Independent Review of Activity-Based Therapeutic Supports funded through Child and Family Agency (Tusla)

Final Report

Table of Contents

List Of Tables

List of Figures

List of Acronyms

AAI – Animal-Assisted Interventions

AAT – Animal-Assisted Therapy

ABTS – Activity-Based Therapeutic Supports

ADHD- Attention Deficit Hyperactivity Disorder

ASD – Autism Spectrum Disorder

BACP – British Association for Counselling and Psychotherapy

CBT – Cognitive Behavioural Therapy

CCA – Creative Community Alternatives

CES – Centre for Effective Services

CDNT – Children's Disability Network Teams

CFSN – Child and Family Support Network

CPD – Continuing Professional Development

CYPSC – Children and Young People's Services Committees

EAC – Equine-Assisted Counselling

EAGALA – Equine Assisted Growth & Learning Model of Equine Therapy

EAT – Equine-Assisted Therapy

FRC – Family Resource Centres

HSE – Health Service Executive

IACP – Irish Association for Counselling and Psychotherapy

ID – Intellectual Disability

LEQ – Life Effectiveness Questionnaire

PPFS – Partnership and Family Support Programme

PTSD – Post-Traumatic Stress Disorder

SLA – Service Level Agreement

TF-CBT – Trauma-Focused Cognitive Behavioural Therapy

Creative Therapy: There are several terms and acronyms found in literature and used by the research participants including Art Therapy and Play Therapy.

Adventure Therapy: There are several terms and acronyms found in literature and used by the research participants including Outdoor Therapy, Wilderness Therapy and Activity-Based Intervention.

Animal-Assisted Therapy: There are several terms and acronyms found in literature and used by the research participants including Equine-Assisted Counselling (EAC) and Equine-Assisted Therapy (EAT).

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[1] As of 2025, prior to restructuring from 17 Tusla Areas to 30 Networks.

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Disclaimer

The review employed a case study approach exploring ABTS in a small number of sites. The names of the services/therapy providers have been anonymised to protect the identity of participants. The names of the services/therapy providers have been replaced with “case study site x”, “site x”, or the “service/therapy”.

Service provider participation in the review was determined by the inclusion criteria agreed with Tusla, the availability of a range ABTS, and ensuring a mix of urban and rural settings. All participation was voluntary.

The review reflects the views of participants and the independent analysis of data gathered by the CES review team and not necessarily the views of the Child and Family Agency, Tusla.

Section 1: Introduction and Context

About the Child and Family Agency (Tusla)

The Child and Family Agency (Tusla) is the dedicated State agency responsible for improving wellbeing and outcomes for children. Since its establishment in 2014, Tusla operates under the Child and Family Agency Act 2013, which charges Tusla with supporting and promoting the development, welfare and protection of children, and the effective functioning of families:

- Offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. In order to discharge these responsibilities, Tusla is required to maintain and develop the services needed in order to deliver these supports to children and families and provide certain services for the psychological welfare of children and their families;
- Responsibility for ensuring that every child in the State attends school or otherwise receives an education, and for providing educational welfare services to support and monitor children's attendance, participation and retention in education;
- Ensuring that the best interests of the child guide all decisions affecting individual children;
- Consulting children and families so that they help to shape the agency's policies and services;
- Strengthening interagency co-operation to ensure seamless services responsive to needs;
- Undertaking research relating to its functions and providing information and advice to the Minister regarding those functions; and
- Commissioning services relating to the provision of child and family services.

Tusla provides a range of universal and targeted services including:

- Child protection and welfare services
- Educational welfare services
- Psychological services
- Alternative care
- Family and locally based community supports
- Early years services.[2]

The need to address access to therapeutic supports is highlighted in Tusla's Strategic Plans for Foster Care Services for Children and Young People 2022-2025, Residential Care Services for Children and Young People 2022-2025, and Aftercare Services for Young People and Young Adults 2023-2026.

[2] https://www.tusla.ie/about/

About the Centre for Effective Services

The Centre for Effective Services (CES) is a not-for-profit, intermediary organisation with offices in Dublin and Belfast that works to connect policy, practice, and research. CES works with agencies, government departments, and organisations from initial policy development right through to improving practice. Since its establishment in 2008, CES has worked in areas such as education, health, justice, children and youth and social services.

The Review

In 2024, following a tendering process, CES was commissioned by Tusla, to carry out a review of Activity-Based Therapeutic Supports (ABTS) funded through the Child and Family Agency, Tusla. This review focuses on three types of ABTS funded through Tusla including:

- Creative therapies (art therapy and play therapy),
- Adventure therapy, and
- Animal-assisted therapy (equine-assisted therapy).

The objectives of the review were:

- To complete desk-based research and a literature review of ABTS,
- To complete case studies exploring stakeholder experiences of ABTS in four sites, and
- To include the voice of children and young people, parents/foster carers, and service providers.

This review employed a case study design to explore the benefits, challenges, and limitations of ABTS for young people in care and young people in the community that are referred to Tusla across four case study sites. The review also explores what works well in relation to ABTS and areas for improvement in the future.

For the most part, the review focuses on young people aged 14-17 years, apart from one case study site which caters for children aged 7-12 years.

Policy Context

The current government policy documents of relevance to children and young people include:

- Young Ireland: National Policy Framework for Children and Young People (2023-2028),
- First Five: A Whole of Government Strategy for Babies, Children and Families (2019-2028),
- From Poverty to Potential: A Programme for Child Poverty and Well-being (2023-2025),
- Healthy Ireland – A Framework for Improved Health and Wellbeing (2013-2025),
- Healthy Ireland Implementation Plan (2023-2027),
- Connecting for Life: Ireland's National Strategy to Reduce Suicide (2015-2024), and
- The Programme for Government 2025 – Securing Ireland's Future.

The above policies contain commitments, in a range of different ways, to enhance the lives of babies, children, and young people. There is no reference in the above policies to ABTS for children and young people. There is a commitment in the current Programme for Government (p.69) to *"provide therapy assistant posts within the education sector to maximise the ability of therapists to deliver bespoke therapy services"*. There is no specific reference to Tusla and funding the provision of ABTS for children and young people.

The TUSLA Corporate Plan 2024-2026 outlines the key actions that the agency will take, in partnership with Government Departments, to ensure that children and young people are safe and

protected and they and their families have access to consistent and integrated services that enable positive outcomes (p.5). Objective 3 (p.18) outlines a commitment to prioritise:

"Improving early access to therapeutic services by children in care through implementation of the Integrated Framework for Therapeutic Services for Children in Care".

There is also a commitment to provide Therapeutic Services (p.19) through multi-disciplinary teams:

"Six Multidisciplinary Area Based Therapeutic Teams will be in place".

The Tusla Business Plan 2025 contains a commitment under Action 3.6, due in Q4, to
"Enhance the provision of therapeutic services at regional level in line with the Reform Programme."

There is no **specific** reference to ABTS in current policy documents.

Section 2: Literature Review

CES undertook a bounded, high-level, review of literature relating to ABTS for children and young people. The purpose of this literature review is to present the existing available evidence of what works in ABTS for children and young people.

As this was a bounded literature review, we used several search terms to search the literature. These included, ‘art therapy’, ‘play therapy’, ‘adventure therapy’, ‘animal assisted therapy’, ‘young people’, ‘children’, ‘children in care’, and ‘young people in care’, ‘usefulness’, ‘effectiveness’, and ‘outcomes’.

Other synonyms or related search terms were found within literature including ‘creative therapy’, ‘outdoor therapy’, ‘wilderness therapy’, ‘equine assisted counselling’, and ‘dog-assisted therapy’. As these terms emerged from the literature, they were integrated as search terms to expand the literature field, to yield more relevant results.

It should be noted that there is a dearth of evidence relating to the Irish context, and children and young people in care, in the context of ABTS. However, the evidence does relate at a high level to children and young people who have experienced trauma and/or experience mental health, behavioural, emotional and/or social difficulties.

Activity-Based Therapeutic Supports for Young People

Mental health interventions and therapeutic support for young people can include a range of approaches including adventure therapy, animal-assisted therapy, and art therapy.

Adventure therapy and animal-assisted therapy fall under the umbrella of nature-based interventions (Overbey, Diekmann, & Lekies 2021), while art therapy falls under the umbrella of creative therapies (Braito et al., 2022). These interventions are heralded for their potential to support vulnerable young people facing mental, emotional, developmental, behavioural, or social challenges (Overbey, Diekmann, & Lekies 2021). They aim to influence a range of outcomes, from emotional and behavioural regulation to social competence and psychological wellbeing (Panagiotounis, Rose, & Rodríguez, 2023).

ART THERAPY

Description

Art therapy is a therapeutic approach that uses imagery and artistic expression, combined with dialogue, to support individuals to manage their emotions (Riley, 2001). It provides a non-threatening outlet for oftentimes complex feelings, particularly for young people who may be hesitant to engage with established "talk" psychotherapies. In art therapy sessions, clients are encouraged to create collages, draw, paint, or sculpt clay to illustrate their problems or feelings, allowing negative behaviours to be externalised. This therapeutic approach encourages the individual to express emotions and feelings and make meaning through their artwork (Bosgraaf et al.,2020). In this way, art therapy is a non-judgemental way of working therapeutically and can help to build trust and helps the young person feel respected and understood.

Aims and Outcomes

Art therapy aims to:

- Provide a non-threatening way for young people to express their feelings (Bosgraaf et al., 2020; Riley, 2001).

- Assess and treat depression and support ‘acting out’ behaviours in children and young people who have experienced emotional pain and trauma (Riley, 2001).
- Help young people build self-awareness and coping skills and promote resiliency (Braito et al., 2022)
- Offer a safe outlet for distress and anxieties (Riley, 2001).
- Support young people experiencing/who have experienced abuse and trauma (Braito et al., 2022; Riley, 2001)
- Support young people experiencing issues with how they see themselves, social or academic failure, and improve self-esteem (Bosgraaf et al., 2020; Riley, 2001).
- Facilitate dialogue by using art as a means of communication (Riley, 2001).
- Provide an alternate/non-verbal means of communication for those unable to verbally describe their feelings or past experiences (Jalambadani, 2020)
- Promote self-expression free of concern about interpretation or assessment by the therapist (Riley, 2001).

Effectiveness

Many studies indicate that there are positive outcomes regarding art therapy for children and young people across a range of areas such as emotional processing, expression and communication, mental health challenges, and social engagement

In a systematic review of effectiveness of art psychotherapy in children with mental health disorders, Braito et al. (2022) found that art therapy is a non-invasive therapeutic approach that supports children and young people to process their feelings. Their review found that art therapy delivered on an individual basis is beneficial for children and young people who experienced trauma. Their findings suggest that a group approach to art therapy can be effective with vulnerable children and young people including children and young people who are disadvantaged, teenage girls struggling with self-esteem, as well as with young female offenders (Braito et al., 2022).

Similarly, Riley (2001) observed, through clinical observations and case examples, that young people experiencing depression show improvement when expressing their emotions through art therapy. For example, art therapy can also be used as an assessment tool for depression through protocols like "Draw a Story". Riley (2001) found that art therapy proved effective with young people who show a preference for creativity and visual learning. Because art therapy is enjoyable and creative, Riley observed that young people are more willing to participate and engage with the intervention compared to traditional therapy. This infers that art therapy is effective in engaging young people.

Another systematic review carried out by Bosgraaf et al. (2020) found that art therapy has positive psychosocial outcomes, particularly in the areas of internalising and externalising feelings, social problems and self-esteem.

Additionally, a study carried out by Jalambadani (2020) found that painting-based art therapy improved social interactions in children with autism.

ADVENTURE THERAPY

Description

Adventure therapy is a socio-ecological intervention that utilises the natural environment for outdoor sports and adventure activities, which can be physically and/or psychologically demanding, as a primary tool to achieve treatment-related goals (Bowen & Neill, 2013). Adventure therapy belongs under the umbrella of nature-based interventions (Overbey, Diekmann, & Lekies, 2023).[3] It is an active and experiential approach that combines outdoor activities, such as hiking, overnight camping, canoeing, outdoor group challenges, and individual and group therapy sessions with therapeutic support (Overbey, Diekmann, & Lekies, 2021). This can also involve reflection and mentoring (Flies et al., 2024). This therapeutic approach challenges and supports individuals to discover new behaviours and acquire life skills to navigate challenges within a supportive team environment (Panagiotounis, Rose, & Rodríguez, 2023).

Aims and Outcomes

According to Panagiotounis, Rose and Rodríguez (2023), adventure therapy aims to:

- Encourage social inclusion for disadvantaged groups and youth at risk of social exclusion.
- Identify and replace self-destructive behaviours with productive ones.
- Improve physical and mental health, overall wellbeing, quality of life, happiness, and life satisfaction.
- Enhance positive mood and engagement, resilience, self-efficacy, and feelings of revitalisation.
- Reduce negative affective states like stress, depression, anxiety, tension, confusion, anger, or loneliness.
- Develop self-confidence and self-esteem.
- Acquire necessary life skills and practical experience.
- Improve social, psychological, physical, cognitive, and spiritual well-being.

Effectiveness

Several studies indicate the effectiveness of adventure therapy in areas including mental health, trauma, offending, substance misuse, self-esteem and relationship building, with some specific mention of ‘at-risk’ or ‘vulnerable’ young people.

A systematic review, completed by Mohan et al. (2022) sought to investigate the effectiveness of adventure therapy, or ‘wilderness therapy’ with reducing anti-social and offending behaviour. They systematically assessed through their integrated mixed method review whether adventure therapy reduces offending and which programme features (e.g., length, intensity, presence of mentoring) make a positive impact. Their findings indicate that wilderness therapy helps “at-risk”

[3] Various terms are used to describe adventure therapy in the wider literature. For example, adventure therapy is described in some instances as ‘wilderness experience programmes’, ‘bush adventure therapy’, ‘adventure-based counselling’, ‘outdoor adventure intervention’, ‘therapeutic camping’, and ‘outdoor behavioural healthcare’ (Bowen & Neill, 2013).

young people who are experiencing substance misuse, offending, school challenges, and/or trauma. Wilderness therapy can support young people by:

- Providing a safe and structured environment
- Improving social skills
- Promoting pro-social contact and positive peer relationships
- Encouraging responsibility and independence
- Increasing self-esteem
- Promoting pro-social behaviour
- Supporting emotional healing and better coping strategies.

Some studies report strong improvements for at-risk young people in self-esteem and behaviour. Mohan et al. (2022) note the lack of large, rigorous studies and a standard approach to delivering adventure/wilderness therapy. Many studies included in the review are small and descriptive, making it challenging to draw strong conclusions.

The "Change-up Project" is a more recent practice-based example of an adventure therapy intervention for at-risk youth. Panagiotounis, Rose and Rodríguez (2023) evaluated this programme in terms of its success, utility, worth, effectiveness, quality, and impact, focusing on interpersonal, intrapersonal, reflection, relationship with nature, and resiliency outcomes. The findings suggest that achievement-seeking is a prominent underlying motivation for young people who engage in adventure-based interventions. The indications are that tailored interventions that are challenging and reinforce a sense of accomplishment can be effective in promoting the desired interpersonal and intrapersonal outcomes. Outdoor sports activities are associated with physical health benefits, as well as significant improvements in mental health and well-being.

Similarly, in relation to vulnerable young people, Overbey, Diekmann and Lekies (2023) found through a scoping review that nature-based interventions, which includes adventure therapy, proved effective in several ways.[4] These included positive outcomes in managing hyperactivity and supporting mental health, relationship building, interpersonal skills, and personal development.

Overbey, Diekmann and Lekies (2023) and Bowen and Neill (2013) noted that the positive psychological, behavioural, emotional, and interpersonal outcomes are often maintained post-intervention in the longer term.

ANIMAL-ASSISTED THERAPY (AAT)

Description

Animal-assisted therapy (AAT) is a goal-directed, structured therapeutic treatment where an animal, often a dog or horse, is an integral part of the treatment process (Chapman et al., 2024; Hediger et al., 2021). The presence of the animal augments the existing therapy session, with the direct focus remaining on the client's treatment objectives and healing process (Chapman et al., 2024). AAT draws on theories such as biophilia (emotional connection to living things) and attachment (bidirectional human-animal connectivity) (Hoagwood et al., 2017). AAT can be integrated with other

[4] It should be noted that the scoping review carried out by Overbey, Diekmann and Lekies (2023) related to nature-based interventions and not solely to adventure/wilderness therapy. The nature-based interventions included animal assisted therapy, care farming, and gardening and horticulture-based interventions.

evidence-based treatments, including Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) (Chapman et al., 2024).

