

The positive impact of structured surfing courses on the wellbeing of vulnerable young people

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ABSTRACT

Involvement in positive leisure activities is a key way for young people to develop resilience and social and emotional skills. This paper outlines the evaluation of a six-week surfing intervention, the Wave Project, which aimed to boost wellbeing and confidence among 84 young people aged eight to 18, all of whom faced mental health issues or social exclusion. The intervention resulted in a significant and sustained increase in wellbeing. One year later, 70% of clients regularly attend a surf club and many have become trained as session volunteers. Parents and referrers noticed an increase in positive attitude and better communication, as well as improved self-management and behaviour at both home and school. It is concluded that the Wave Project provides a demonstrable and cost-effective way to deliver mental health care, mentoring and social integration of young people. Further service evaluation of accessibility and long-term outcomes is also recommended.

KEY WORDS

Wellbeing, evaluation, young people, activity, health

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INTRODUCTION

One in 10 young people aged five to 15 suffer from a mental health problem (Mental Health Foundation, 2013). Recognition of preventive initiatives for mental ill health is recommended to reduce the cost of mental health services for these young people (King's Fund, 2008). The average cost of mental health service for young people is £265 per person, per year and prevention savings for school-based emotional learning programmes are calculated at £3,206 per child over a 10-year period (Knapp et al, 2011).

The Wave Project is a surfing intervention that promotes 'confidence through surfing and the sea'. It provides a six-week course of one-to-one surfing support for clients aged eight to 21, in a group setting. A follow-on surf club enables clients to continue their surfing and progress to becoming volunteer helpers and surf-mentors. Specific targets for achievement are not set and it is a chance to forget rather than focus on problems. The ethos and course delivery are constructed to provide, fun, friendship and positive challenge with implicit objectives around developing the core life skills of confidence, self-reliance, self-management and social skills.

Demonstrating the value of this intervention through evaluation is important for service users, practitioners and commissioners, all of whom share an interest in promoting the wellbeing of young people. The Wave Project is rapidly expanding. It started in 2010 as a project for 20 young people run by volunteers. Now it is implemented in 20 locations across eight counties in the UK, each run by a local co-ordinator using teams of local volunteers.

Funding for these projects has come from grant funders such as the Big Lottery Fund and the BBC's Children In Need, along with the NHS and local authorities. Since the project began, over 400 young people have benefited, some of whom now volunteer helping others on their local Wave Projects.

It has been argued that wellbeing may form a separate dimension to mental illness rather

than be at the opposite end of a continuum (McDowell, 2010). Wellbeing is seen as multifaceted, comprising autonomy, personal growth, self-acceptance, life purpose, mastery and positive relatedness (Ryff and Keyes, 1995).

In a systematic review, Adi et al (2007) report that the effects of good health and psychological functioning for young people may be extensive and include protection from emotional and behavioural problems, violence and crime, teenage pregnancy and misuse of drugs and alcohol. There is convincing evidence to show that exposure to the natural environment positively influences health and wellbeing (Royal Society for the Protection of Birds (RSPB), 2010; O'Brien and Morris, 2013).

At the Wave Project, wellbeing is conceptualised and measured according to the New Economic Foundation (NEF) suggestion that wellbeing consists of 'positive functioning', resilience and self-esteem, emotional wellbeing, social wellbeing, vitality and a satisfying life (NEF, 2012). NEF emphasises the importance of 'personal development' aspects over 'life satisfaction' and notes that this is directly related to physical health (NEF, 2012). Accordingly, the Wave Project uses wellbeing indicators with a fitness and activity element rather than 'life satisfaction'.

MEASURING WELLBEING AND EVALUATING OUTCOMES

As public health projects are designed and measured in various ways, there is a lack of comparable evaluation data. Using a combination of standard measures and validated questions enables partial comparison. There is also a lack of measures for children that span all NEF aspects of wellbeing. The Stirling Children's Wellbeing Scale (SCWBS) is a positively worded measure with two sub-scales – 'positive outlook' and 'positive affect' (plus a social desirability sub-scale, useful for younger children). The SCWBS measures emotional and psychological wellbeing, and has been validated with children aged eight upwards (Liddle and Carter, 2010).

