.

	A quality provider should be able to show	Notes
☐	The delivery team has both human-services/clinical expertise and equine expertise.	
☐	The person delivering therapy holds the professional registration or accreditation required for their discipline.	
☐	The provider can describe a written, repeatable session structure with defined goals and activities.	
☐	The provider can explain its equine-assisted training or certification and any adaptations it makes.	
☐	Safety procedures are documented: helmets, footwear, ratios, tack checks, incident reporting, first aid and emergency access.	
☐	Horse welfare procedures are visible and specific.	
☐	Intake screening includes fear, allergies, sensory needs, physical readiness and unsafe behaviour around animals.	
☐	The provider measures progress and can report outcomes to the treating team and funder.	
☐	Marketing clearly distinguishes therapy from recreation and does not overstate research findings.	
☐	The provider is willing to work with the child's existing support plan and collaborate with the treating team.	

A simple quality test

Ask: What happens in a typical session, why does each part happen, who is clinically responsible, and how will we know whether it is helping? If those questions cannot be answered clearly, treat the service as recreational rather than clinical.

D2 NDIS funding at a glance

Check current NDIA guidance

This section reflects the source document's summary of NDIS guidance current in September 2026. NDIS rules and price arrangements change, so re-check the current NDIA position before making a funding decision.

NDIS question	Source guide summary
Potentially fundable	Animal-assisted therapy delivered as a goal-directed, evidence-based therapy by an appropriately qualified and registered/accredited professional, where it meets the participant's disability-related goals and NDIS requirements.
Not therapy funding	Horse riding, animal interaction, recreation, sport or social activities involving animals when they are not part of a qualified professional's therapeutic intervention.
Professional requirement	The therapy must be delivered within the professional's own scope of practice. A riding instructor or equine facilitator working alone is not automatically delivering NDIS therapy.
Behaviour support	Behaviour support funding is separate. A behaviour support practitioner may recommend, coordinate or support implementation, but cannot claim the equine session as allied-health therapy unless separately qualified to do so.
Participation support	A support worker may sometimes be funded to assist a participant to take part in a community activity even where the activity fee itself is not an NDIS therapy support.

Therapy follows the profession, not the horse

A useful way to frame the distinction is to name the professional intervention first - for example, occupational therapy delivered in an equine-assisted format - rather than treating 'equine therapy' as a standalone therapy category.

The source guide also notes an evidence gap: much of the autism research has studied therapeutic riding or equine-assisted learning delivered by riding instructors, while NDIS therapy funding is tied to qualified health professionals. A funding request should therefore be precise about the professional service being delivered and the evidence for the functional goals.

Thriving Kids

The source document notes that funding arrangements for some younger children were expected to change from October 2026 as Thriving Kids begins. Because implementation details can change, families should check the current pathway in their state before relying on this guide for funding.

D3 Building a funding request

Where NDIS therapy funding is being considered, the source guide recommends a request that is specific, functional and measurable.

	Include in the request	Notes
☐	Describe the disability-related need in functional terms and link it to the participant's plan goals.	
☐	Name the intervention by profession, not simply as 'equine therapy', and include the provider's registration details.	
☐	State the evidence at the level it supports: social communication and cognition, adaptive and motor outcomes, regulation and participation - without promising broader effects.	
☐	Explain why this format is expected to work for this child, including previous response to conventional settings and demonstrated interest in animals.	
☐	Set out dose, duration and cost and compare them with the relevant professional price limit.	
☐	Include baseline and repeat outcome measures, plus at least one source that is not solely caregiver report where practical.	
☐	Document screening, provider due diligence, safety procedures and horse welfare.	
☐	Define review and exit criteria before starting.	

If therapy funding is not available

- Community riding or adaptive riding may still be valuable as recreation. The family generally meets the activity fee, while eligible participation support may sometimes be funded separately.
- Private funding remains an option, but families should consider travel, time and ongoing cost before starting.
- For some older participants, structured animal-related volunteering may provide meaningful community participation where safety screening and support needs are appropriate.

PART E · PUTTING IT INTO PRACTICE

E1 A step-by-step pathway

1 Assess

Confirm the child's goals, interest in animals, screening outcomes and any medical, sensory, behavioural or physical considerations.

2 Confirm the pathway

Clarify whether the service is allied-health therapy, community participation, private recreation or another support, and check the current funding rules.

3 Vet the provider

Use the due-diligence checklist. Confirm professional responsibility, equine competence, session structure, safety, horse welfare and outcome measurement.