Aims and Outcomes

AAT aims to influence a wide array of outcomes, including:

- Decreased post-traumatic stress disorder (PTSD) symptoms, depression, and anxiety (Chapman et al., 2024).
- Increased efficacy of standard interventions for complex trauma (Chapman et al., 2024).
- Reduced human stress response, e.g., lower cortisol, blood pressure, heart rate etc. (Hediger et al., 2021).
- Improved social relationships and empathy (Chapman et al., 2024).
- Improved self-perception, self-worth, and trust (Chapman et al., 2024).
- Increased therapy engagement and completion rates (Chapman et al., 2024).
- Enhanced cognitive functions, communication, and executive functions (Da Silva et al., 2024; Overbey, Diekmann, & Lekies, 2021).
- Improved behavioural and emotional aspects. This includes for example, decreased hyperactivity, inattention, negative behaviours and increased positive behaviours such as self-control, social competence, self-esteem, self-efficacy, etc. (Da Silva et al., 2024; Overbey, Diekmann, & Lekies, 2021).
- Increased attachment security (Hediger et al., 2021).

Effectiveness

Several studies described the effectiveness of AAT in promoting positive psychological, social and behavioural outcomes. Some studies focus in detail on effectiveness in relation to trauma, PTSD and neurodivergence.

For overall positive psychological, social and behavioural outcomes, a scoping review of 37 studies, which included equine, canine, and farm facilitated interventions, carried out by Overbey, Diekmann and Lekies (2021) highlights the overall positive association of AAT with improved psychological, social and behavioural outcomes. Studies show that animal-assisted interventions (AAI) are linked to better psychological wellbeing, including improved emotional regulation, cognitive functioning, and fewer mental health issues such as anxiety, depression, and post-traumatic stress. The results indicate that AATs appear to strengthen self-image, self-confidence, trust, and self-efficiency, while also helping people manage emotions like anger and fear. The studies spoke to improved social outcome measures related to AAT, including stronger relationships, empathy, respect, patience, and better overall social functioning. Studies also report higher engagement, bonding, attachment formation, and leadership as well as improved communication skills, and suggest better coping with teasing and bullying.

For complex trauma and PTSD, a systematic review by Chapman et al. (2024) found that dog-assisted therapy may increase the efficacy of standard interventions in instances of complex trauma. Studies showed improvements in emotional problems with small to large effects, and some improvements in behavioural problems and hyperactivity. All five quantitative studies reported improvements in post-traumatic stress among dog-assisted therapy groups from baseline. Mixed findings were reported for depressive and anxiety symptoms, with one study showing positive impacts and others showing no change in the measures examined. In a similar study conducted by O'Haire, Guérin and Kirkham (2015), findings revealed positive short-term

improvements in depression, PTSD symptoms and anxiety. There are some indications that dog-assisted therapies have improved client retention compared to traditional methods, yet this was not consistently assessed in the studies (Chapman et al., 2024). In relation to PTSD specifically, a meta-analysis of the effectiveness of AAI for children and adults conducted by Hediger et al. (2021), indicated that AAI showed a small, but not statistically significant superiority over standard PTSD psychotherapy. Both studies note methodological challenges such as the lack of standardisation across AAI and the nature of different types of traumas, as well as the generally low quality of studies, with small samples, design issues, and possible publication bias.

There is evidence indicating that equine-assisted therapy (EAT) is effective for children and young people with disabilities and for those who are neurodivergent. For example, for children diagnosed with autism spectrum disorders and/or behavioural difficulties and people with cognitive impairments, the use of AAIs overall showed *"promising outcomes"* (Hediger et al., 2021, p.2). Da Silva et al. (2024) found that AAI (specifically EAT) proved effective for neurotypical children and young people. Their research found that non-randomised studies reported significant improvements in cognitive functions including, memory, communication and fine motor skills, as well as for behavioural and emotional issues, such as hyperactivity, emotional dysregulation and anxiety. EAT has also been linked to decreased cortisol levels, suggesting a reduction in stress. However, most of studies are non-randomised clinical trials (66%) and only 33% are randomised clinical trials.

CONCLUSION

Art, adventure, and animal-assisted therapies show promise as complementary therapeutic supports for children and young people facing mental health, behavioural, emotional and/or social difficulties. The literature indicates that these therapeutic supports provide numerous psychological and social benefits, particularly in improving wellbeing, emotional regulation and interpersonal skills. The three approaches share the advantage of being relational, encouraging, engaging, and generally enjoyable for young people. These factors are likely to improve participation and retention compared with traditional therapies. Their effectiveness in reducing negative outcomes such as participating in anti-social behaviour, long-term trauma symptoms, or persistent depression and anxiety is indicated, and yet to be robustly established. The available evidence is constrained by small studies, differing populations and methods. More purposefully designed research is needed to track and confirm the impact of ABTS. It is also important to explore which components generate the best results and determine which young people are likely to benefit.

Section 3: Methodology

This section sets out the methodology for the review which employed a case study design across four sites (Mills, Durepos, & Wiebe, 2010). The case study approach is regularly used to *"describe an intervention and the real-life context in which it occurred"* and to *"explore those situations in which the intervention being evaluated has no clear single set of outcomes"* (Yin, 2003, p.15).

Qualitative data were gathered via semi-structured interviews with staff/therapy providers, parents/foster carers, and young people, and through observations accumulated during the site visits.

Selection of Case Study Sites

Four case study sites were selected, in collaboration with the Tusla Research Oversight Group. These included one site that provides art and play therapy (creative therapies), two that provide adventure therapy, and one that provides equine-assisted (animal-assisted) therapy.

The case study sites were selected where engagement was most feasible. The following factors were considered when selecting the case study sites:

- **Focus on adventure and equine therapies** – identified as priority areas of interest by the Tusla Research Oversight Group and strongly represented in the selected sites.
- **Urban and rural mix** – to include a range of contexts reflecting diversity in service delivery and access challenges.
- **Higher numbers of potential participants** – sites were selected from regions with significant numbers of children in care and children in the community referred to Tusla, aged 14–17 years, to help maximise recruitment of participants for the research.
- **Geographic spread** – the chosen sites span different Tusla regions to capture any variation in local service contexts.

Recruitment of Participants

Following approval by the Tusla Independent Research Ethics Committee to conduct the research, convenience sampling was used to recruit a sample of ABTS providers, young people aged 14-17 years, and parents/foster carers.

The strategy for inviting and recruiting participants involved several steps to ensure that all potential participants were adequately informed about the research, understood their role, and were invited in an ethical and respectful manner. This process was conducted following approval from Tusla Area Managers, who provided support and access to case study sites.

RECRUITMENT OF CASE STUDY SITES/PROVIDERS OF ACTIVITY-BASED THERAPEUTIC SUPPORTS

Approval for this review was sought from the National Director of Services and Integration at Tusla Child and Family Agency. Gatekeepers were Tusla Area Managers in three Tusla areas where the case study data gathering took place. The review team requested approval, in principle, from three Tusla Area Managers for the field research for the four case studies to take place in their area.

Approval, in principle, was sought prior to approval from the Tusla Independent Research Ethics Committee and full approval was sought following confirmation of approval from the Tusla Independent Research Ethics Committee. Tusla Area Managers were directly contacted by the CES review team at the commencement of the review.

On commencement of the research, gatekeepers introduced the review and the CES team to the ABTS providers. The purpose of the review was communicated to the selected ABTS providers. Participation in the review was voluntary. Tusla Area Managers and/or members of the Tusla Research Oversight Group, as relevant role holders in the case study sites, invited ABTS providers to express interest in participating in the case study process. Participants could withdraw from the review at any time up until the production of the final report.

Following confirmation of participation, members of the CES review team met with representatives from each ABTS provider individually and presented information on the review design, methodology, and specific asks of participants. A briefing document was circulated to each ABTS provider (see Appendix A). Each ABTS provider had the opportunity to ask questions and discuss how data collection could be carried out within their service. Ongoing discussions took place between the review team and each ABTS provider following this initial meeting to confirm the logistics of data collection, e.g., site visit dates and planning. Information sheets and consent forms were distributed to ABTS providers (see Appendices B and F).

RECRUITMENT OF PARENTS/FOSTER CARERS AND YOUNG PEOPLE

Recruitment was conducted in collaboration with Tusla area level staff and ABTS providers in the four case study sites, using ethical and transparent processes.

Parents/foster carers and young people were informed about the review by the ABTS providers and provided with the relevant information sheets (see Appendices C, D, and E) and consent forms (see Appendices G, H, and I). Parents/foster carers and young people were given time to consider their participation and indicate if they were willing to take part in the research. All information sheets contained contact details for the Project Lead of the review team in CES (CR). Potential participants were encouraged to contact the review team if they had any questions or concerns about the review. Parents/foster carers and young people indicated their willingness to participate to the ABTS provider who then informed the review team.

Further information relating to recruitment of participants is outlined under ‘ethical considerations’.

Inclusion Criteria

Participants included:

- **Young people** aged 14-17 years who were referred by Tusla and who have engaged in an ABTS in the last 1-2 years. Interactions with young people took place in person/online to suit the needs of those involved.

  This also included:

  Young people who have a physical and/or intellectual disability and who have adequate supports (provided by Tusla and/or the young person’s support network) to engage in the data collection process (via interview) and who can give informed consent to take part in the review.

- **Parents/foster carers** where they have been responsible for the care of the young person while in receipt of the Tusla-funded ABTS in the past 1-2 years.

  This also included:

Parents/foster carers who have a physical and/or intellectual disability and who have adequate supports (provided by Tusla and/or the parent/foster carer's support network) to engage in the data collection process (via interview) and who can give informed consent to take part in the review.

- **Providers of activity-based therapeutic supports** for young people.

All participants were required to provide informed consent/assent and be willing to engage in the review, i.e., participate in a semi-structured interview. Participation was voluntary and all participants were informed of this and that they could withdraw at any time.

Data Collection

The number of participants at each case study site is outlined in Table 1. In total, 40 participants took part in semi-structured interviews. This included 16 staff/ABTS providers, 10 parents/foster carers, and 12 young people.

Specific details of data collection at each of the four case study sites is provided in Section 4.

Table 1: Participants at each case study site

ABTS provider	Participant category	Data collection method	Number of participants
Site 1	Staff	Interviews – in-person	5
	Parents/foster carers	Interviews – in-person	2
Site 2	Staff	Focus group – online/ Interview – online	7
	Young people	Interviews – in-person	4
	Parents/foster carers	Interviews – online	3
Site 3	Staff	Interviews – in-person	3
	Young people	Interviews – in-person	6
	Parents/foster carers	Interviews – in-person	4
Site 4	Staff	Interview – online	1
	Young people	Interviews – in-person	2
	Parents/foster carers	Interviews – in-person	1

Ethical Considerations

This review received full approval from the Tusla Independent Research Ethics Committee prior to commencement. The following ethical considerations informed the review process:

- **Consent and assent to participate:** A consent process was implemented, ensuring that all participants and their parents/legal guardians/Tusla (as appropriate, for those under 16 years) fully understood the review and their rights. For young people aged 14-15 years,

assent was obtained in addition to consent from the relevant adult stated above. Young people aged 16-17 years could consent for their own participation in this review.[5]

- **Accessibility of information about the review:** All recruitment materials, including consent forms, were provided in accessible formats suitable for different age groups and literacy levels.
- **Opt-in approach:** An opt-in approach was used, where potential participants could choose to contact the CES review team or indicate their interest in participating. This ensured that all participation was voluntary and free from any pressure.
- **Accessibility of participation format:** Semi-structured interviews were conducted in-person/online and participants were encouraged to join from environments where they felt comfortable and secure, such as their homes or other familiar settings. This approach helped to minimise any anxiety or discomfort related to participating in the research.
- **Service provider engagement:** ABTS providers in each of the four case study sites played a role in inviting young people and parents/foster carers to participate using their established relationships to ensure that invitations were extended in a way that was comfortable and familiar to potential participants.
- **Seldom-heard young people:** Given the diverse make-up of the population of young people that avails of ABTS funded by Tusla, it was likely that some of the case study participants may have fallen within the seldom heard categories. All participants who wished to and consented to take part were encouraged to do so. All steps were taken to ensure that young people (aged 14-17 years) who consented to participate were supported to do so.
- **Persons in dependent relationships:** It was not within the specific scope of this review to deliberately target people in dependent relationships. Given the purpose of the review, and the make-up of the population whom Tusla serves, it is possible that some review participants, at each of the four case study sites, may have fallen within these categories. All steps were taken to ensure that those who consented to participate were supported to do so.
- **Confidentiality and anonymity:** The review team ensured confidentiality and anonymity for all participants (young people and parents/foster carers), assuring that all responses were kept confidential, and that any identifiable information was anonymised appropriately. Where there were limits to confidentiality under Children First, this was explained.
- **Data storage:** Data were stored in line with CES's Data Protection Policy. Data were stored on CES devices and cloud storage, both of which are encrypted and/or password protected.
- **Ethical guidelines:** The review team endeavoured to honour the ethical guidelines set out by the Tusla Independent Research Ethics Committee and other relevant professional bodies, to prioritise participant welfare throughout the review process.
- **Wellbeing of participants and distress protocols:** CES took several measures to ensure the wellbeing of participants during and after the review. This included qualified and experienced researchers,[6] accessible information for support services on the information sheet provided to participants and following a clear distress protocol should a participant become visibly upset or distressed during their participation.

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[5] HSE National Policy for Consent in Health and Social Care Research

[6] All researchers involved in the study completed "Children First" training, which includes child protection guidelines and were successfully Garda vetted. Members of the review team are also trained in the Lundy Model of child participation, which focuses on providing a safe space for young people to express their views, ensuring their voices are heard and respected, and giving due weight to their opinions in all decisions that affect them. This training ensures the research is conducted in a youth-centred and inclusive manner.

Limitations

The following limitations are noted in relation to this review:

- **Limitations of case study design:** This review employed a case study design. Limitations relating to selection bias and the generalisability of findings are inherent in the design. Despite these possible limitations, rich, qualitative findings are presented.
- **Research cohort:** Limitations in relation to access to young people and parents/foster carers are noted. This review set out to include a sample of young people aged 14-17 years. Several logistic and feasibility issues arose during data collection. Data collection was challenging due to school and other commitments that young people have. The CES review team accommodated in-person participation at ABTS providers' premises or alongside events organised by ABTS providers to support participant involvement in the review.
- **Lack of direct input from young people in relation to creative therapies:** Site 1 offers services for young people aged 7-12 years. As the target age group for this review was 14-17 years for young people, and ethical approval was sought for this age group, the views of young people from site 1 were not included.
- **Limited exploration of animal-assisted therapy:** While this review focused on equine-assisted therapy, other forms of animal-assisted therapy also exist and findings from this review may not be generalisable.
- **Lack of quantitative data**: It was not possible, at the time of this review, to gain a comprehensive quantification of ABTS commissioned by Tusla. This data was required to meet the original impact and implementation objectives of the review. In the absence of available quantitative data, the focus of the review turned to a qualitative exploration of service provision in the four case study sites.

Data Analysis

Data were analysed using a deductive thematic approach. Deductive thematic data analysis uses an existing framework or theory to examine and understand interpersonal and intrapersonal narratives, process and meanings (Fife & Gossner, 2024). The data was analysed according to 4 themes:

- What works well (enablers)
- Challenges in relation to each ABTS (barriers)
- Benefits of each ABTS
- Considerations for the future and areas for improvement in the provision of ABTS for children and young people.

Data from each case study site were analysed separately in the first instance by two members of the review team (CR and JS) to prepare the individual case studies. Findings from the two adventure therapy providers were combined.

The overall findings were synthesised – see Section 5.

Section 4: Case Studies

This section describes each case study site including the history of each service.

Case Study Site 1

Case study site 1 (hereafter Site 1) examined creative therapies. This site operates in the Northwest Inner City of Dublin.

DESCRIPTION AND HISTORY OF SITE 1

Site 1 is a community-based Child and Family Project based in the Northwest inner city of Dublin. Site 1 was established in 1997 by people living and working in the area, who identified a need for a project to support children and their families. The service supports children aged 7-12 years and their families who live and attend school in the area.

Site 1 aims to foster the personal and social growth of children referred to the service, supporting them in reaching their full social and educational potential within a safe, caring, and enjoyable environment.

Site 1 promotes the safety, welfare, and empowerment of the child by recognising the child in their own right, with individual needs and interests. Site 1 is an inclusive project, welcoming and respecting children of all races, religious beliefs and backgrounds.

Referrals from Tusla take priority, though referrals can be made by schools, agencies, and self-referral. All referrals are accepted, but places are allocated based on needs and the potential of the child and family to benefit from the support. Places are limited as there is a high staff to child ratio. Placements are for one year, with a possibility of extending another year if it is thought that this would be of benefit to the child and family.

Site 1 adheres to the Children First Guidelines and legislation and has a Child Safeguarding Statement, as well as a Health and Safety Statement. All policies and procedures are reviewed and updated regularly.

Site 1 is a community-based service that is core funded by Tusla Child and Family Agency.