Table 1. Repeat pre- and post-intervention measures of wellbeing

Wellbeing aspect indicated	Validated items: ask 'How I've been feeling over the past couple of weeks' on 5-point Likert scale from 'none of the time' to 'all of the time'	Original measurement instrument/source
Positive functioning/outlook	'I think good things will happen in my life' 'I've been able to make choices easily' 'I can find lots of fun things to do' 'I feel I am good at some things' 'I think lots of people care about me' 'I think there are things I can be proud of'	Stirling Children's Wellbeing Scale (SCWBS) (the 6 items form a component of 'positive outlook' on a single dimension*)
Resilience/self-esteem	'I've been feeling good about myself' 'I'm good at managing my daily responsibilities'	Validated item for 13-16 year olds on Warwick-Edinburgh Mental Wellbeing Scale Validated item on Rosenberg Self Esteem Scale
Emotional wellbeing	'I've been feeling calm'	SCWBS validated as a single item on the scale's Positive Affect component
Vitality	'I've been having fun'	Own item
Social wellbeing	'I feel safe with my friends'	Children's Society validated item in draft Children's Wellbeing Scale
Social trust	'I think other people are basically good'	Recommended as a question by NEF, but no validated item available
Physical health	'I like being active' 'I feel fit and healthy' 'I enjoy being outside'	National Obesity Observatory Standard Evaluation Framework suggest these items for determinants of activity behaviours, such as attitude to physical activity Own item
*These items formed a reliable 'positive functioning' scale pre- (T1) and post- (T2) intervention, with T1 alpha .781 (6 items) and T2 alpha .766 (6 items)		

To evaluate The Wave Project we used the SCWBS, along with single items from other validated scales, notably to measure self-esteem, social wellbeing and physical health. Finally, overall evaluation design included feedback from three sources (clients, parents and referrers) and used four points in time to help paint the picture of outcomes without disturbing the flow of the project.

AIMS OF THE STUDY

- To evaluate the wellbeing outcomes and impact of the Wave Project
- To highlight any issues around delivery and follow-up
- To use validated measures that were practical

for data collection and robust enough to provide useful evidence for commissioners and practitioners.

METHOD

An evaluation was made in 2013, designed and analysed by independent consultants according to Social Research Association guidance for ethics. Data were anonymised and used for evaluation purposes only and from the outset all participants understood and gave written consent to data collection and could decline or drop out at any time. This paper presents results for 2013, but the project and evaluation are ongoing and expanding.

INTERVENTION

Clients attended a free course of six weekly surfing sessions, usually for 10 clients and led by paid surf instructors and enough volunteers to provide one-to-one support. Courses were carefully constructed to bring clients out of their comfort zone and get them focused on positive experiences. Wetsuits and transport were provided if needed. Sessions ran at the weekends in spring or autumn.

PARTICIPANTS

A total of 121 young people aged eight to 18 facing mental health issues or social exclusion were referred by health, education and social services. Approximately 30% of referrals were from schools; 30% from NHS healthcare providers (GPs, nurses, psychologists); 20% from council-run social and family services; and 20% from other child support agencies (Action for Children, Young Carers).

The majority of clients were socially isolated and did not attend clubs and activities regularly. Most had not surfed before. Many were anxious before starting the Wave Project and some had sensory issues that made them reluctant to visit the beach or go into the sea. Thirty-nine parents and 13 referrers provided feedback as to satisfaction and effects on the children.

EVALUATION DESIGN

Data were collected on subjective outcomes (client perspective), impact (parent and referrer perspective), sustainability of impact (long-term attendance at surf club) and process delivery (satisfaction and improvements (results of which could then be used towards regular staff training and quality control).

After referral a questionnaire was posted to clients along with information and consent forms. At the end of the six-week surf course, a repeat measure plus satisfaction/experience questionnaire was administered. Parents and referrers completed feedback questionnaires (both closed and open questions) up to three months later. Further follow-up data were available for most clients through a log book and attendance records for the ongoing regular surf club, also run by the Wave Project.

