



International Association of  
**Human-Animal Interaction**  
Organizations

## **IAHAIO international guidelines on care, training and welfare requirements for equines in equine-assisted services**

### **Development of the guidelines**

These guidelines provide best practice guidance for meeting the care, training and welfare requirements for equines involved in delivering equine-assisted services. Examples include services that incorporate horses in therapy practice, in education and learning, and adaptive/therapeutic riding and horsemanship.

The guidelines were developed by an international task force of IAHAIO members and individual experts and relevant organizations working between 2018 and 2020. They are based on a review of evidence of current best practices and research.

### **Use of the guidelines**

The recommendation is that these guidelines are adopted and implemented in practice by everyone that incorporates horses in services that benefit people. It is acknowledged that knowledge can change over time as research and practice expands and it is intended that this document be reviewed every two years and adjusted, if required.

National guidelines or profession-specific competencies for animals as part of human services that exist in your country must be followed in care, welfare, training and handling procedures. Everyone providing equine care, welfare or training should have the appropriate qualifications, training, and experience to follow these guidelines.

### **1. Equine care and welfare**

- 1.1 There should be a written, formal process for equine care and maintenance of welfare. This can include self-developed forms but must rely on scientific understanding of both physical and psychological aspects of health.

- 1.2 Accurate interpretation of equine behavior, cognitive and sensory capacities, communication strategies, positive states and welfare indicators, signs of stress, discomfort, pain, and fatigue, including presence of stereotypic (coping) behaviors, is necessary to provide appropriate care. Knowledge of common negative impacts on the horses in human environments and mitigation of these should happen.
- 1.3 The basic needs of horses must be met in their daily living environment. The horse must have the possibility of long-term, daily foraging and must have access to quality fiber and water when not directly engaged in a service. The horse must have sufficient opportunity for free movement without human interference and given the option to take shelter from the sun, wind, and precipitation. Long periods of time in stalls or small enclosures should be avoided. The social needs of horses should be understood and the horse must have opportunities for direct contact and interactions with other horses.
- 1.4 Nutrition affects health and behavior of horses. All horses should have access to quality fiber (grass or hay) as part of their daily basic diet, additional feed depends on individual health needs and the demands placed on the horse in the service they are part of and should be determined together with an equine nutritionist or veterinarian.
- 1.5 Regular health care should be provided by veterinarians, farriers, and equine dentists. Health issues, whether physical or psychological, must be addressed immediately and the horse given sufficient time to recover or to be transferred to a more appropriate setting for their needs.
- 1.6 Access to the horse's living environment by participants or non-caretakers when the horse is not directly part of a service should be limited to ensure the opportunity for rest, relaxation, and sleep. The sleep patterns of the horse differ from those of humans, and horses need to sleep lying down (not just standing up) on a soft surface to maintain their health.
- 1.7 Horses who are not directly participating in a service should be relieved of tack such as saddles and pads, bridles, bits, and other headgear. Breaks and opportunity to rest away from humans should be provided during the horse's workday.

- 1.8 Caretaking of horses must take into account their psychological/emotional state and not underestimate horses' capacity to experience stress, pain, and suffering. Caretaking of the horse should promote a positive emotional state for the horse and avoid the use of approaches and caretaking procedures that can introduce stress, pain, and injury.
- 1.9 Arbitrary interpretation of the horse's psychological or physical state with no scientific reasoning should be avoided, as should assignation of human thinking and intention onto the horse. Such attitudes affect the care of horses negatively. The position of the horse in human contexts, for instance, in determining whose value supersedes that of the other, should be understood as it affects our ability to understand and accommodate horses who advocate for their needs and comfort.
- 1.10 Care of horses include appropriate attention and action relative to the daily, weekly, monthly workload of the horse and the overall activities taking place in the horse's life outside of services (transportation, veterinary care, new environment, other horses, and other such issues that affect them). The individual characteristics and needs of each horse must be appropriately considered and accommodated.
- 1.11 There should be a plan in place for each horse who is not appropriate for services at any point for either physical or psychological reasons. The plan should not compromise the horse's health and welfare further and may include transfer to a more appropriate setting with careful attention to potential risks and suffering that could arise from the transfer.

## **2. Equine training and handling**

- 2.1 All training and handling techniques must be based on and aligned with physical, mental, and sensory capacities of horses, and how horses learn and communicate. Trainers must demonstrate formal knowledge of behavior modification and conditioning of horses, not simply their years of experience with horses.
- 2.2 Everyone handling horses must have knowledge about equine signs of discomfort, stress, and pain, and how to provide accommodation for the horse when these states are present in order to reduce risk between humans and horses.