PROVISION OF ACTIVITY-BASED THERAPEUTIC SUPPORTS

Site 1 offers a wide range of supports to both the child and their parent(s). These include:

- *After-school groups*: These are daily after school groups from September to June that provide social time, homework support, and educational/fun activities.
- *Children's individual and group programmes*: Site 1 offers daily after school groups from September to June and services during midterm and holidays breaks. These programmes offer a mixture of education, social and fun activities. Children can engage in creative arts, fun skill-based activities, sport and outdoor activities, social and personal development activities, issue-based work, and educational support.
- *Family programmes*: Site 1 works closely with parents, offering support in their parenting role, helping them build confidence and skills and empowering them to create a safe and nurturing environment for their children. Site 1 offers a range of informal and formal educational programmes including parenting skills, social

and personal development, peer support group and practical workshops such as cooking, crafts, budgeting, and healthy eating.

Site 1 offers play therapy sessions to targeted children that have been referred to the programme. Site 1 contracts community-based therapy to ensure timely access to support, avoiding long waiting lists and enabling immediate support for children identified as needing extra attention and support.

Therapeutic supports are offered on a weekly basis over the course of between 10-12 weeks. At the end of the sessions there is a review, evaluation, as well as feedback from parents. Therapeutic support can be extended if needed.

It was a staff initiative to introduce and integrate play and art therapy at Site 1, with staff qualifications and connections within the community having supported the integration of these therapeutic modalities.

The therapy sessions are offered at no cost to families to remove any financial barriers for families with limited income.

SITE VISIT: DESCRIPTION OF ENGAGEMENT WITH SITE 1

On the day of the visit to Site 1, two members of the CES review team met with 3 staff members, 2 parents/carers of children who have received therapeutic support and 2 therapists, one of which was an art therapist, and the other was a play therapist.

It was not possible to meet with children who had attended play/art therapy at Site 1. However, while on site, members of the review team had the chance to observe and engage with several children from the afterschool group.

Additionally, after the site visit, the opportunity presented itself to engage with 2 former service users of Site 1; an adult who had received art therapy as a child and their parent. This was a valuable opportunity to gain insight into the longer-term impact of the therapeutic supports provided.

Case Study Site 2

Case study site 2 (hereafter Site 2) examined an adventure therapy programme, situated within a youth service in the Southeast of Ireland.

DESCRIPTION AND HISTORY OF SITE 2

The adventure therapy programme offered at Site 2 was established in early 2020 as an adventure therapy option for young people in the locality, aged 12-17 years.

The adventure therapy programme offered at Site 2 is situated within a community-based organisation which offers training opportunities for young people, groups and services for young people at risk of exclusion/marginalisation, a creche and after-school services, and parent and toddler groups, among other services.

Both the youth service and the adventure therapy programme at Site 2 operate within the principles of the Lundy Model[7] of child and youth participation and services provided are considered universal (level 1) in terms of the Hardiker Model of family support (see Figure 1).

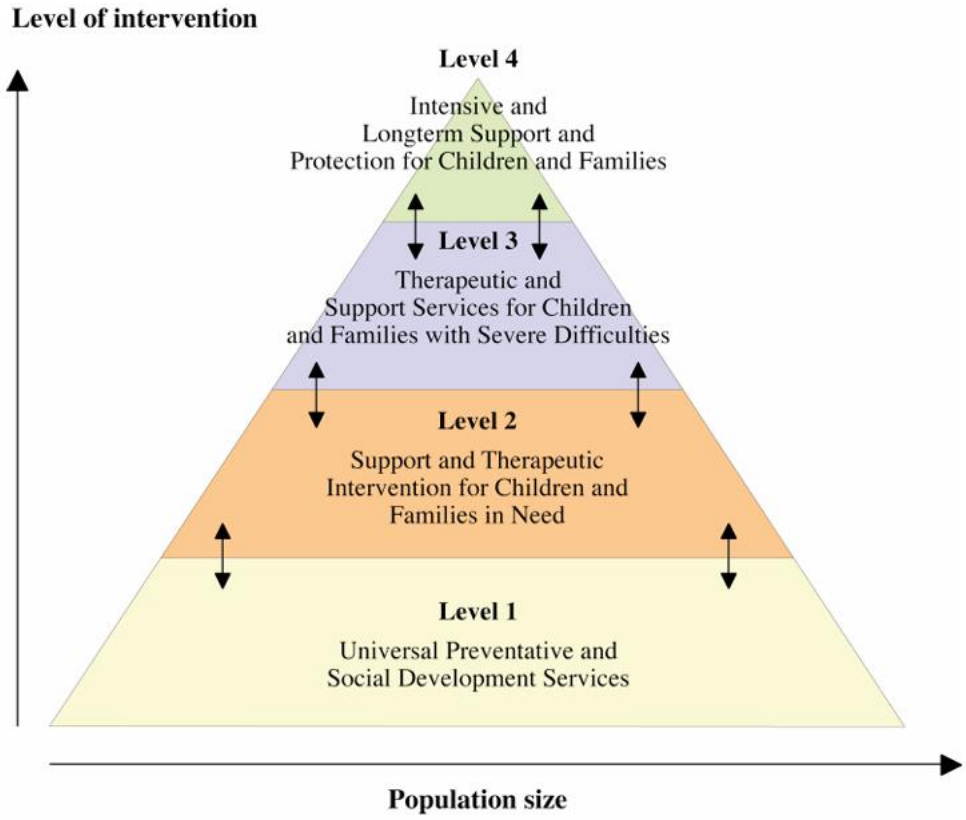

Figure 1: Hardiker Model of family support

Site 2 is a registered charity which receives funding from Tusla Child and Family Agency. The adventure therapy programme has been funded by Tusla since 2022.

[7] Hub na nÓg Participation Framework Lundy Model

PROVISION OF ACTIVITY-BASED THERAPEUTIC SUPPORTS

Adventure therapy sessions are offered one-to-one with a young person and include a range of activities, most of which take place outdoors, including hiking and walking in forests and on local beaches. A local falconry service has also been engaged during outdoor ABTS work.

In 2025, staff at Site 2 completed residential training in solution-focused outdoor therapy with Dr Stephan Natynczuk[8]. The outdoor therapy is a specific, pragmatic, and intentional model that facilitates useful therapeutic conversations with young people which the evidence suggests effectively and efficiently co-constructs helpful change. The training was funded by the Department of Justice, and the model of solution-focused therapy underpins the work of the team. Dr Natynczuk has over 30 years' experience of professional practice working with young people, co-adventuring underground, on mountains, rivers, and lakes in forests and all with solution-focused conversations.

SITE VISIT: DESCRIPTION OF ENGAGEMENT WITH SITE 2

The CES review team carried out a site visit to Site 2 to meet with staff, young people aged 14-17 years who were engaged with the adventure therapy programme, and parents/ foster carers. Two members of the review team visited Site 2 for a full day and met with 3 staff members, 6 young people, and 4 parents/foster carers to discuss their experiences of the adventure therapy programme.

Interviews were carried out in a small office onsite with two members of the review team present at all interviews. Over the course of the day, the review team had the opportunity to view the premises and meet with a wider team of staff at the youth service.

[8] Dr Stephan Natynczuk has been professionally involved in experiential education since 1988. He runs a private outdoor therapy practice in the UK and has conducted extensive research on the effective practice and professionalism in outdoor therapy. Dr Stephan has is co-author of Solution-Focused Practice in Outdoor Therapy. Routledge 2023.

Case Study Site 3

Case study site 3 (hereafter Site 3) provides adventure therapy in the Southeast, Southwest, and Dublin. The CES review team focused on Site 3's supports in the Southeast of Ireland.

DESCRIPTION AND HISTORY OF SITE 3

Site 3 is a not-for-profit organisation, established in 2011 and works with young people experiencing emotional and behavioural difficulties. Site 3 also work with young people with neurological disorders, e.g., dyspraxia, autism, etc. The organisation offers several adventure therapy-based programmes for young people, working in partnership with statutory and non-statutory agencies. In general, Site 3 works with children 8-years-old and over who are living either at home or in a care setting. Site 3 receive funding from Tusla Child and Family Agency, under Service Level Agreements (SLAs) since 2014, as well as funding other sources.

The mission of Site 3 is to *"transform lives through adventure".* Site 3 aims to *"have adventure therapy as an option for all people in need, and at risk in the country".*

Programmes offered by Site 3 are built on 3 pillars stated by the organisation as follows:

1. *The Experience* – This pillar looks at the specific physical and mental challenges the young person engages in and how the participant faces these challenges.
2. *Personal Ownership* – Each participant is asked to take responsibility for their own actions and decision whilst in the session.
3. *Reflections* – This section focuses on the young person's life outside of the programme and the decisions and actions taken by the young person which resulted in the young person being referred to Site 3.

The objectives of their programmes are stated as:

1. *Personal Development and Mastery* – To enhance the participant's self-concept and extend their self-awareness.
2. *Interpersonal Effectiveness* – To expand the participant's sense of community and capacity for responding to others.
3. *Environmental Awareness* – To enhance the participant's understanding of the fragile nature of wild areas, and to increase the participant's sense of responsibility for the care and preservation of such amenities.
4. *Learning* – To instil an attitude of curiosity, experimentation, and participation.

An expanded description of each objective is presented in Table 2.

Table 2: Objectives of Site 3's programmes

Objective and description	Skills development
1. Personal development and mastery To enhance the participant's self-concept and extend their self-awareness.	• Identify personal limits and potential • Clarify needs and goals • Recognise the individual's role and acknowledge a responsibility to self and others • Overcome hesitation, fears, and fatigue when confronted by a physical and mental challenge • Convey a positive self-regard in appearance and manner and by putting forth one's position, especially when it differs from prevailing or dominating views • Accept responsibility for actions and feelings, including being willing to accept and follow through on leadership assignments • Recognise personal strengths and limitations and be willing to help when needed • Take initiative in doing tasks and in doing new things • Have fun
2. Interpersonal effectiveness To expand the participant's sense of community and capacity for responding to others by…	• Practicing honest, open, and effective communication • Developing cooperative relationships around common projects • Being willing to help companions achieve by offering physical and mental support • Having empathy for and being responsive to the needs and feelings of others • Deferring personal for the betterment of the group • Assuming leadership position if need arises • Tolerating others' points of view, lifestyle and values, and showing a willingness to discuss differences and defend the rights of others
3. Environmental awareness To enhance the participant's understanding of fragile nature of wild areas, and to increase the participant's sense of responsibility for the care and preservation of such amenities.	• Show a willingness to learn about the natural environment and its care • Exhibit care towards living things and nature • Adhere to leave no trace guidance/ethics
4. Learning To instil an attitude of curiosity, experimentation, and participation by encouraging participants to...	• Ask questions • Try new things • Mastery of newly acquired knowledge and skills

PROVISION OF ACTIVITY-BASED THERAPEUTIC SUPPORTS

Site 3 offers group-based and one-to-one supports for young people including:

- *Therapeutic Services* – Site 3 offers one-to-one activity-based therapeutic intervention service which includes brief solution-focused coaching to support young people and their families. This intervention helps young people to identify challenges and take actionable steps towards making positive changes in their lives. *"Through carefully designed outdoor challenges, participants experience growth, confidence-building, and new perspectives, equipping them with the skills needed for adulthood."* The intervention aims to improve young people's resilience, self-awareness, communication skills, and sense of responsibility. Each session lasts approximately 4 hours. Regular sessions are planned on an ongoing basis. Referrals to Therapeutic Services are made through the Health Service Executive (HSE) or Tusla Child and Family Agency.
- *Disabilities Service* – This service is offered as an alternative to home respite for young people living with additional challenges such as a physical disability, an intellectual disability, or neurodiversity. There are two different offerings within this service, a camp programme which operates throughout the year and a summer camp programme which brings together groups of 10 young people and adults for a 4-day camp during summertime. Referrals to the Disabilities Service are made through the Children's Disability Network Teams (CNDT).
- *Respite Programme* – This programme is a respite service offered on a need's basis. Sessions typically last approximately 6 hours, usually offered at weekends. This programme has a slightly less therapeutic focus than the organisation's Therapeutic Services. It is intended for young people and children who are in crisis either at home or in residential care. While the organisation's Therapeutic Service offering is planned and includes goals, the Respite Programme is completely client led. Referrals are made through a Social Worker.

Approximately 150 young people attend Site 3's programmes consistently each year. Approximately 1,000 young people have benefited from Site 3's supports to date. Their most recent impact figures indicate that in 2024 Site 3 supported 172 young people (14,814 hours) through their therapeutic services, 512 young people (12,385 hours) through Disability Service Camps, and 179 young people (1,412 hours) through Group Activities. The impact is a total of 863 young people supported over 28,611 hours.

SITE VISIT: DESCRIPTION OF ENGAGEMENT WITH SITE 3

Two members of the review team conducted a focus group online with 6 field guides from Site 3. Field guide is the term used by the organisation to describe the staff role of facilitator of adventure therapy. A separate interview was conducted online with a senior staff member by 2 members of the review team. Interviews were carried out online, over the phone, or in person with parents/foster carers and young people aged 14-17 years.

One member of the review team attended a social event for young people, organised by Site 3, and conducted some in-person interviews onsite at this event. The event took place at Halloween 2025 and young people gathered to engage in games and other activities together. Young people normally meet with their Site 3 field guide one-to-one; however, the benefits of the social event, and the opportunity to meet with other young people engaged with Site 3, was acknowledged by the young people who participated in interviews. Similar social events take place regularly throughout the year, typically organised in line with school holidays, mid-terms, and specific occasions such as Halloween, Christmas, and summer holidays.

Case Study Site 4

Case study site 4 (hereafter site 4), explored equine therapy. This site is based in the Northwest of Ireland.

DESCRIPTION AND HISTORY OF SITE 4

Site 4 was established in 2012 in the Northwest of Ireland. Site 4 uses a unique therapeutic model known as Equine-Assisted Counselling (EAC). An EAC approach is a unique approach to therapy which incorporates horses, a counsellor and client to work together. This approach is experiential, centered on interaction with horses to support learning, regulation, and insight.

This therapeutic approach integrates the therapist's training and qualifications in counselling with specialist training in several equine and trauma-focused modalities. These include:

- Gestalt Therapy
- EAGALA (Equine Assisted Growth & Learning) Model of Equine Therapy
- Horse Boy Method, which is designed for children and young people with ASD
- Integrative Counselling
- Child & Adolescent Counselling.

The therapist is IACP (Irish Association for Counselling and Psychotherapy) and BACP (British Association for Counselling and Psychotherapy) accredited. The therapist works in private practice and with young people whose equine therapy is funded by Tusla.

EAC is available to both children and young people who are experiencing depression, anxiety, bereavement, loss, low self-esteem and emotional dysregulation such as anger.

EAC promotes person-centeredness and the agency of the young person in a safe and supportive environment.

The primary aim of EAC is to provide a confidential, non-judgmental therapeutic space for children and young people experiencing emotional, behavioural, or psychological challenges.

The counselling encourages emotional healing, regulation, and self-awareness, helps young people build healthier coping strategies, and promotes overall improvements in mental health, self-confidence, and resiliency.

Benefits include increased self-confidence, communication skills, empathy, and awareness in one's personal development, as well as a greater ability to manage behaviour.

Referrals can be made by parents/guardians, or young people can self-refer. Referrals may also come from professionals depending on the service's established pathways.

PROVISION OF EQUINE-ASSISTED COUNSELLING SUPPORTS

In a safe and supportive environment, young people work at their own pace with the horses and the counsellor. Horses model embodiment, presence, and emotional intelligence. By working with horses and observing their non-verbal behaviours, this allows the counsellor to elicit feelings from the participant. This is helpful in working through challenging emotions or behaviours and their emotional consequences. In doing so, participants can build a relationship with the horse. No previous equine experience is needed, and no horse riding is required.

The number of sessions offered is guided by and depends on the needs of the young person.

SITE VISIT: DESCRIPTION OF ENGAGEMENT WITH SITE 4

One member of the CES review team visited the site in late 2025. A follow-up interview was carried out with the therapist as well as interviews with one parent and one young person on the day of the site visit.

There was an opportunity to observe some of the horses and visit the arena and facilities used for equine-assisted therapy, as well as the lake and surrounding areas at the centre. There are plans in place for the development of a larger arena and facilities to further support the provision of equine-assisted therapy to young people.

Section 5: Findings

This section sets out the case study findings that inform this review. Findings from interviews with stakeholders, including ABTS providers, young people, and parents/foster carers are summarised in this section.

Each case study sets out the following detail relevant to the specific ABTS:

- What works well or the 'enablers'
- The challenges or 'barriers'
- Benefits
- Considerations for the future and areas for improvement
- Observations of the CES review team
- Summary.

Creative Therapies (Art Therapy and Play Therapy)

WHAT WORKS WELL (ENABLERS)

There were several factors which enabled children and families to receive therapeutic support.