MEASURES

Client

- Wellbeing pre- and post-intervention (Table 1)
- Direct effects of participating (categorical yes/no statements, such as 'I feel fitter' and 'I had fun', and open questions such as 'What things made you feel different?' and 'What did you achieve that you hadn't before?')
- Satisfaction ratings around feeling safe, overall

Table 2. Effects of Wave Project (client perspective)

Client perspective (sample 103 children)	Total	%
'I feel better than before'	79	96
'I feel more happy'	79	98
'I feel fitter than before'	69	87
'I made new friends'	71	89
'I had fun'	80	99

Table 3. Statistically significant change on all wellbeing areas using paired sample t-tests

Wellbeing aspect	Significant change
Positive functioning: 6-item scale	t {82}=-6.42***
Resilience/self-esteem: feeling good about myself, managing my responsibilities	t {81}=-3.87***
Emotional wellbeing: feeling calm	t {81}=-5.91***
Vitality: having fun	t {80}=-7.94***
Friendship: feeling safe with friends	t {76}=-3.20**
Social Trust: people are basically good	t {79}=-5.26***
Physical health: feeling fit	t {78}=-2.87**
Physical health: being active	t {78}=-3.47**
Enjoying outside	t {78}=-2.48*

Key: *** p<.000 ** p<00 * p<.0

Table 4. 'Things that made me feel different' (client comments)

Theme	Example
Resilience and achievement	'I now give things a try even if I feel nervous' 'I thought I wouldn't do well when I have'
Confidence	'Boosted my confidence' 'I am happier, and happier about life and living it'
Happiness, fun and excitement	'It makes me feel safer and a lot more happy' 'Having someone helping me'
Friends, group support and feeling safe	'Working in a group' 'Slightly more confident at talking to new people'
Surfing activity and interest	'That there is a sport that I actually like' 'It gave me confidence to learn a new hobby'

experience, improvements needed and follow-on attendance at regular surf club.

Parent/referrer

- Behaviour, self-management, progress at school
- Communication, empathy, making new friends
- Self-confidence, positive attitude, happiness, having fun
- Satisfaction, fun in sessions, and progress with surfing
- Activity, healthier lifestyle
- Referrer satisfaction: would recommend, refer others, waiting times, outcome expectations.

RESULTS

A total of 114 young people attended some or all surf sessions and 84 completed a valid pre- and post-intervention questionnaire. Just over half (n=45; 53.6%) attended all six sessions. A

further third (n=27; 32.1%) attended five sessions, with 12 children (14.3%) attending four or less. Seventy per cent (n=59) of referrals were boys and 30% (n=25) were girls. Thirty-three per cent were aged eight to nine; 54% aged 10-14; and 10% aged 15-18.

Frequency scores and percentages (%) were calculated for all items. Where items had categorical responses (yes/no) a chi² indicated how much responses varied from chance; for example, were the number of females and males across the six locations significantly different?

Difference pre- and post-intervention for scaled items was calculated using a paired sample t-test. This calculated whether the difference in mean score across the whole sample at time 1 (T1) was significantly different from the mean score at time 2 (T2). Qualitative data were analysed thematically (Braun, 2006) by coding statements

into categories and assigning thematic descriptors to each category.

OUTCOMES

In terms of direct effects, categorical data showed clients felt better (96%), happier (98%), had fun (99%), made friends (89%) and felt fitter (87%). All wellbeing measures showed statistically significant change after the intervention and the effects were very robust. Location, gender and attendance were unrelated (chi²) to any variable. The only significant effect of gender was in terms of partial or full attendance on the course, with females significantly less likely than males to complete the full course (chi²=6.659; p=.01). The reasons for females' less than full attendance are not clear from the quantitative data but were followed up on an individual basis by Wave staff and included being unwell and losing interest, transport difficulties and holidays.

QUALITATIVE AND CATEGORICAL DATA

Post-intervention comments were collected by asking clients what made them feel different. A summary of results is presented in Table 4.

PARENT AND REFERRER FEEDBACK

Data collected from 39 parents and 13 referrers showed the Wave Project was extremely positive for family life, behaviour and achievement at school.

Positivity and a more confident outlook

Parents saw their children as having fun during the sessions. They reported that children were more positive, happier and more self-confident after the Wave Project.

Behaviour change

Seventy-nine per cent of parents reported a more positive attitude and 62% reported better communication skills. Self-management, empathy and improved behaviour were identified in around half the cases.