- 2.3 Everyone handling horses must understand the importance of consistency, how horses learn, and how handling impacts the horse physically and emotionally. This includes the dangers of inconsistent handling.
- 2.4 Constant pressure on the horse's head from equipment such as halter and lead rope should be avoided in handling. Providers and those assisting with the service should avoid adding to the horse's sensory load by frequent touching, patting, or leaning on the horse while the horse is interacting with a participant.
- 2.5 The horse's living environment, their physical and mental state, temperament, nutritional status, age, and history with humans all impact training outcomes.
- 2.6 The horse's training program should follow their work role, that is, what the horse should be able to do within the service provided, and with specific providers and participants.
- 2.7 Training protocols for the horse should be based on reinforcement and follow scientific learning principles and ethical frameworks such as LIMA (least intrusive - minimally aversive). Correct use of habituation/desensitization, operant conditioning, classical conditioning, and shaping, with careful attention to the horse's emotional and physical states during training is necessary.
- 2.8 Fleeing, fighting, or freezing reactions must be avoided in training and handling of horses. If high-stress situations arise in training, the approach must be adjusted to ensure equine health and wellbeing.
- 2.9 Horses who pull or carry participants must participate in an ongoing muscle conditioning program focused on specific exercises for fitness and core muscle strength. This has to be provided outside of participant interactions.

## Literature

Animal-assisted therapy in counseling competencies. American Counseling Association.

[https://www.counseling.org/docs/default-source/competencies/animal-assisted-therapy-competencies-june-2016.pdf?sfvrsn=c469472c\\_14](https://www.counseling.org/docs/default-source/competencies/animal-assisted-therapy-competencies-june-2016.pdf?sfvrsn=c469472c_14)

Butts, J.B. & Rich, K.L. (2015) Nursing Ethics. Jones and Bartlett Publishers

Code of Ethics Equine Facilitated Wellness. Canadian Therapeutic Riding Association

Code of Welfare Horses and Donkeys. New Zealand Government.

Cook W.R. and Kibler, M. (2018). Behavioural assessment of pain in 66 horses, with and without a bit. <https://doi.org/10.1111/eve.12916>

Collins, J.A., Hanlon, A., More, S.J., Wall, P.J., Kennedy, J. & Duggan, V. (2010). Evaluation of current equine welfare issues in Ireland: Causes, desirability, feasibility and means of raising standards. *Equine Vet J.* 2010 Mar;42(2):105-13. doi: 10.2746/042516409X471458

De Santis, M., Contalbrigo, L., Borgi, M., Cirulli, F., Luzi, F., Redaelli, V., Stefani, A., Toson, M., Odore, R., Vercelli, C., Valle, E. & Farina, L. (2017). Equine Assisted Interventions: Methodological Considerations for Stress Assessment in Horses.

Dyson, S., Ellis, A.D., Mackechnie-Guire, R., Douglas, J., Bondi, A. & Harris, P. (2019). The influence of rider: horse bodyweight ratio and rider-horse-saddle fit on equine gait and behaviour: a pilot study. *Equine Veterinary Education.* <https://onlinelibrary.wiley.com/doi/full/10.1111/evj.13088>

Ekholm Fry, N. (2021). Welfare considerations for horses in therapy and education services. In J. M. Peralta & A. H. Fine A.H. (Eds.) *The welfare of animals in animal assisted interventions: Foundations and best practice methods.* Springer International Publishing

Ethical Principles. American College Health Association

Equine Welfare and Management Standards. PATH Intl. Standards Manual.

Gehrke, E.K., Baldwin, A. & Schiltz, P.M. (2011). Heart Rate Variability in Horses Engaged in Equine-Assisted Activities. *Journal of Equine Veterinary Science.* Vol 31, Issue 2.

Gleerup, K., Forkman, B., Lindegaard, C., & Andersen, P. H. (2015). An equine pain face. *Veterinary Anaesthesia and Analgesia*, 42, 103–114

McGreevy, P. (2012) *Equine behavior: A guide for veterinarians and equine scientists.* <https://www.elsevier.com/books/equine-behavior/mcgreevy/978-0-7020-4337-6>

Mellor, D.J. and Beausoleil, N.J. (2017). Equine welfare during exercise: An evaluation of breathing, breathelessness and bridles. *Animals*7(6), 41; doi:10.3390/ani7060041

Position statement on aversive stimuli in horse training. ISES. <https://equitation-science.com/equitation/position-statement-on-the-use-misuse-of-leadership-and-dominance-concepts-in-horse-training>

Position statement on the use/misuse of leadership and dominance concepts in horse training. ISES. <https://equitation-science.com/equitation/position-statement-on-the-use-misuse-of-leadership-and-dominance-concepts-in-horse-training>

Principles of learning theory in equitation. ISES. <https://equitation-science.com/equitation/principles-of-learning-theory-in-equitation>

Reega, S.J. (2017) Effects of Equine Assisted Activities and Therapies on Equine Stress and Welfare. Senior Honors Thesis, University of New Hampshire, Durham.

[Rider Weight Study Provides New Evidence of Deleterious Effects of Inappropriate Loading on Equine Gait and Behavior.](#) Dr. Sue Dyson

Training principles poster. ISES. <https://equitation-science.com/equitation/principles-of-learning-theory-in-equitation>

Waran, N. & Randle, H. (2017, May). What we can measure, we can manage: The importance of using robust welfare indicators in Equitation Science. Applied Animal Behavior Science: Special Issue on Equitation Science in Practice, 190, 74-81.

Wood, W., Alm, K., Benjamin, J., Thomas, I., Anderson, D. Pohl, L. & Kane, M. Optimal Terminology for Services in the United States That Incorporate Horses to Benefit People: A Consensus Document. Journal of Alternative and Complementary Medicine. DOI: 10.1089/acm.2020.0415

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