- **Therapy modality**: Art/play therapy is a widely suitable therapy modality for children *"across the board"* (therapist), because *"play is their natural language"* (therapist). Parents/foster carers reinforced how art/play therapy was a suitable modality of therapy for their child compared to talk therapy for example, noting how play/art therapy allowed the child to express themselves more comfortably and at their own pace, using "*a broad range of activities*" (parent/carer). Typically, according to staff, young children tend to suit play therapy, with older children or children that *"have a particular interest in art"* tending to favour art therapy (staff).

> *"How you will access the child is through play, just because their brain is not developed enough to have the language to explain what is going on, but they can do that through play or art." – Therapist*

> *"It is not just for a 'certain' child" – Parent/carer*

> *"Especially, at that age, [the child] would not have been able to articulate" – Parent/carer*

- **Appropriate facilities and a safe, welcoming space**: Staff, therapists, and parents/carers highlighted that children *"love"* the sensory room that is used for art and play therapy sessions (staff). It is an invaluable resource, providing a safe and engaging space (see Figure 2).

Figure 2: Picture of the sensory room taken on day of site visit to site 1

This safe, welcoming space promotes engagement and progress. In this way, sessions are child-led, with children given the choice of activities, which promotes a sense of agency and encourages participation.

"My work is about going at the child's pace…The work is about they can play out the traumas or difficulties that they've been going through…Very non-directive…it would be very much [the child] doing what they need to do and being who they need to be in here. There is no 'acceptable' way to be…" – Therapist

- **Staff identification of need and innovation**: The provision of art therapy was an organic initiative that came about because of a staff member pursuing further education through which they became aware of creative therapies. There was a need for non-traditional, creative approaches for children who would respond to creative therapies compared to traditional talk therapies. Staff have the *"ability to identify if there's a need"* for a particular child to receive support (staff). The proactive innovation shown by the staff at Site 1 is credited with positive developments in providing a broader range of therapeutic options tailored to individual interests and needs.
- **Wraparound support**: Outside of the sessions, staff *"would continue to work with your child"* by reinforcing the therapeutic approaches or learned techniques and *"provide [their] own type of support"* for the child (staff). This promotes a holistic *"wraparound"* approach, where *"everyone is working together"* for the best interest of the child (staff). In this way, if required, referrals to further supports based in the local community can be provided after a child has finished their block of sessions.
- **Flexibility and adaptability**: Staff and parents/carers also appreciated the flexibility and adaptability of the therapist as well as with the therapy itself. Session length and the activities can be adapted for the individual needs of the child, with the therapist *"working around the time that [the child] was [in site 1]"* (parent/carer). This enables the session to be easily incorporated into the family and child's normal routine, with one parent/carer sharing that *"it always kind of just fits in"* (parent/carer).

"I'll work around. I think it's really important that whatever interests they have, that we include it all…Say our therapy is on a Wednesday, but they have football on a Wednesday. I'll shift. I don't want them to miss anything…" – Therapist

- **Accessibility/community based**: The accessibility of the service is viewed as an enabler. The service is geographically accessible for children attending school and living in the community. Additionally, *"there's no financial payment"* for receiving the support (staff). For therapists, they didn't *"have to limit the number of sessions"* being provided due to voluntary basis of providing the support (therapist). This promotes greater accessibility for children in need of support.

"A lot of the kids that are availing of services here, they go to local schools…They know where we're based and it's not too far from home for them." – Staff

- **Positive engagement from parents/carers**: Staff noted that the positive engagement of parents/carers, particularly at the time of referral, with efforts made to ensure consistency in attendance. Positive engagement of the parents/carers is enabled by the good relationships that Site 1 has nurtured with them. That relationship is considered the *"most important thing"* (staff). Further communication is maintained by the therapist throughout the course of the session to support the child's progress and address any concerns, while honouring the confidentiality of the child.

"…That helps as well because the relationship that we have…" – Parent/carer

- **Support for parents/carers:** The support that parents receive from both Site 1 and the therapist were mentioned as enablers. For example, the therapist works *"alongside"* the parents to *"support them to support their child"* (therapist). This could include around setting boundaries or the use of screentime. Parents/carers also highlighted the value of support for parent/carers being provided alongside the play/art therapy. Site 1 also offers *"plenty of"* regular parent groups and family days which can involve art and crafts, personal development activities, and day trips (parent/carer). These are opportunities to include extended family members and providing a sense of safety and belonging for them, as well as *"a social outlet"* (staff). Such opportunities are valued by parents/carers. Parents/carers also highly appreciate the continued efforts of the service to include them and their child in days out and activities, even after their child has finished their block of art/play therapy.

"It was a great support, not just for [the child] but also for me…when the play therapy came about… [the child] looked forward to it. [They] might be in for an hour, and I might have a bit of counselling…" – Parent/carer

"…You don't feel that you're just left afloat…" – Parent/carer

- **Qualified and experienced therapists and theoretically supported approaches:** Therapists are *"…very well trained and are trauma informed"* (staff). Therapists shared how their work is *"child-centered"* and grounded in child development and neuroscience which enables the effective provision of art/play therapy (therapist). Therapists described a range of therapeutic models and approaches that they adopt in their sessions. These include using a child centered, integrative therapeutic model, drawing on humanistic and Cognitive

Behaviour Therapy (CBT) techniques and informed by attachment theory and the work of Bowlby[9].

- **Community-based provision, with established familiarity, reputation, and trust**: The fact that Site 1 is centered at the heart of the community and has long serving, committed staff, is credited with enabling service provision and promoting service user engagement. Site 1 is described as *"open"* and *"friendly"* (parent/carer). Parents/carers shared that because the child was already attending the service, they were *"comfortable to go"* to art/play therapy (parent/carer). Additionally, Site 1 has supported several parents who attended the service themselves *"when they were younger"* (staff). This has established trust and familiarity and fosters a stigma-free, supportive environment. Here we see the generational impact of the service and the value that Site 1 holds for the community.

> *"…I think an awful lot of the time it's down to the staff. We're non-judgmental and they know that, and they know we're here to support…They've had a good experience staff, and they feel comfortable." – Staff*

> *"That's the kind of impact they have on the community, not just for the child's development, but for parents as well. They do a lot for parents…" – Parent/carer*

- **Positive relationship between Site 1 and Tusla:** The positive, *"very open"* relationships fostered between Site 1 and Tusla was noted as something that enables the provision of therapeutic supports to children (staff). This includes positive working partnerships and relationships with the local Child and Family Support Network (CFSN) co-coordinator, Prevention Partnership and Family Support (PPFS) manager, and commissioning officers which facilitates timely referrals and the provision of support to families.

CHALLENGES IN RELATION TO ART/PLAY THERAPEUTIC SUPPORTS (BARRIERS)

Staff, parents/carers, and therapists outlined some challenges in relation to the provision of therapeutic support for their children. These include limited funding, staff retention, prioritisation of need, communicating and difficulties in maintaining consistency and parental engagement in therapeutic programmes.

- **Funding constraints**: Site 1 operates with *"static"* funding (staff). This means that staff must carefully manage resources and often have to seek additional resources to maintain services. Limited funding restricts the number of sessions. For example, one therapist described that this can be challenging in cases where children may require extended time to build trust.

> *"You really have to show and prove that this child needs more than maybe what ideally funders would like to pay for and that can be a challenge because…it could take you 12 sessions to build the relationship with them…it takes that time for them to feel safe with you. So, then the work can begin…" – Therapist*

[9] John Bowlby (1907-1990). British psychiatrist and psychoanalyst who specialised in child development and the importance of early attachment relationships. His attachment theory, holds that infants and small children need to form a close relationship with at least one primary caregiver, informs much of modern-day therapy, parenting and education.

- **Staff retention**: Retaining staff is a challenge due to the limited financial incentives. Staff often *"move on"* having gained valuable experience at Site 1 (staff). The service relies upon dedicated staff from the community. Newer staff bring *"energy, youth and new ideas"* (staff), but may not stay long-term due to lack of financial incentives. Although, staff noted the recent introduction of staff increments, but that pay parity issues still exist.
- **Prioritisation of need**: Limited resources means that only children with the highest level of need can access bounded creative therapeutic supports. This results in *"picking who needs it most"* and *"waiting lists"* (staff) and despite all utilisation of resources and support, there are always more children in need of support than can be catered to.
- **Parental/carers reluctance due to lack of awareness/concerns for privacy**: Some parents/carers can be hesitant to avail of the therapeutic support for many reasons. For some parents, the word 'therapy' carries a lot of stigma, and they may feel that *"you're saying there's something wrong with their child"* (staff). Some parents/carers may *"think it's just a play session"* (staff), or *"art classes"* (therapist), and not *"see the value in it"* (staff), or they may be unsure of the suitability of art/play therapy for their child. Here, staff play an important role in *"giving them as much information [about play/art therapy] if they want"* (staff) and explain the benefits. Parents/carers are offered options *"to speak with the therapists and get more information from them"* to ensure that they were well-informed in their decision-making (staff). Other reasons for parents to be reluctant can relate to privacy concern about personal family matters and *"fear of what the child could disclose"* (therapist).

"…Prior to knowing what [art/play therapy] was, I had this idea of what it was, and I was completely wrong." – Parent/carer

- **Parental engagement and consistency of attendance:** Staff share that sometimes parents/carers *"don't prioritise"* attending the sessions due to other conflicting commitments in their lives (staff)**.** Attending the sessions on a regular basis can be difficult, but it is *"key"* (staff).
- **Effecting change**: It can be challenging to effect change in circumstances where the child's external/home environment is chaotic.

"Sometimes you find yourself just being like, I just wish I could change something for this child outside of this, and I suppose what I have to say to myself all the time is that what I'm giving them for that hour is something." – Therapist

"The children come in here and they're safe for their 2 ½ -three hours that they're here, but they're still going home to a situation that you've no control over." – Staff

- **Managing parental expectations**: Therapists shared how parents often have unrealistic expectations of what can be achieved in play/art therapy. However, in the initial meeting and through ongoing communication, therapists clarify and reinforce to parents that their role is to support the child's needs, *"help [parents/carers] understand the child…"*, rather than *"fix or change"* the child (therapist).

BENEFITS OF ART/PLAY THERAPIES

Staff, therapists, and parents/carers shared numerous benefits of play therapy for the child. According to the participants from Site 1 there are a **range of presenting issues** that art/play therapy can support with. These include **Attention Deficit Hyperactivity Disorder (ADHD), sensory and behavioural issues, developmental and educational challenges, trauma and**

neglect, parental addiction, housing instability, poverty, domestic violence within the home, and **mental health difficulties within the family**.

Overall, parents/carers reported **hugely positive feedback** for play therapy, with staff and therapists upholding they have seen *"huge difference[s]"* in the children that attended (therapist).

"[The child] benefited a lot from [art/play therapy] definitely, 100%" – Parent/carer

"It was a really good support for [the child]" – Parent/carer

"I have only seen growth [from art/play therapy]" – Therapist

Parents/carers and therapists believe it was very beneficial for their child to have a ***"safe"*** (therapist), ***"non-threatening"*** place to *"speak openly in"* (staff), with an adult. The therapist being an **external outlet** came through as important as this allows the child to open to another adult, who is not *"direct family"* or *"someone who is close to [the child]"* and bring up issues and discuss things that they might not otherwise (parent/carer).

"It's probably the best way for children to express their emotions…" – Parent/carer

"It's just giving the child an opportunity to be able to express themselves and feel listened to" – Staff

"They get a space where there is absolutely no judgment and who they are is supported" – Therapist

Parents/carers and staff reported **improvements in overall happiness, *"self-esteem"*** (therapist), ***"confidence"*** (parent/carer), **participation, social skills, and relationship-building.** Therapists described using specific activities, such as mirror work and physical challenges to help children build self-esteem and self-belief.

I think the benefits for [the child] [was] [they] [were] less frustrated. [They] were engaging more like [the child] was open to like different forms of play…" – Parent/carer

"You start to see a smile on the child's face…" – Staff

"…It's celebrating everything about them, regardless of the presentation of that..." – Therapist

Emotional regulation and **resilience** were mentioned as other observed benefits of creative therapies. Some parents/carers shared specific stories about how the therapies supported their children in **overcoming challenges around anxiety and emotional distress, feeling more at ease** and **expressive**. Art/play therapy was described as an effective means for their child to **express emotions** and **process experiences**, especially when speaking about things that are difficult. For example, the therapist described the use of a sand tray and figurines to allow children to represent their worlds and experiences. This allows the therapist to *"…get a big insight into what's going on in their world because they're literally showing you…"* (therapist).

"I think that was just that one-on-one time with [the child]. I think [the child] liked that. [They] opened up a bit more… [The child] wasn't as introverted in that sense..." – Parent/carer

"…There's been like a change in how they regulate or how they express themselves…It's great to be able to see the difference…" – Staff

According to staff, children gain a sense of **empowerment** and **autonomy** through engaging in art/play therapy.

"Voice. Giving them a voice." – Staff

"It's giving them that autonomy to be a strong, independent person as they grow." – Staff

Parental capacity and confidence are also supported through the provision of art/play therapy. For example, one therapist describe that their therapeutic approach involves *"helping parents in responding"* to their child's needs (therapist). Parents/carers also described how the support that both they and their child received, including the **dual support** provided by Site 1 directly to the parent/carer, the joint activities, i.e., day trips, as well as the play/art therapy for the child, *"[made] a big difference"* and positively impacted their relationship with their child (parent/carer).

"…It definitely made us closer as well. [They]'d open up a lot more… [The child] is good. I am good. We are good." – Parent/carer

"…There's lots of inclusiveness for the whole family, not just the child going through the issue…" – Parent/carer

Staff hope that by engaging in art/play therapy at a young age, the children grow up with a **better awareness of mental health**, leading to the **normalisation of seeking support.**

"We'd hope that through this it's something that will follow into their adulthood and knowing that it is okay to seek help when you need it." – Staff

"[The child] loved [art/play therapy] so much [that] [they] asked to go back…when [they] hit another bad patch…" – Parent/carer

Staff, parents/carers, and therapists alike shared that a fundamental indicator of the benefit and success of art/play therapy is the **continued attendance** and **voluntary engagement** by the child. This is a tangible and measurable sign that the child **enjoys the sessions** and has the chance to take part in activities that they like. Staff, therapists, and parents/carers have **confidence in the effectiveness** of art/play therapy or identify 'signs of success' because they continue to observe the positive behavioural and emotional developments in the child.

"You do be delighted when they're finishing because you know they're happy, they're confident…" – Staff

"It's hearing that they are doing so much better in this area, and I can see it in them as well, and I think that's the loveliest part…You know, even without actually knowing, that if they're so different here, then something has shifted in the outside world as well" – Therapist

CONSIDERATIONS FOR THE FUTURE AND AREAS FOR IMPROVEMENT

Staff, parents/carers and therapists suggested that ABTS could be further strengthened in the following ways:

- **Increase provision of art/play therapies**: Currently accessing art/play therapy is dependent on the highest level of need. Staff and therapists would like to see *"more of [art/play therapy] available"*, so that *"a lot more children to have access to this"* (staff). This requires increased funding and availability of qualified and experienced therapeutic staff.

  "I think loads of children would benefit from play therapy" – Parent/carer

  "I think there should be after school projects like ourselves…in every disadvantaged area in Dublin and throughout the country" – Staff

  "There is an awful lot of children in [disadvantaged areas] who need therapy, and the parents can't afford it privately so that's it; they are lost" – Therapist

- **Increase availability of the range of ABTS**: This includes offering a wider variety of evidence-informed therapy modalities, for example, music therapy, to better cater to children's varied preferences and needs.

  "…Flexibility amongst the different therapies, like art, play, music. Just providing a range of different supports…It's not like one shoe fits all…" – Staff

  "…Music and drama are the same…It's proven that that's what works for children…" – Therapist

- **Integrating services:** For example, by expanding therapeutic supports to be more freely available within established services, schools and/or community space, barriers such as travel and missed school hours are reduced. This would make these supports *"more accessible to people"* (staff).

- **Holistic, multidisciplinary approach**: Staff noted the importance a holistic, multidisciplinary approach to providing *"a general scope of care"* and support to children and their families (staff). This can involve the therapist linking in with the project workers and schools to make them aware of high-level progress, *"without going into things in detail"*, while maintaining confidentiality and mandated safeguarding responsibilities (staff).

- **Awareness and information***: "More information"* and awareness about play therapy should be provided to parents and schools, as initial hesitations and misconceptions about its aims, purpose, suitability were common (parents/carers).

- **Follow-on support**: Staff raised the importance of making sure that there is *"follow on supports in place"* (staff) for the child once they have finished their block of art/play therapy.

OBSERVATIONS OF THE CES REVIEW TEAM

On the day of the visit to Site 1, the CES researchers had the chance to see the excellent service that is being provided. We witnessed the passion and commitment of the staff providing the service in the community.