Activity and achievement

Sixty-two per cent of parents reported children being more active and 82% saw their progress with surfing. Fifty-six per cent thought they showed a healthier lifestyle after participation and 46% knew of progress in education since the course. The Wave Project experience was a 'touchstone' for some children:

'We have been able to use the Wave Project to boost his low self-esteem and low self-worth. When he doubts himself we remind him how he feels when he is in the waves with Wave Project instructors. When

Key points

- Commissioners and practitioners should consider the Wave Project as an intervention to promote wellbeing and specific outcomes; notably, social interaction and engagement among young people
- The Wave Project model (surf, challenge, fun and support) plus a follow-on club enables progression from participant to proponent
- The Wave Project builds skills and social capital through increasing volunteering and mentoring
- Evaluations that incorporate wellbeing measures alongside other (follow-up) impact indicators can be used in a wide range of situations, including interventions with different activities or different target groups such as young or older people

he feels life is too difficult or he is too depressed, we remind him how soon his next surf session is. (Parent)

Referrers saw similar improvements to parents and gave examples such as:

- Able to take on more of a leading role in class
- Met up with peers who he had not seen for a long time
- More willing to attend swimming sessions with the school
- Joined the surf club and is keen to pursue that when they start surfing again next year.

Referrers were 100% happy with the service and results. The consistent support, kindness and friendliness of staff/volunteers was acknowledged as being integral to the intervention:

'Instructors and volunteers were amazing, nothing too much trouble and they made it good fun.' (Client)

'I reassured her that staff would work hard to make her feel welcome and relaxed.' (Referrer)

FOLLOW-UP SURF CLUB

A year after the course over 70% of clients attend surf club regularly. As a result of client requests, most clients aged 14 years and older are trained to become surf volunteers for the Wave Project. They are then given responsibility for helping other young people to participate. Females and males attend equally.

DISCUSSION

The evaluation results show a reliable intervention, with good, robust outcomes, consistency of delivery across locations and sustainable impact. Even if clients missed some sessions, positive change occurred, which is a useful outcome when considering referral.

The wellbeing measures worked well and could be used elsewhere for comparison between interventions for young people. It is worth noting that all the questions were worded positively to reflect the ethos of the project as a whole.

The comments made by parents and clients reflected these wellbeing measures and lent more detail to the real experience of any changes. Positive functioning, resilience, self-esteem and confidence, happiness, fun, friendship and experiencing (and achieving) a new, active hobby were strongly represented in comments and parents reported a positive impact on family life.

Parents valued the opportunity for their children to start a hobby, take part in local culture, have an antidote to problems, socialise better and achieve by completing an activity (that many had not done before). Children were able to talk about the course with their family, be more resilient and calm, to complete chores at home and to 'feel comfortable in their own skin'.

Clients with anxiety and sensory difficulties, such as autism, did not experience these as barriers to participation and this is a strength of the project. Access for a wide range of young people was encouraged and issues addressed early. There were slightly lower referral rates for girls and slightly lower attendance, and the project has been addressing this in the promotion of the service and course induction. As a result, female and male attendance is now equal. Although the intervention is located at the coast, this did not seem to limit access as many participants came from inland Cornwall and some may have travelled over an hour to attend.

In addition to the significant immediate improvements after a course, over 70% of clients carried on surfing, joined and still regularly attend a surf club up to a year later. Engaging in an active hobby in group settings and in their local communities is a notable impact of the Wave Project. All the findings taken together suggest that the cost per client of around £50 per session offers good value for money as an intervention.

LIMITATIONS

The evaluation sample was limited and provides limited evidence, so more ongoing data, particularly from parents and referrers, would give a clearer picture. Response-bias effects may have been present in that the most enthusiastic par-

ents and referrers were more likely to respond. Evaluation would be stronger if continued over a longer follow-up period and if school feedback could corroborate self-reports from clients and parents. Although in the Wave Project referrals and attendance included those from inland as well as coastal areas, access to coastal locations may be seen as a difficulty to overcome.

CONCLUSION

Wellbeing was promoted by participation in surfing, a physically challenging outdoor activity experienced with other people in a friendly, supported and fun way. These findings demonstrate a valuable and cost-effective way to deliver mental health care, mentoring and to encourage social integration of young people. Clients progressed, formed a new hobby and were interested in volunteering. Going forward, it might also be interesting to plot the wider value of such interventions (or 'social return on investment') in terms of family wellbeing, and wider benefits to communities as well as individuals.

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