4 Share the support plan

Where a behaviour support plan or communication plan exists, make sure the provider understands relevant communication, antecedents, proactive strategies and de-escalation approaches before starting.

5 Start deliberately

Begin with a structure matched to the child's tolerance. Ground work may be appropriate before mounted activity. A familiar support person may attend early sessions where useful and agreed.

6 Review

Collect baseline information and review progress at planned intervals. Look for change in the child's own goals and for generalisation beyond the stable.

Open Circle practice consideration

The source document recommends early collaboration between the equine provider and the child's support team. This can include behaviour support plan training and, where useful, a support person attending initial sessions. These are practice suggestions to support consistency and data collection, not published evidence that every child requires shadowing.

E2 Questions to ask a provider

	Ask before committing	Notes
☐	Who delivers the session, and what professional registration or accreditation do they hold?	
☐	Who handles the horse, and what equine qualifications and experience do they have?	

	Ask before committing	Notes
☐	What happens in a typical session, phase by phase, and what is each phase intended to achieve?	
☐	Which goals will you work on for this child, and how will you measure and report progress?	
☐	How do you screen children before starting, and what would make you decline or pause a service?	
☐	How do you match horses to children, and how do you know when a horse is stressed?	
☐	What are your helmet, footwear, staffing-ratio, first-aid and incident procedures?	
☐	What happens if the child becomes distressed, unsafe or no longer wants to participate?	
☐	Will you work with the child's existing behaviour support, communication or therapy plans?	
☐	If NDIS funding is proposed, which professional support is being invoiced and how is the horse incorporated into that therapy?	
☐	Which benefits you describe are supported by research, and which are based on your own experience?	

E3 One-page decision checklist

Area	Decision question	Check
Goals	Are the child's goals clear and in domains the evidence reasonably supports?	☐
Preference	Does the child show genuine interest or comfort around horses?	☐
Screening	Have medical, sensory, behavioural and physical considerations been reviewed?	☐
Provider	Is the clinical professional appropriately registered/accredited and working within scope?	☐
Equine expertise	Is there appropriate horse-handling competence and child-horse matching?	☐
Safety	Are helmets, footwear, ratios, incident procedures and emergency access clear?	☐

Area	Decision question	Check
Horse welfare	Can the provider explain how horses are selected, rested, monitored and withdrawn from work?	☐
Structure	Can the provider explain what happens in a session and why?	☐
Funding	Is the service correctly classified as therapy, participation support or recreation?	☐
Measurement	Are baseline, review points and exit criteria agreed before starting?	☐
Assent	Can the child pause or stop without pressure or punishment?	☐

Decision rule

If the child is distressed by the setting, the provider cannot explain the clinical rationale or safety procedures, or the service is being marketed as therapy without qualified professional delivery, stop and reassess before proceeding.

PART F · GLOSSARY, SOURCES AND DISCLAIMER

Glossary

Term	Plain-language meaning
Animal-assisted therapy (AAT)	Goal-directed, structured therapy delivered by an appropriately qualified professional that incorporates an animal.
Equine-assisted services (EAS)	Umbrella term for therapy, learning and horsemanship services involving horses.
Equine-assisted therapy (EAT)	Therapy in which a qualified professional incorporates horses within their own scope of practice.
Hippotherapy	Use of the horse's movement as a treatment tool by professions such as physiotherapy, occupational therapy or speech pathology.
Equine-assisted learning (EAL)	Experiential learning with horses for education or personal development; not automatically therapy.
Therapeutic / adaptive riding	Riding instruction adapted for people with disability; generally recreation or sport rather than clinical therapy.
Ground work	Unmounted horse interaction such as grooming, leading and obstacle activities.
Co-regulation	The process by which a calm partner can support another person's regulation.
Reasonable and necessary	The NDIS test used when deciding whether a support can be funded.

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The references below are reproduced from the source guide. This public edition retains the source guide's evidence base rather than adding new research.

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About Open Circle Behaviour Support

Open Circle Behaviour Support provides person-centred Positive Behaviour Support across the Greater Bendigo Region, Victoria.

Open Circle Behaviour Support is an NDIS-registered provider under the Behaviour Support registration group.

hello@opencircle.au | opencircle.au

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Disclaimer

This guide is general information and does not replace individual assessment or advice from a child's treating team. NDIS funding decisions are made by the National Disability Insurance Agency on the basis of each participant's circumstances. Nothing in this guide guarantees that a support will be funded. Re-check current NDIS guidance before relying on funding information.

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