We also had the happenstance chance to meet some of the children that attend the after-school group in Site 1. The children were very excited and enthusiastic to share with us about the service and all the fun things that they get to do and learn. It was clear to CES, from the interviews and experiences on the day, that the services provided by Site 1 are of high-quality, delivered by qualified, committed and passionate staff, and valued by the service users in the community.

As previously mentioned, the opportunity arose for the CES review team to engage with an adult and their parent who had availed of the art therapy support offered by Site 1 a number of years ago when they were a child. This generated an insight into the long-term positive impact that art therapy has had on the social, emotional, educational and employment outcomes of that former service user.

SUMMARY

What works well (Enablers)	• Staff identification of need and innovation • Therapy modality • Appropriate facilities and a safe, welcoming space • Flexibility and adaptability • Accessibility • Positive engagement from parents/carers • Support for parents/carers through regular parent groups and family days • Qualified and experienced therapists and theoretically supported approaches • Community-based provision, familiarity and trust • Positive relationship between Site 1 and Tusla
Challenges (Barriers)	• Funding constraints • Staff retention • Prioritisation of need • Parental/carers reluctance • Understanding art/play therapy • Parental engagement and consistency of attendance • Effecting change • Managing parental expectations

Benefits of art/play therapies	• Appropriate for range of presenting issues such as sensory and behavioural issues as well as emotional, developmental and educational issues
	• A safe, confidential space, with access to a trusted adult
	• Creative way to express emotions and process experiences
	• Improvements in
	  ○ Overall happiness
	  ○ Confidence and self-esteem
	  ○ Social skills, engagement and participation and relationship building
	  ○ Emotional regulation and resilience
	  ○ Mental wellbeing
	  ○ Sense of psychological safety, empowerment and autonomy
	• Increased parental capacity and confidence
	• Increased awareness of mental health and normalisation of seeking support
	• Signs of confidence in effectiveness of creative therapies:
	  ○ Continued attendance
	  ○ Voluntary engagement
	  ○ Child engagement and enjoyment

Considerations for the future and areas for improvement	• Increase provision of art/play therapy and availability of range activity-based therapeutic supports • Awareness and information • Integrating services • Holistic, multidisciplinary approach • Follow-on support

Adventure Therapy

WHAT WORKS WELL (ENABLERS)

In general, young people stated that they enjoyed the activities that they were involved in. Most stated that they would recommend adventure therapy to other young people. Adventure therapy providers, parents/foster carers, and young people explained what works well in the provision of adventure therapy.

- **Therapy modality:** The provision of action-centred activities provides an alternative to established therapies and allows the young person to co-adventure with a field guide. Adventure therapy provides opportunities for young people, particularly those who are isolated or distant from support services or may not engage well with established therapies.

  "I profile a young person who generally doesn't want to sit down, doesn't do the talk therapy, doesn't want that." – Staff (Site 3)

  "Rather than sitting in a stuffy room, you're out and then you're doing stuff you enjoy too." – Young person (Site 3)

  "I didn't feels as pressured as like normal therapy, because I feel like if it's one to one, you kind of feel like you have to say something, but sometimes it's OK to sit in silence when I'm there. Like, I don't have to feel like I have to say anything or feel like I have to do anything." – Young person (Site 2)

  Being in nature and the power of the outdoors was also highlighted as a proven and effective way to increase wellbeing and an enabler of the therapeutic support process.

  "The activities do an awful lot. Nature does an awful lot. Really hard to define what nature does but being outside in green spaces, there's so much written about it around just the wellness, well-being piece about it. Taking young people away from screens is probably a really important thing." – Staff (Site 3)

  "…there's something about just being outdoors. They're indoors all the time and in schools." – Staff (Site 2)

  "She feels like it's all in here like in the house. It's like you're breaking out. You're going out." – Parent/foster carer (Site 3)

- **Trained staff and theoretically supported approaches:** Throughout the focus group and interviews with providers, the review team observed a natural threading of psychological theory. Examples include the use of authentic praise, active listening, setting boundaries, psychological safety, framing of the sessions, debriefing post adventure, reflection and reframing. References were also made to theories such as Rogers' core conditions (empathy, congruence, and unconditional positive regard; Rogers, 1957).

  All staff at Site 3 are trained in solution-focused brief therapy and/or coaching. Staff at Site 2 have also received training from Dr Natynczuk who has over 30 years' experience of professional practice working with young people, co-adventuring with solution focused conversations. References were also made to the use of participation frameworks for young people, such as the Lundy Model, and models of family support, such as the Hardiker Model. Staff at the Site 2 and Site 3 are not therapists and do not position themselves as therapists.

- **Viewed as separate to other services:** Adventure therapy providers are perceived by young people as being separate to other services and supports that they may be less willing to engage with. Parents/foster carers also noted that it is important for young people to have someone independent and *"objective"* to talk to. One parent described how her child would *"have her walls up"* with social workers but was more willing to engage with an ABTS.
- **Scheduling and provision of adventure therapy outside of traditional working hours:** It was noted that Site 3 provide support outside of traditional working hours. A need for gentle persistence and a willingness to engage with the young person when they are ready was also noted.

  "Sometimes we're just in there as a part of a safety plan and it's just our resiliency to keep on knocking on that door and making sure we're giving the young person the chance to engage and making sure that our family have a touch point, oftentimes during the weekends when social workers aren't there." – Staff (Site 3)

  Both organisations also go to the young person; this includes picking the young person up from school or home and dropping them back afterwards. Staff at both sites noted the importance of this part of their service provision and the fact that it removes a barrier to engagement for the young person. This increases engagement with the service, decreases DNAs (Did Not Attend), and as a result reduces money wasted.

  "One of the things I know we're incredibly strong about, and it might just be a case that we just jump in the car, and we go to the young person's house, we have a lot of engagement. Whereas I think the greatest waste of all health care and social care is probably 'did not attend'." – Staff (Site 3)

  The importance of time spent in the car, driving to and from locations, was also noted by staff at both organisations. It was noted that it is helpful to chat in the car without the intensity of sitting across from each other.

  "I find the car really good for chats because you can both look forward or you can look out to the window." – Staff (Site 2)

  Continuity and routine were also highlighted as important for the young person. Planning, administration, and keeping to schedule were noted by parents/foster carers.
- **Staff member's suitability for the role:** It was noted that personal attributes are as important for the role of field guide/key worker when providing adventure therapy as qualifications. Training can be provided to staff to allow them to upskill, but it is important that the staff member has the necessary interest in the outdoors and is committed to working with young people.

  "She is just more energetic like just more up to do things. I think that helped because she would always just come up with ideas and all." – Young person (Site 2)

  Staff at both sites are not therapists and do not position themselves as therapists. Young people confirmed that they see the field guide or key worker as different to a traditional therapist. While the background of staff providing adventure therapy varies. All have an outdoors/fitness background with social care and/or humanities qualifications, including teaching qualifications and special needs assistance training.

"…look, we're here as a field guide or a support worker… [but] definitely sitting under the therapeutic umbrella…" – Staff (Site 3)

- **Choice of activities provided:** Finding an activity that the young person likes and is willing to participate in is important and helps to increase engagement. The activity itself can create a talking point for the young person and staff member which removes the focus on any problem the young person may be experiencing. Provision of food and small token items to support the young person's engagement with the activity were also noted as important.
- **Provision of activities with intentionality:** Meetings are arranged between staff members at Site 3, and the young person, their family, and social worker to plan sessions after a referral is received. Adventure therapy is provided with a sense of intentionality. This encourages the young person to take ownership and to be aware of their ability to make changes in their life.

"Sometimes it can be just because we need to escape what the young person's facing, but more than often, it's to look at their wellness, their coping mechanisms, their communication…more importantly, their awareness of the position that they're in at the moment and their potential for changing that." – Staff (Site 3)

"So outdoors, definitely key. Physical movement, definitely key. Intentionality is massive. Personal ownership pieces, really, really strong. Gratitude is something that is a pillar of what we do..." – Staff (Site 3)

- **Safe space and non-judgemental approach:** Adventure therapy and time spent with the field guide/key worker, provides a safe space for young people to discuss issues that they are facing. A non-judgemental approach is taken.

"It's the way to present themselves. Not to be hard on them, but to understand the difficulties that they have gone through teenage years." – Parent/foster carer (Site 2)

- **The relationship that the young person develops with the staff member:** The relationship with the staff member (field guide/key worker) was highlighted as important by adventure therapy providers and this was also reiterated in the data from young people.

"I think the activities, what they do is they give you a bond. That's simply put. I used to think it was confidence of self-esteem. It's not. We give young people the opportunity to work on other things, but it's the bond that they develop with the support worker, 'the field guide', as we put it." – Staff (Site 3)

A good relationship between the young person and the field guide/key worker can help to establish trust and a safe space which allows the young person to open up and share more.

"Yeah, it's the relationship. You know them really well, so you'd want to talk to them, like you're more comfortable talking to them." – Young person (Site 3)

Young people stated that they found their field guide/key worker more relatable than other professionals that they had worked with, e.g., they perceived some fieldworkers as closer in age to them and to understand social media trends etc.

Matching the young person with someone that they work well with was noted as important. Some young people expressed a wish to be supported by a staff member of a particular gender, and they were grateful when this need was listened to and supported.

"I feel like it's a better connection with a woman...it's just a better connection between two women...it's more comfortable because you get each other…with a man, I wouldn't mention some things, but with a woman, I would." – Young person (Site 3)

While a good relationship between the young person and their field guide/key worker is seen as valuable. This may present a sustainability challenge for adventure therapy providers if a particular staff member is not always available. It also carries a risk for the young person if they become reliant on the staff member.

"While the relationship is really good, the reliance is a little bit of a challenge or a risk." – Parent/foster carer (Site 3)

- **Communication with the parent/foster carer:** The importance of check-ins with the young person's support system and conversations during handovers were highlighted by adventure therapy providers and parents/foster carers. Adventure therapy providers highlighted the importance of communication and letting the young person's family know how they were getting on. They also appreciated relevant information provided by the young person's parents/foster carers at the beginning of their sessions.

"I could pick up the phone and say, look, I'm having difficulties with [young person's name] at the moment." – Parent/foster carer (Site 2)

- **Provision of supervision and support for staff:** These practices were evident in both organisations. The provision of supervision for staff is an important element of support for staff who frequently work one-to-one with young people and work alone. Opportunities to network with colleagues were appreciated. Sharing of information through staff messaging groups was also highlighted.

"Monthly trainings where you get the whole staff together. You'll have your supervision as much as possible in person as opposed to over teams or something…if there's someone working, you can just give each other a bell because you're on the road so much, like, well, how are you getting on with this?" – Staff (Site 3)

- **Measurement and evaluation:** The use of standardised measures with scaled questions, e.g., the Life Effectiveness Questionnaire (LEQ), to track progress/change was evident in the work of Site 3. This practice allows the provider to track changes over time and monitor wellbeing within sessions. Measurement, evaluation, and research were highlighted as important by staff from both organisations.

CHALLENGES IN RELATION TO ACTIVITY-BASED THERAPEUTIC SUPPORTS (BARRIERS)

Adventure therapy providers, parents/foster carers, and young people outlined the challenges they face in the provision of adventure therapy:

- **Lack of awareness/understanding of adventure therapy:** Some parents/foster carers and young people indicated that they were not aware of ABTS until they were referred to a particular service. Adventure therapy providers highlighted that the lack of awareness of adventure therapy can lead to a lack of understanding which can ultimately lead to an undervaluing of this form of support.

  "I find sometimes outdoor adventure therapy could be quite niche as well. So, when we're starting with a carer or a parent, they might I don't want to say undervalue what we do, but they might not fully understand what we do as well. So, there is a lack of kind of maybe knowledge or understanding…" – Staff (Site 3)

- **Lack of availability of ABTS:** Parents/foster carers highlighted a lack of availability of adventure therapy and other forms of ABTS more generally.

  "I think it should definitely be more accessible to everyone" – Young person (Site 2)

- **Adventure therapy ending before the young person is ready:** Adventure therapy providers noted that disruptions to sessions due to lack of continued funding could hinder the delivery of the therapeutic support and cause setbacks. The negative impact of ABTS ending abruptly was noted by adventure therapy providers and parents/foster carers. Parents/foster carers expressed a need for more sessions for young people.

  "It doesn't happen too often, but it is a challenge that we have encountered where it's a young person that was funded for 10 sessions. You've made X amount of progress, and there can be either a delay or outright just no funding for more sessions after that point and say it's a delay that can cause an issue. Then in the sense of your build up X amount of rapport, you've got this momentum going. There's a big gap …when you come back…" – Staff member (Site 3)

- **Progress takes time:** The importance of allowing time for the young person to engage was evident. Adventure therapy providers stated that progress can take time with young people, and this is a challenge in their work, particularly when funding for sessions is limited. This was also evident in the data from young people.

  "You take it at your own pace" – Young person (Site 3)

- **Self-care is sometimes a challenge for staff:** Working one-to-one with young people is challenging. Adventure therapy providers noted some issues which impact self-care including the following:
  - Working with high-risk individuals who can be challenging at times
  - Working with young people who are upset
  - Vicarious trauma
  - Drug use
  - Working alone for long periods of time.

Governance and training for specific activities and equipment: Governance and training for certain activities, e.g., rock climbing, can limit the adventure therapy activities that organisations can offer.

"Sports, the activities that we do, they all have a governing body and we make sure that we're doing training in line with those and that everybody is. So there's lots of our staff that can't do lots of activities. So, rock climbing would be a high qualification activity. At the moment, there's nobody on the operational team that is qualified to do that, so we just don't do it." – Staff (Site 3)

The cost of equipment and appropriate outdoor clothing was also raised as a challenge by adventure therapy providers.

- **Funding and staff retention:** Staff retention is a challenge for both organisations who cannot offer long contracts due to constraints arising from funding arrangements. Resources are often spent on training staff who may move on to more secure contracts elsewhere.
- **Weather dependent activities:** Parents/foster carers suggested that alternative activities should be in place where activities are cancelled due to weather conditions. Adventure therapy providers highlighted the challenges of working outdoors.

BENEFITS OF ACTIVITY-BASED THERAPEUTIC SUPPORTS

Adventure therapy providers, parents/foster carers, and young people highlighted the many benefits of adventure therapy and ABTS for young people:

- **Provides access to new experiences and support for young people:** Adventure therapy provides opportunities for young people to try new activities, that parents and foster carers may not be able to provide. Support and having someone for the young person to talk to was also appreciated.

"It's good to have someone to talk to when you need to talk to someone, like they are really good at listening, and they know what to help you with" – Young person (Site 3)

"You get to express yourself while you're having fun, so your mind is in a good place. You can express fully." – Young person (Site 2)

- **Engages young people who may be isolated or distant from services and supports** including young people who may not be able to engage in other forms of therapy.

"She hadn't wanted to engage in any other services for a number of years. Actually, this is the first one that she actually agreed to do." – Parent/foster carer (Site 3)

"3 and a half years we tried to get her to engage in different supports and stuff that and she wouldn't." – Parent/foster carer (Site 3)

- **Immersion in nature supports wellbeing:** This was noted by adventure therapy providers, parents/foster carers, and young people with most acknowledging that being outdoors has a positive effect on wellbeing generally.

"…get the fresh air, help[s] us calm down" – Young person (Site 3)

- **Young person gets the chance to learn new skills:** Adventure therapy providers, parents/foster carers, and young people stated that young people learn new skills through their involvement in adventure therapy. Young people gave examples of new skills learned including building campfires and *"surviving outdoors".*
  Adventure therapy providers also suggested that young people learn transferable skills such as problem-solving and risk assessment through the activities they engage in.
- **Improves the young person's emotional wellbeing:** Adventure therapy providers and parents/foster carers noted the positive impact that adventure therapy has on young people's wellbeing, including their self-confidence, self-esteem, and resilience. Young people referred to the positive impact that adventure therapy had on their mental health, mood, and emotional wellbeing.

  "I always find that when I'm sad, I end up really happy at the end" – Young person (Site 3)

  "I used to be a very sad person, very sad, but then when I got to know more people and I got to know the outdoors more, I started becoming happier, even my teachers say that I look happier and healthier already by just going out and having a new family." – Young person (Site 3)

  "That was good for my mental health to exercise and but then sometimes I could go swimming or go for a walk or something." – Young person (Site 2)

  "I got a lot less nervous. I had a lot of social anxiety." – Young person (Site 2)

  The review findings suggest that adventure therapy helps young people to develop skills which support their emotional wellbeing. References to the development of emotional regulation and coping skills were made throughout interviews.
- **Improves the young person's behaviour and social wellbeing:** Adventure therapy provides young people with an opportunity to socialise. Young people, and parents/foster carers all noted improvements in young people's behaviour and social wellbeing. Some parents/foster carers commented that the young person was more willing to talk to them following engagement in adventure therapy.

  "She'd be talking about it. Wouldn't have normally happened or she wouldn't have found it easy to do that in her situation. So, we're like, wow, oh my God and she's actually engaging." – Parent/foster carer (Site 3)

  "You have people around you which I think is very important..." – Young person (Site 3)

  "…it's great to know that I can go out some day and just meet up with a friend that I made out there, so I am not lonely. That's how I always used to feel because I used to have no friends." – Young person (Site 3)

  "It helped me get out more. Instead of just sitting in my house all day." – Young person (Site 2)

- **Engagement with school and other activities increases:** Adventure therapy providers noticed that for some of the young people that they worked with, engagement with school increased after the young person started adventure therapy. This was supported by comments made by some of the young people.

"I missed a lot of school purposely. The fact that like I didn't have friends. I wasn't very comfortable in myself in terms that I just thought people didn't like me and then obviously when I started going out, started opening up, I got a job in that time as well. So, I have a job as well. Now I'm working part time. I'm going to school." – Young person (Site 2)

- **Supports parents/foster carers and placements:** Parents/foster carers noted how the young person's engagement in adventure therapy supported them too. Some parents/foster carers described how they felt their parenting approaches were supported, others appreciated the break that adventure therapy gave them and the opportunity to have some time to themselves. This is particularly important where young people do not meet with parents and are reliant on their foster family. The provision of ABTS was described as a *"lifeline for foster carers".* Foster carers also noted that the provision of ABTS such as adventure therapy was an important factor in the maintenance of foster placements.

CONSIDERATIONS FOR THE FUTURE AND AREAS FOR IMPROVEMENT

Adventure therapy providers, parents/foster carers, and young people suggested that ABTS could be improved in the following ways:

- **Increase awareness:** Many of the parents/foster carers and young people highlighted that they were not aware of the option of adventure therapy before they were introduced to their provider. Adventure therapy was described as *"niche"* by one staff member. In general, there was a sense that more awareness raising of adventure therapy options is warranted.
- **Greater choice of activities:** While young people appreciated that they had input into the activities that they took part in, some mentioned that more choice of activities would be an improvement. Others noted that they would like to engage in group activities.
- **Ensure that an appropriate lead in time is maintained before the adventure therapy comes to an end:** Adventure therapy providers suggested that the support should not end abruptly due to funding or other constraints. Alerting young people that the sessions are coming to an end was advised and follow-on supports may be needed for some young people, e.g., access to group supports.

"I just wish that he could have been able to keep going…I know when it stopped, it kind of got harder for him." – Parent/foster carer (Site 2)

- **More resources and training for ABTS providers:** Where possible, upskill staff to ensure a range of activity choices are available to young people.

"We're always really tight. Capacity too is not very generous in the sense of here's an extra 100 grand just for management and manager fees and something like that. So, it's always cut down to the wire. Our staff, our supervisory team, and we try and make sure that nobody is supervising more than about 18 cases." – Staff (Site 3)

- **Increase research and evaluation:** A call for greater measurement of intervention outcomes was raised by both organisations. A need for more research on ABTS was raised. Confusion between impact and outputs was highlighted as problematic.

"…measurements, measurements, measurements, measurements. So, we measure all of our interventions through validated pieces of work,

but there's nothing across the board to say that everybody that's doing this type of work should have at least a basis of measurement or even a request."

"…agreement of what we should be measuring would be good."
– Staff (Site 3)

OBSERVATIONS OF THE REVIEW TEAM

Enthusiasm and a keen commitment to working with young people and providing support was observed among staff. Staff at both organisations spoke fondly about the opportunity to work with young people and see the positive impact of ABTS on the lives of young people, describing their work as *"really rewarding".*

Safety and safeguarding practices were evident at both organisations.

SUMMARY

What works well (Enablers)	• Therapy modality • Trained staff and theoretically supported approaches • Viewed as separate to other services • Scheduling • Staff suitability for the role • Choice of activities provided • Intentionality within activities • Safe space and non-judgemental approach • The relationship that the young person develops with the staff member • Communication with the parent/foster carer • Provision of supervision and support for staff • Measurement and evaluation
Challenges (Barriers)	• Lack of awareness/understanding of adventure therapy • Lack of availability of ABTS • Adventure therapy ending before the young person is ready • Progress takes time • Self-care is sometimes a challenge for staff – the nature of the work and being outdoors, and working one-to-one with young people is challenging • Governance and training for specific activities and equipment • Funding and staff retention • Weather dependent activities

Benefits of adventure therapy	• Provides access to new experiences and support for young people
	• Engages young people who are hard to reach
	• Immersion in nature supports wellbeing
	  ○ Healing powers of being in nature, being outdoors – 'nature does the work'
	  ○ Movement – channeling energies into activity
	  ○ Grounding for sensory kids
	• Young person learns new skills
	• Improves the young person's emotional wellbeing
	• Improves the young person's behaviour and social wellbeing
	• Engagement with school and other activities increases
	• Supports parents/foster carers and placements

Considerations for the future and areas for improvement	• Increase awareness • Greater choice of activities • Ensure that an appropriate lead in time is maintained before the adventure therapy ends • More resources and training for ABTS providers • More research and evaluation

Animal-Assisted Therapy

WHAT WORKS WELL (ENABLERS)

There were several factors which enable young people to receive animal-assisted therapeutic support:

- **Therapy modality:** The therapist explained how equine-assisted counselling (EAC) works well to engage young people outside in an open space and that the horse enables them to open up and talk about their issues in a non-confrontational, non-distressing environment.

> *"Sometimes whenever they would tense up or they would get a bit agitated…They'll notice that the horse moves differently. There are [times] where the horse let's out big sigh and then they'll say, Aye, that's just how I feel...." – Therapist*

Young people and parents/foster carers shared that EAC in particular *"really worked"* because *"it's more hands on"* (parent/foster carer), which allowed them to open up comfortably and in their own time, in comparison to other types of therapy.

> *"… [The young person] just love animals and that's what [they] relate to… [The young person] loves doing the work, brushing, everything." – Parent/foster carer*

Figure 3: Picture of pony taken on day of visit to site 4

- **A safe, non-judgemental environment:** Everything about the environment in which EAC is provided enables positive work to be done with the young person. The horse is credited with being a powerful agent in making a young person feel safe and not judged. Similarly, for example, even down to the clothes that the young person and the therapist are both wearing, can help put the young person at ease and can make it easier for the young person to relate to them.

> *"There was no judgement from the ponies or the horses. They just bonded. So really quickly this environment became a safe space…When you take away all the walls…It's nearly like they feel safe…As a facilitator with the horses even*

how you're dressed is very different. You're dressed in jeans and a pair of boots or wellies… there's no sense of a power imbalance." – Therapist

Figure 4: Picture of local environment taken on day of visit to site 4

- **Person-centered, theoretically supported approach:** The therapist named the approaches that they apply in their work. These include EAGALA (Equine Assisted Growth & Learning) Model of Equine Therapy, Horse Boy Method, and CBT.

"You're working with a lot more presentations that need a lot more care and attention. So, it is generally person centred" – Therapist

- **Purposeful therapeutic activities:** There are a number of purposeful, guided, and theoretically supported activities that prompt the young person to open up, reflect and explore any issues they may have. For example, the therapist describes an activity that involves decorating a horse's mane using various materials (i.e., flowers, wool, etc.). This activity can be a powerful method of exploring a young person's feelings around family relationships, for example. Similarly, activities such as observing the horses or guiding a horse can prompt self-reflection, increase self-awareness, and build confidence and self-belief. The young people shared that they enjoyed the varied activities.

"I liked all the activities we done" – Young person

"There's a part where you decorate the mane to reflect important people in your life …it's even to put Mommy close to them or to put Daddy far away… you're going out to the garden, you're picking flowers, and then you're decorating the horse's mane. There are certain flowers that would represent people. There are certain weeds that represent other people…It's finding ways for them to reflect." – Therapist

"He could see where the ponies would fight and then where two would get on well and the other one kept…being the nuisance and he says, that's like me. He says, I would have been the one that was always over raising bother…so he could see himself… He says to me, do you ever give up on any of the ponies? I was like, no, no, you never ever [give up], and that was how he felt. He felt everybody had given up on him." – Therapist

- **Parent/carer openness**: Although parents/foster carers may not have been familiar with EAC, they were open to *"giving it a go"* (parent/foster carer).

CHALLENGES IN RELATION EQUINE-ASSISTED THERAPEUTIC SUPPORTS

Therapists and parents/foster carers outlined a number of challenges in relation to the provision of EAC support for young people. These include the weather, time management and scheduling, impact of late cancellations, consistency of attendance and funding.

- **Weather**: Unpredictable weather can naturally present a challenge when engaging in outdoor activities and disrupt or limit the activities that can be undertaken. Parents/foster carer also shared that the weather can be a challenge in that young people are *"quite exposed here to all the elements"* by being outside in largely uncovered facilities. However, the therapist shares that they can easily adapt the sessions according to the weather.

> *"Particularly probably young kids, I wouldn't have them maybe in November, December and January, because it's just too cold, you can't get to that therapeutic level." – Therapist*

- **Time management and scheduling**: The therapist mentioned the *"significant amount of work"* that goes into preparing the schedules of the other therapists, as well as the *"logistics"* relating to the horses.
- **Impact of late cancellations**: Connectedly, it can be a challenge for the therapist if they receive late notice that a young person cannot attend a session and meanwhile for example, they have prepared the horse and the facilities for the session.

> *"It can be frustrating because you're standing waiting with horses and then maybe them not show up…With the horses…their week, their schedule would have been designed around that equine therapy session…So for me, it's managing my horses really well…" – Therapist*

- **Consistency of attendance**: A young person might not be able to attend session for a number of reasons, including due to bad weather or they could be experiencing challenges with their living situation which can negatively affect their attendance. One parent noted how not being able to attend a session affected the young person, resulting in a *"complete meltdown"* (parent/foster carer). For the therapist, any disruptions in the young person's attendance can be *"disheartening"* as it can affect the young person's progress (therapist).
- **Funding**: Parents/foster carers described how there were gaps in the young person attending EAC when funding was no longer available. Parents/foster carers report receiving last-minute notice that funding was no longer available. In cases, where funding had run out, parents/foster carers covered the cost which was *"quite expensive"* (parent/foster carer).

BENEFITS OF EQUINE-ASSISTED THERAPEUTIC SUPPORTS

The participants described that generally young people and their parents/foster carers find the experience of EAC *"**really positive**"* (therapist). Parents/foster carers as well as the therapists mentioned numerous, *"massive"* benefits (parent/foster carer).

> *"[The young person] absolutely loved it. It was the best thing for [them]" – Parent/foster carer*

EAC is suitable for a **range of presenting issues**. This includes young people with anxiety, low mood, ASD, ADHD, emotional dysregulation, and personal issues.

"It doesn't matter if it's ASD, ADHD, mental health, ID [intellectual disability], it all works with the horses." – Therapist

"It really helped my confidence, my anxiety, my mental health." – Young person

The therapist noted that oftentimes the young people has experienced a number of other therapeutic interventions and therefore often really enjoys this new unique experience and activities.

"A support worker that was taking the young fellas to sessions with me and he says…We have done everything to get him to things over the years, and he has never. This is the one thing that he was ready and waiting to go to." – Therapist

EAC is a **physically engaging activity**, which allows young people to explore issues in a non-confrontational, non-verbal, and multi-sensory way.

"I think the big thing with activity-based ones is that piece about being able to regulate. It's a part about being able to move. It's about the sensory part. It's the touch maybe of the animal. It's been able to walk about. Go pace if they need to pace." – Therapist

EAC provides an **outlet** for young people to explore their issues and a **space to decompress**. The therapist reports that young people *"go home that bit happier and they'll have left something behind"* (therapist).

"…Getting to talk to someone that listens…" – Young person

"Before I'd come to the horses, I was kind of down. I was angry all the time. Then I came here, and the horses are really relaxing and calmed me down." – Young person

Understanding and learning to respect **boundaries** was mentioned as another benefit of equine-assisted therapy. The therapist explained that working with horses is about *"having boundaries, the horse not overstepping your boundaries and you being able to maintain boundaries"* (therapist).

Another benefit of equine therapy is in caring for an animal, young people **develop social skills** and **learn how to build relationships** and *"maintain friendships"* (parent/foster carer). This also *"connects with their empathy"* (therapist). Connectedly, the therapist mentioned **feeling loved** and **receiving affection** as a benefit. The therapist highlighted the positive impact that the interaction with the horse and receiving affection had on the young person. This is viewed as important for young people who may be experiencing loneliness, isolation, and/or have not experienced a lot of care and affection within their home.

"[It helped me] going into shops, like social situations and learning how to speak to people and how to hold a conversation and things like that."– Young person

"…You have these young people who were presenting with all these behavioural issues and then they were standing hugging a pony…or grooming it… I notice, it's the affection they receive from the ponies. For a lot of these kids in care, they don't receive affection from anybody…but whereas the

ponies were just very affectionate with them, and [the young people] just really absorb that…" – Therapist

A benefit of EAC is that it supports **emotional regulation**. The therapist explained that it can be a benefit to young people with ADHD to understand their behaviour, see the impact of that behaviour, and learn to regulate. It is also helpful for young people with low mood and anxiety.

"…Working with the horses, [the young person] was able to relate their emotions through them, if that makes sense...He just came home a calmer [young person] every time and it really helped." – Parent/foster carer

"It's about lifting your energy or dropping your energy. So, if you're working with a lot of hyper ADHD stuff say… well, that real high energy gets the horse really psyched up, so we need to bring that down. They need to breathe. They need to slow down." – Therapist

EAC builds **confidence** and promotes a sense of pride because *"there's that sense of achievement and accomplishment, even in brushing the horse"* (therapist). EAC also **promotes problem solving skills** and resourcefulness. This allows the young person to reflect on questions such as *"how do they problem solve? Do they give up? Do they give it a try? Are they resourceful?"* (therapist)

"When I was confident with a smaller horse, I moved on to the bigger horse." – Young person

There are **several signs that encourage confidence** in EAC**.** A fundamental sign of success is that the *"young people want to go"* (therapist) and that they take some enjoyment from it. Feeling confident in *"starting to use their voice"*, the young people taking the independent initiative to push themselves and being *"much calmer"* are also all observed signs of success (parent/foster carer).

"I liked it. It helped a lot. It was great." – Young person

"It was good craic." – Young person

"I suppose it's just the smile really. You'll pick that up right away… It's just the body starting to relax." – Therapist

CONSIDERATIONS FOR THE FUTURE AND AREAS FOR IMPROVEMENT

Therapists and parents/carers suggested that ABTS could be improved in several ways:

- **Increase availability of ABTS overall**: Offer a wider variety of therapy modalities, for example, music therapy, to cater for young people's different preferences and needs.

"*More different types of activity to feed different children's needs" – Parent/foster carer*

- **Disparity in services availability**: Parents/foster carers highlight the lack of supports in rural areas.

"Theres a lot of services missing up here big time" – Parent/foster carer

- **Consider the investment and expenses related to EAC**: The therapist highlighted the *"big investment"* and *"expense"* required to provide equine therapy. This relates to staffing, appropriate facilities and *"the line of horses that have to be looked after"* (therapist).

- **Improve accessibility:** The therapist shared their desire to improve accessibility by offering equine-assisted therapy on a *"group level"* (therapist). However, this is dependent on having adequate facilities which could allow this. It is the therapist's hope that by expanding the premises this might be possible.

- **Awareness and information**: One parent/foster carer shared that they wish they had known about equine-assisted therapy sooner in the young person's life, as they believe it would have had a positive impact on the young person's educational participation.

OBSERVATIONS OF THE REVIEW TEAM

The therapist is a qualified and experienced psychotherapist, and a clear underpinning of psychological theory was evident in her equine therapy work. In terms of this review, the therapist's perspective is unique as she provides equine-assisted therapy and is also qualified and experienced in the provision of established therapies. This allows them to draw comparisons between their work outdoors and other therapeutic methods, within the therapy room, with young people. From this perspective, the therapist can speak to what works well and the benefits and challenges of providing ABTS compared to established therapies.

Site 4's facilities are in a picturesque area of the countryside in the northwest of Ireland. The scenery and surroundings enhance the therapeutic environment in which the therapist works with young people.

A commitment to safety and safeguarding was also evident to the review team.

SUMMARY

What works well (Enablers)	• Therapy modality • A safe, non-judgemental environment • Person-centered, theoretically supported approach • Purposeful therapeutic activities • Parent/carer openness
Challenges (Barriers)	• Weather • Time management and scheduling • Impact of late cancellations • Consistency of attendance • Funding

Benefits of animal- assisted therapies	• Appropriate for range of presenting issues such as depression, anxiety, ASD, ADHD, and intellectual disability (ID)
	• Physically engaging and non-verbal means of expressing emotions and processing experiences
	• Provision of an outlet and space to decompress
	• Improvements in:
	  ○ Understanding, respecting and maintaining boundaries
	  ○ Social skills, empathy, caregiving and relationship building
	  ○ Confidence and self-esteem
	  ○ Problem solving
	  ○ Emotional regulation and wellbeing
	• Signs of confidence in effectiveness:
	  ○ Voluntary engagement
	  ○ Enjoyment

Considerations for the future and areas for improvement	• Increase availability of activity-based therapeutic supports overall • Disparity in services availability • Consider the investment and expenses related to Equine-assisted therapy • Improve accessibility • Awareness and information

Section 6: Conclusions

What Works Well (Enablers)

What works well/enablers		
Creative Therapies (Art and Play)	**Adventure Therapy**	**Animal-Assisted Therapy (Equine-Assisted Counselling)**
• Therapy modality • Appropriate facilities and a safe, welcoming space • Staff identification of need and innovation • Wraparound support • Flexibility and adaptability • Accessibility • Positive engagement from parents/carers • Support for parents/carers, i.e., regular parent groups and family days • Qualified and experienced therapists and theoretically supported approaches • Community-based provision, with established familiarity and trust • Positive relationship between the service and Tusla	• Therapy modality • Trained staff and theoretically supported approaches • Viewed as separate to other services • Scheduling • Staff suitability for the role • Choice of activities provided • Intentionality within activities • Safe space and non-judgemental approach • The relationship that the young person develops with the staff member • Communication with the parent/foster carer • Provision of supervision and support for staff • Measurement and evaluation	• Therapy modality • A safe, non-judgemental environment • Person-centred, theoretically supported approach • Purposeful therapeutic activities • Parent/carer openness

There are common factors that enable the effective provision of ABTS. The therapy modality is a key enabler. The findings uphold that ABTS, such as creative and animal-assisted therapies are appropriate and effective in engaging young people. In a safe, welcoming, relaxed, non-judgemental space, through purposeful, child-centred activities, young people are supported to surface and explore any challenges and emotions they are experiencing. This is enabled by having appropriate facilities, i.e., a sensory room, or a suitable arena for activities involving horses. Having

qualified/trained professionals, using theoretically supported approaches and techniques is also crucial.

The accessibility, flexibility, and adaptability of the support provided emerged as an overall enabler, with the absence of financial barriers noted as a key factor in allowing young people to avail of support. Geographical accessibility is another enabler, with many sites of ABTS provision located close to where young people live and/or attend school.

Parents/foster carers being open and receptive to their child attending and receiving ABTS and being positively engaged with the therapies was also identified as enabling access to support. It is important that parents/foster carers are informed by staff and therapists about ABTS and the benefits that it can have for young people.

Staff are also an enabler. Staff firstly often identify need, seek out new and innovative ways to support young people, reinforce the approaches and learnings from the ABTS and are a bridge between the therapist and the parents.

This links in with the community-based provision of ABTS with the case study sites based in the local community. This community emphasis fosters trust, familiarity, and a stigma free environment and in a multitude of ways enables the provision of ABTS. For example, children feel comfortable and safe attending and parents/foster carers trust in the service because of the supportive and empowering relationships that have been nurtured between the service and service users.

Challenges in Relation to Activity-Based Therapeutic Supports (Barriers)

Challenges/barriers		
Creative Therapies (Art and Play)	**Adventure therapy**	**Animal-Assisted Therapy (Equine-Assisted Counselling)**
• Funding constraints • Staff retention • Prioritisation of need • Parental/carers reluctance • Understanding art/play therapy • Parental engagement and consistency of attendance • Effecting change • Managing parental expectations	• Lack of awareness/ understanding of adventure therapy • Lack of availability of ABTS • Adventure therapy ending before the young person is ready • Progress takes time • Self-care is sometimes a challenge for staff • Governance and training for specific activities • Funding and staff retention • Availability of equipment and specific training for staff • Weather dependent activities	• Funding • Weather • Time management and scheduling • Impact of late cancellations • Consistency of attendance

Funding emerged as a central common barrier in the provision of ABTS. Funding constraints restrict the number of young people who can avail of support and limit number of sessions that can be provided to young people with the highest level of need.

Consistency of attendance was another common enabler across the ABTS. Inconsistency in attendance can undermine the impact of the therapeutic support and can also impact negatively on the ABTS service provider. For example, in the case of equine-assisted therapeutic supports, cancellation of sessions can negatively impact the routine and logistics involved with caring for the horses.

In the case of ABTS that are provided in an outdoor environment, such as adventure and equine therapy, weather can invariably be a challenge. In this case, it should be ensured that appropriate alternative activities are planned.

Benefits of Activity-Based Therapeutic Supports

Benefits		
Creative Therapies (Art and Play)	**Adventure Therapy**	**Animal-Assisted Therapy (Equine-Assisted Counselling)**

• Appropriate for range of presenting issues such as sensory and behavioural issues as well as emotional, developmental and educational issues
• Provision of safe, confidential space, with access to a trusted adult
• Non-verbal means of expressing emotions and processing experiences
• Improvements in:
  ○ Overall happiness
  ○ Confidence and self-esteem
  ○ Social skills, engagement and participation and relationship building
  ○ Emotional regulation and resilience
  ○ Mental wellbeing
	• Provides access to new experiences and support for young people
	• Engages young people who are hard to reach
	• Immersion in nature supports wellbeing
	• Young person learns new skills
	  ○ Experiential learning
	  ○ Problem solving, critical thinking, action and consequences, etc.
	  ○ Learning to take responsibility
	  ○ Learning about risk and risk assessment – carry through to risk taking behaviours
	• Improves the young person's emotional wellbeing
	  ○ Builds self-esteem and self confidence
	  ○ Builds resilience – 'turning the unpleasant into a positive and pleasant experience', e.g., through the weather
	  ○ Grounding – emotional expression and regulation – walking barefoot in nature and the benefits of this
		• Appropriate for range of presenting issues such as depression, anxiety, ASD, ADHD, and ID
		• Physically engaging and non-verbal means of expressing emotions and processing experiences
		• Provision of an outlet and space to decompress
		• Improvements in:
		  ○ Understanding, respecting and maintaining boundaries
		  ○ Social skills, empathy, caregiving and relationship building
		  ○ Confidence and self-esteem
		  ○ Problem solving
		  ○ Emotional regulation and wellbeing
		• Signs of confidence in effectiveness of

○ Sense of safety, empowerment and autonomy • Increased parental capacity • Increased awareness of mental health and normalisation of seeking support • Signs of confidence in effectiveness of creative therapies: ○ Continued attendance ○ Voluntary engagement ○ Enjoyment	○ Young person develops skills to support emotional wellbeing, e.g., emotion regulation skills, coping skills, and emotional vocabulary • Improves the young person's behaviour and social wellbeing ○ Connection – being with others • Engagement with school and other activities increases • Supports parents/foster carers and placements	animal assisted therapies: ○ Voluntary engagement ○ Enjoyment

The review findings point towards the benefit and positive impact of ABTS. There is agreement across the board, from parents/foster carers, young people, staff, and therapists, that ABTS are age-appropriate, engaging ways for young people to reflect, process, and express emotions and experiences. The provision of ABTS is valued and appreciated by the young people and parents/foster carers who receive them.

ABTS can support young people in a range of areas such as sensory and behavioural issues as well as emotional, developmental, and educational issues. Through ABTS, young people have access to a child-centred, safe, confidential, environment, with a trusted external adult who can support them.

Improvements in confidence, social skills, and relationship building and emotional regulation are common benefits across the different types of ABTS. Some ABTS such as animal-assisted therapy offer specific benefits that relate to the care and interaction with an animal, such as respecting boundaries, empathy, and caregiving.

An important benefit of ABTS that emerged from creative therapies relates to increased parental capacity and confidence to understand and respond to the needs to the children through learning and reinforcing therapeutic techniques. It is also hoped that young people having early, positive experiences of therapeutic supports will raise their awareness of their own mental health and promote the normalisation of seeking support when required.

The common signs of confidence in the effectiveness of ABTS included the continued attendance, voluntary engagement and the fact that the young person takes enjoyment from the sessions.

Considerations for the Future and Areas for Improvement

Considerations for the Future		
Creative Therapies (Art and Play)	**Adventure Therapy**	**Animal-Assisted Therapy (Equine-Assisted Counselling)**
• Increase provision of art/play therapy • Increase availability of the range ABTS • Awareness and information • Integrating services • Holistic, multidisciplinary approach • Follow-on support	• Increase awareness • Greater choice of activities • Ensure that an appropriate lead in time is maintained before the adventure therapy ends • More resources and training for ABTS providers • More research and evaluation	• Increase availability of ABTS overall • Disparity in services availability • Consider the investment and expenses related to equine-assisted therapy • Improve accessibility • Awareness and information

There was consensus that ABTS should be increased. This includes increasing the range of available ABTS beyond those considered as part of this review to include, music therapy, for example. This would cater to the individual preferences and needs of more young people. The findings indicate the need for more awareness and information relating to the ABTS overall and what the benefits can be. Some considerations for improved accessibility relate to the provision of group work (in the case of animal-assisted therapy) and the integration of ABTS into established services and community spaces.

Observations of the CES Review Team

The CES review team appreciated the opportunity to visit the case study sites and the chance to see the high-quality services that are being delivered to young people and their families. The commitment, dedication, and passion of the service providers was tangible in the room.

The positive impact of ABTS was evident as we heard parents/foster carers and young people share their honest experiences and powerful stories of change. Both parents/foster carers and young people expressed gratitude and appreciation for the supports they have received. It is very clear to the CES review team that the supports provided are deeply valued by the service users and that ABTS are impactful in terms of promoting positive outcomes for young people and their families.

Overall Conclusion

The overall conclusion of this review is that there is significant value in the provision of ABTS to young people. The results confirm and add to the growing body of literature building evidence to inform policy and practice in the provision of ABTS for children and young people.

The case studies showcase three different models of therapeutic support and the positive impact that they can have on the lives of children, young people, parents and foster carers. The fact that the supports are community-based, locally accessible and delivered by qualified, committed and passionate staff are key enablers of success. The results show that the therapeutic supports are relational, enjoyable, and grounded in relevant theories, e.g., solution-focused therapy, gestalt therapy. The benefits cited for children, and young people include increased self-esteem and self-

confidence, enhanced social skills and relationship building, and emotional regulation. There are also signs of benefit for parents/foster carers and the wider community.

This review offers insights into how these therapeutic supports are delivered, the enablers and the challenges. There is scope for further study to understand the value and fit of ABTS in the broad suite of supports available to children and young people. It will be important to design and implement systems to gather full data sets to track progress and to develop policy and practice guidance to ensure consistency of standards to advance the delivery of ABTS for children and young people.

Whilst any kind of financial or cost benefit analysis was completely outside the scope of this review, there are signs, that the provision of ABTS is good value for money. This would need firm validation through separate and specific study.

Section 7: Pointers for Consideration

The review was small scale and specific in nature and the findings are based on four in depth case studies. Whilst some caution is advised in generalising from this review the findings offer solid indications that ABTS can be effective, engaging, impactful and a valued means of supporting young people and their families.

The case studies outline the enablers and barriers to effective provision of ABTS, as well as the benefits and signs of confidence in the effectiveness of the therapeutic support provided.
There is further scope and opportunity to build and strengthen the provision of Tusla funded ABTS.

We recognise the complex and inter-connected environmental, emotional, social, and economic challenges in delivering ABTS to support young people and their families. We also recognise the good work, professional therapeutic qualifications, and dedication of the community-based services that provide ABTS.

The CES review team offers the following pointers for consideration by Tusla based on the findings of this review. The pointers are presented thematically.

Policy development

- Tusla to consider developing policy and practice guidelines specific to the provision of ABTS. We recommend that these resources are co-produced in consultation with services providers and representatives from other government departments, e.g., Department of Justice who share responsibility for supporting children and young people.

Review of current landscape/internal processes

- Tusla to consider preparing a comprehensive database setting out the full range of ABTS provision funded by Tusla across Ireland, categorising the provision by type of therapeutic support, service delivery, location, therapy provider qualifications/accreditation, target group, and funding details. This would help keep firm track of service provision, record critical criteria and facilitate oversight of funding/costs.
- Tusla to develop and communicate a clear and consistent process for categorising, recording, and managing ABTS (e.g., consistent use of financial recording, SLAs, etc.).

Funding and Resources

- Tusla to consider increasing the provision of ABTS on a phased basis, in accordance with identified need, taking particular account of remote/rural areas with limited access to other mainstream therapeutic services.
- Consider increasing availability of a range of ABTS, for example, to include music therapy and canine therapy. One option is to specifically pilot the provision of music therapy.
- Consider funding for ABTS providers to engage in specific evidence informed training and Continuing Professional Development (CPD) to upskill and support ongoing research, networking, and best practice. We recommend partnering with the Department of Further and Higher Education, Research, Innovation and Science as it holds responsibility for education of practitioners through health and social care education programmes in the institutes of further and higher education.

- We recommend seeking out opportunities to partner with other relevant government departments, such as the Department of Justice, who also have a policy remit and responsibility to support vulnerable and children and young people,

Accessibility

- Tusla to ensure that services are geographically accessible, i.e., in rural areas.
- Explore the feasibility of providing ABTS on a group level, where suitable and appropriate.
- Explore the feasibility of providing ABTS for parents/foster carers, where necessary and appropriate.

Awareness Raising

- Tusla to consider designing and running a specific communication campaign to raise awareness of ABTS options among young people, parents/foster carers and people likely to refer into the service, e.g., members of local Children and Young People's Services Committees (CYPSC), Family Resource Centres (FRCs), Primary Care Centres and Child and Family Support Networks (CFSN). One option is to build in a dedicated piece of funding into existing SLAs to support the community organisations to advertise locally and communicating their ABTS offering.
- Tusla to convene a soft launch of this review bringing relevant stakeholders together, including relevant government departments, providers of therapeutic support and therapy professionals, to network, knowledge exchange and share good practice.

Continuity of Support

- Tusla and relevant partners organisations to ensure appropriate referrals to follow-on support for young people who require further support. This links with awareness raising and local partnership working across the range of service providers.

Monitoring and Evaluation

- Tusla to design and build in monitoring and evaluation processes for ABTS providers as part of the Service Level Agreement process. Co-producing a logic model would be a good start to guide the design of a user-friendly monitoring process that clearly articulates critical success determinants and standards of service provision.
- Ensure that there is time and resources dedicated to collecting and collating this data and completing a meta-analysis of all results on an annual basis. This data could usefully contribute to the research mentioned in the next point.
- Consider funding and/or co-funding further research, building on the literature and findings of this review, to build an evidence base and resource for ABTS in Ireland.

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Appendices

Appendix A: Briefing document for case study sites

Independent review of activity-based therapeutic supports funded through Tusla Child and Family Agency

Briefing Document:
Case study of sites (4) providing activity-based therapeutic supports funded by Tusla

This document sets out the detail and proposed plan for a research visit (virtual and/or in person) by the Centre for Effective Services (CES) review team to **four sites** that are currently funded by Tusla to provide activity-based therapeutic support to young people.
This includes information relating to:

1. Background to the review
2. The review questions
3. Proposed agenda for the case study visits
4. Topic guides
5. Preparation in advance of the case study visit
6. Contact details for the CES review team.

Background to the review
Tusla: Child and Family Agency has commissioned the Centre for Effective Services (CES) to conduct this review.

CES is an independent, not-for-profit, intermediary organisation that works to connect policy, practice, and research. Our purpose is to improve the lives of people by supporting the implementation of excellent public services through evidence-informed policy and practice in Ireland and Northern Ireland. CES works with government departments and service providers to design, develop, implement, and evaluate public policies and services.

CES works in areas such as education, health, justice, children and young people, and social services. Our team provides expertise, support and services for public policy and services. We support service providers and policy makers in delivering improved outcomes and value for people living in our communities. Our work is informed by our values – collaboration, creativity, evidence, equity, and learning. For more information about CES, visit www.effectiveservices.org

The purpose of the review is to explore stakeholder experiences of activity-based therapeutic support in four sites. This is to generate a greater understanding of activity-based therapeutic support and how it can benefit young people.
The review methodology is participatory and inclusive, and the CES review team invites stakeholders in the four case study sites to participate in the review process if they wish to do so.

The stakeholders include:

- Young people (aged 14-17 years) who were referred by Tusla and have or are currently availing of activity-based therapeutic support
- Parents/foster carers of young people (aged 14-17 years) who have or are currently availing of activity-based therapeutic support
- Providers of activity-based therapeutic support to young people.

Review questions
The review will seek to answer the following questions:

- How are the activity-based therapeutic supports **experienced** by young people, parents/foster carers, and therapy providers?
- What are the **benefits** of activity-based therapeutic supports?
- **What works well** for those in receipt/provision of activity-based therapeutic supports?
- What are the **challenges** faced by young people, parents/foster carers, and therapy providers in relation to activity-based therapeutic supports?
- How might activity-based therapeutic supports be **improved** for young people, parents/foster carers, and therapy providers?

Proposed agenda for the case study visits

CES proposes to conduct a research visit to four sites that currently provide Tusla funded activity-based therapeutic support to young people who have been referred in by Tusla. Our team is Dr Caroline Rawdon, Jessica Scott, and Anne Eustace. Caroline is a research psychologist, and Anne is a qualified psychologist and psychotherapist, and their work is bound by the ethical codes of professional accrediting bodies. This means that they are sensitive to, professionally trained, and attuned to the potential vulnerabilities of young people who are engaged in activity-based therapeutic support.

We envisage visiting the activity-based therapeutic support settings (4) in person and/or online. The purpose is to meet with relevant stakeholders and work through the agenda below. We are open to a hybrid arrangement in that some or all the interviews can be done online through Zoom or Microsoft Teams. The semi-structured interviews will be decided in consultation with the participants who consent to participate. We will discuss and agree the optimal arrangements and times in advance of the research visit.

Agenda

1. Interviews with a sample of young people who recently or are currently engaging in activity-based therapeutic support (estimated time 3 hours for up to 10 interviews)
2. Interviews with a sample of parents/foster carers of young people who have recently or are currently engaged in activity-based therapeutic support (estimated 2 hours for up to 6 interviews)
3. Interviews with providers of activity-based therapeutic support to young people (estimated 1.5 hours for up to 4 interviews)

We are open to the way the site visit unfolds in that it can be in person, online, or a combination of these methods. All participants will be fully briefed and invited to participate in the review. The entire process will be a voluntary and consent will be sought before proceeding.

Topic guides

The following is an indicative guide to the topics we wish to discuss when we meet and interview the range of stakeholders:

Enablers of provision of activity-based therapeutic support for young people

- Factors that influence participation and attendance at activity-based therapeutic support by young people
- Perceived benefits of engagement in activity-based therapeutic support
- Challenges associated with activity-based therapeutic support
- What works well and what needs further attention to develop and strengthen activity-based therapeutic support for young people

Topics for discussion with young people

The following is an indicative guide to the topics we wish to discuss when we meet with young people who consent to participate in the semi-structured interviews with the CES review team:

Topics

- Experiences of participating in activity-based therapeutic supports

- Benefits of participating in activity-based therapeutic supports
- Challenges associated with participating in activity-based therapeutic supports
- What works well in relation to participating in activity-based therapeutic supports
- What needs further attention to develop and strengthen activity-based therapeutic support for young people.

Topics for discussion with parents/foster carers
The following is an indicative guide to the topics we wish to discuss when we meet with parents/foster carers who consent to participate in the semi-structured interviews with the CES review team:

Topics
- Experiences of their young family members participating in activity-based therapeutic supports
- Benefits of participating in activity-based therapeutic supports
- Challenges associated with participating in activity-based therapeutic supports
- What works well in relation to participating in activity-based therapeutic supports
- What needs further attention to develop and strengthen activity-based therapeutic support for young people.

Topics for discussion with providers of activity-based therapeutic support
The following is an indicative guide to the topics we wish to discuss when we meet with providers of activity-based therapeutic support funded by Tusla for young people:

Topics
- Experiences of providing activity-based therapeutic supports for young people
- Benefits of providing activity-based therapeutic supports
- Challenges associated with providing activity-based therapeutic supports
- What works well in relation to providing activity-based therapeutic supports
- What needs further attention to develop and strengthen the provision of activity-based therapeutic support for young people.

Preparation in advance of the research visit
The CES review team is grateful to and look forward to working with the stakeholders in the four activity-based therapeutic support settings that choose to participate in this review. In advance of the case study visit, the following is a check list to support preparation:

- Check the number of young people who are referred by Tusla to participate in activity-based therapeutic support in your setting and consider their availability to participate in this case study
- Inform therapy staff, young people, and parents/foster carers of the review and invite their participation if they wish (CES will provide information leaflets and consent forms to support this communication following an initial meeting with each therapeutic support setting)
- Contact a member of the CES review team to talk through the practicalities and ask any questions that you might have about this review.

Contact details for the CES review team
This is a qualitative, participatory and inclusive piece of research. We welcome and value the contact with and contributions of all stakeholders.

The CES review team includes:

Dr Caroline Rawdon, Jessica Scott, and Anne Eustace.

Please contact Dr Caroline Rawdon if you have queries or suggestions in relation to the research crawdon@effectiveservices.org

Thank you for your support and contribution to this review.

Appendix B: Information sheet for ABTS providers

Information Sheet for Activity-Based Therapeutic Support Providers

Title of the Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Who are we?
We are the Centre for Effective Services (CES), a not-for-profit organisation working to improve public services in Ireland. Tusla has commissioned us to conduct an independent review of activity-based therapeutic supports that they fund.

Purpose of the review
This review seeks to understand how these activity-based therapeutic supports are working, what they achieve, and how they can be improved. The CES review team will write a report and share the report with Tusla staff. The findings will be used to inform and improve activity-based therapeutic supports for young people.

What will you be asked to do?
As a therapeutic service provider, we invite you to:

- Share your views on how these therapies are working, what they achieve, and how they could be improved to achieve better outcomes through an interview with the CES review team. The interview will last approximately 20-30 minutes.

Confidentiality
Your responses will be kept confidential. All data will be securely stored and will only be accessed by the CES review team.

Data retention
Anonymised data files will be retained for 6 years in line with CES's data retention policies that are aligned with GDPR.

Voluntary participation
Participation is voluntary, and you may withdraw at any time without any consequences for your professional role or responsibilities.

Who can you contact for more information, to ask questions, or to make a complaint?
If you have any questions or need further information, please contact Dr Caroline Rawdon at crawdon@effectiveservices.org or 087 1511349.

If you have any concerns about your rights or wish to make a complaint, you can contact Dr Caroline Rawdon. You can also make a complaint to Tusla. You can find further information on how to do so at https://www.tusla.ie/about/feedback-and-complaints/

Thank you!
We appreciate your willingness to share your expertise and insights to help us understand how these activity-based therapeutic supports meet the needs of young people and their families.

Appendix C: Information sheet for parents/foster carers

Information Sheet for Parents/Foster Carers

Title of the Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Who are we?
Hello, we are from the Centre for Effective Services (CES), an organisation that partners with agencies like Tusla to improve services for children, young people, and families across Ireland.

Why are we doing this review?
Tusla has asked us to conduct a review of different types of activity-based therapeutic supports, including outdoor and creative therapies they fund. The goal is to understand how these therapies are working, what they achieve, and how they can be improved. The CES review team will write a report and share the report with Tusla staff. The findings will be used to inform and improve activity-based therapeutic supports for young people.

What are we asking you to do?
If you decide to take part, we will ask you to:

- Complete an interview with a member of the CES review team to talk a bit more about what you think. The interview will last approximately 20-30 minutes.

Why is your participation important?
Your views are incredibly valuable to us! As a parent or foster carer, your insights can help us understand how these therapies are impacting families and where improvements can be made to better support you and your child.

How will your information be used?
We will keep everything you share with us confidential. No names or identifying details will be included in our reports. All responses will be securely stored and only accessible to the CES review team.

How long will data be kept for?
Anonymized data files will be retained for 6 years in line with CES's data retention policies that are aligned with GDPR.

Do you have to take part?
No, your participation is entirely voluntary. You are free to decline or withdraw at any time without any impact on the services or support you or your child receive from Tusla.

What if you need support after the interview with the CES review team?
If you need support after you participate, we will provide you with details of services that may be able to support you.

Who can you contact for more information, to ask questions, or to make a complaint?
If you have any questions or concerns, please don't hesitate to contact Dr Caroline Rawdon at crawdon@effectiveservices.org or 087 1511349.

If you have any concerns about your rights or wish to make a complaint, you can contact Dr Caroline Rawdon. You can also make a complaint to Tusla. You can find further information on how to do so at https://www.tusla.ie/about/feedback-and-complaints/

Thank you for considering this!
We appreciate your time and willingness to share your experiences. Your input will help us improve these services for all families.

Appendix D: Information sheet for young people

Information Sheet for Young People (aged 14-17 years)

Title of the Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Who are we?
Hi! My name is Caroline Rawdon and I work at the Centre for Effective Services (CES). CES works with organisations like Tusla to help make services better for young people like you.

Why are we talking to you?
Tusla has asked us to find out how different types of activity-based therapeutic supports, like outdoor activities and creative therapies, are working for young people. We want to know what you think about these therapies and how they could be even better! The CES review team will write a report and share the report with Tusla staff. The findings will be used to inform and improve activity-based therapeutic supports for young people.

What will you need to do?
If you want to help us, here's what you'll be asked to do:

- **Chat with the CES review team:** You will be invited to talk a bit more about what you think. The chat will last for about 20-30 minutes.

Why should you take part?
Because **your voice matters**! You've experienced these therapies firsthand, and your thoughts can help make them better for other young people in the future.

Will what you say be private?
We will keep what you tell us as private as possible. We won't use your name or any details that could identify you in our reports. However, if you tell us something that makes us worried about your safety or someone else's, we may need to share it with someone who can help keep you safe. We will always try to talk to you first if this needs to happen.

How long will your data be kept?
We will remove your name from the files and keep the files for 6 years in line with CES's data retention policies that are aligned with GDPR.

Do you have to do this?
Not at all! It's completely up to you. You can decide not to take part or change your mind later. There won't be any consequences, and it won't affect any support you receive from Tusla.

What if you need support after the chat with the CES review team?
If you need support after you participate, we will provide you with details of services that may be able to support you.

How can you ask questions, make a complaint, or get help?
If you have any questions or want to know more, you can reach out to Caroline Rawdon at crawdon@effectiveservices.org or 087 1511349. We're here to help!

If you have any concerns about your rights or wish to make a complaint, you can contact Caroline Rawdon. You can also make a complaint to Tusla. You can find further information on how to do so at https://www.tusla.ie/about/feedback-and-complaints/

Thank you for thinking about this!
We really appreciate your time. Your ideas could help improve these therapies for other young people.

Appendix E: Information sheet for parents/legal guardians

Information Sheet for Parents/Legal Guardians
(of Young Person under 16 years old)

Title of the Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Who are we?
Hello, we are from the Centre for Effective Services (CES), an organisation that partners with agencies like Tusla to improve services for children, young people, and families across Ireland.

Why are we doing this review?
Tusla has asked us to conduct a review of different types of activity-based therapeutic supports, including outdoor and creative therapies they fund. The goal is to understand how these therapies are working, what they achieve, and how they can be improved. The CES review team will write a report and share the report with Tusla staff. The findings will be used to inform and improve activity-based therapeutic supports for young people.

What are we asking you to do?
We are asking you to give your consent for your child/young person to participate in this review. If you consent, they will be asked to complete an interview with a member of the CES review team to talk a bit more about their experience and perception of the activity-based therapeutic support. The interview will last approximately 20-30 minutes.

Why is your child/young person's participation important?
The views of young people are incredibly valuable to us! The insights of young people can help us understand how these therapies are impacting families and where improvements can be made to better support young people.

How will your child/young person's information be used?
We will keep everything your child/young person shares with us confidential. No names or identifying details will be included in our reports. All responses will be securely stored and only accessible to the CES review team.

How long will data be kept for?
Anonymized data files will be retained for 6 years in line with CES's data retention policies that are aligned with GDPR.

Does your child/young person have to take part?
No, their participation is entirely voluntary. They are free to decline or withdraw at any time without any impact on the services or support that they receive from Tusla.

What if your child/young person needs support after the interview?
If your child/young person needs support after they participate, we will provide them with details of services that may be able to support them.

Who can you contact for more information, to ask questions, or to make a complaint?
If you have any questions or concerns, please don't hesitate to contact Dr Caroline Rawdon at crawdon@effectiveservices.org or 087 1511349.

If you have any concerns about your rights or wish to make a complaint, you can contact Dr Caroline Rawdon. You can also make a complaint to Tusla. You can find further information on how to do so https://www.tusla.ie/about/feedback-and-complaints/

Thank you for considering this!
We appreciate your time and willingness to share your experiences. Your input will help us improve these services for all families.

Appendix F: Consent form for ABTS providers

Consent Form for Activity-Based Therapeutic Support Provider

Title of Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Introduction
Thank you for considering participating in this review. Before you decide whether to take part, it is important to understand why the review is being done and what it will involve. Please read the statements below and add your initials after each statement if you agree and understand.

Participant Consent Checklist

Please read each statement carefully and add your initials if you agree:

Statement	Initials
I have received and read the information sheet about the review and understand what it involves.	
I understand that my participation in this review is voluntary, and I am free to withdraw at any time without giving a reason. I understand that I can tell the researcher if I want to stop participating and they will end the interview.	
I understand that my responses will be kept anonymous and confidential, and that no identifying information will be included in any reports.	
I understand that the data collected in this review will be stored securely and only accessed by the review team at CES.	
I understand that if I share something that suggests a risk to my safety or someone else's, this information may need to be shared with someone who can help.	
I understand that my responses will be used only for the purpose of this review and to improve the services provided by Tusla.	
I understand that I will not receive any payment or compensation for participating in this review.	
I agree to take part in this review.	

Participant's name: _____

Signature of participant: _____ Date: _____

Contact information

If you have any questions or concerns about this review, please contact Dr Caroline Rawdon at crawdon@effectiveservices.org

Appendix G: Consent form for parents/foster carers

Consent Form for Parent/Foster Carer

Title of Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Introduction
Thank you for considering participating in this review. Before you decide whether to take part, it is important to understand why the review is being done and what it will involve. Please read the statements below and add your initials after each statement if you agree and understand.

Participant Consent Checklist

Please read each statement carefully and add your initials if you agree:

Statement	Initials
I have received and read the information sheet about the review and understand what it involves.	
I understand that my participation in this review is voluntary, and I am free to withdraw at any time without giving a reason. I understand that I can tell the researcher if I want to stop participating and they will end the interview.	
I understand that my responses will be kept anonymous and confidential, and that no identifying information will be included in any reports.	
I understand that the data collected in this review will be stored securely and only accessed by the review team at CES.	
I understand that if I share something that suggests a risk to my safety or someone else's, this information may need to be shared with someone who can help.	
I understand that my responses will be used only for the purpose of this review and to improve the services provided by Tusla.	
I understand that I will not receive any payment or compensation for participating in this review.	
I agree to take part in this review.	

Participant's name: _____

Signature of participant: _____ Date: _____

Contact information

If you have any questions or concerns about this review, please contact Dr Caroline Rawdon at crawdon@effectiveservices.org

Appendix H: Consent form for young people

Consent Form for Young Person (aged 14-17 years)

Title of Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Introduction
Thank you for considering participating in this review. Before you decide whether to take part, it is important to understand why the review is being done and what it will involve. Please read the statements below and add your initials after each statement if you agree and understand.

Participant Consent Checklist

Please read each statement carefully and add your initials if you agree:

Statement	Initials
I have received and read the information sheet about the review and understand what it involves.	
I understand that my participation in this review is voluntary, and I am free to withdraw at any time without giving a reason. I understand that I can tell the researcher if I want to stop participating and they will end the interview.	
I understand that my responses will be kept anonymous and confidential, and that no identifying information will be included in any reports.	
I understand that the data collected in this review will be stored securely and only accessed by the review team at CES.	
I understand that if I share something that suggests a risk to my safety or someone else's, this information may need to be shared with someone who can help.	
I understand that my responses will be used only for the purpose of this review and to improve the services provided by Tusla.	
I understand that I will not receive any payment or compensation for participating in this review.	
I agree to take part in this review.	

Participant's name: _____

Signature of participant: _____ Date: _____

Contact information

If you have any questions or concerns about this review, please contact Dr Caroline Rawdon at crawdon@effectiveservices.org

Appendix I: Consent form for parents/legal guardians

Parent/Legal Guardian Consent Form (for Young Person under 16 years old)

Title of Review: Independent Review of Activity-Based Therapeutic Supports Funded through Tusla Child and Family Agency

Introduction
Thank you for considering your child/young person's participation in this review. Before you consent to their participation, it is important to understand why the review is being done and what it will involve. Please read the statements below and add your initials after each statement if you agree and understand.

Parent/Legal Guardian Consent Checklist

For participants under 16 years old.
Please read each statement carefully and add your initials if you agree:

Statement	Initials
I have read the information sheet provided and understand the purpose and nature of this review.	
I give permission for my child/young person to participate in this review.	
I understand that my child/young person's participation is voluntary, and they can withdraw at any time without giving a reason.	
I understand that my child/young person's responses will be kept anonymous and confidential, and no identifying information will be included in any reports.	
I understand that if my child/young person shares something that suggests a risk to their safety or someone else's, this information may need to be shared with someone who can help.	
I understand that the data collected will be securely stored and only accessed by the review team.	

Child/young person's name: _____

Parent/legal guardian's name: _____

Signature of parent/legal guardian: _____ Date: _____

Contact information

If you have any questions or concerns about this review, please contact Dr Caroline Rawdon at crawdon@effectiveservices.org

This report should be cited as follows:

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