The Wave Project: Evidencing Surf Therapy for Young People in the UK

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Abstract

Sport and exercise are known to have long-term, positive consequences for the physical and mental health and wellbeing of the individual and society as a whole. In the UK, a quarter of young people experience long-term illness, disability or mental ill-health. However, understanding the impact of surfing on physical and mental health is complex, not least because there are different pathways by which surfing can improve health and wellbeing including: playing, being in nature, socialising, taking risks and identifying as a surfer. The Wave Project is a UK-wide surf therapy charity which provides vulnerable young people aged 8-21 with an opportunity to surf once a week for six weeks. At The Wave Project, clients 'do' surfing with the one-to-one assistance of a volunteer overseen by a surf coordinator. After completing The Wave Project clients are invited to become members of a follow-on Surf Club staffed by volunteers or become a Wave Project volunteer themselves. This paper provides an overview of the Wave Project evaluation programme between 2013-2017. During this period there have been three evaluation phases centred around Wave Project delivery: Spring 2013, Summer 2014-Autumn 2015 and Spring-Summer 2017. Each phase has employed a mixture of qualitative and quantitative methods to assess the experience of clients, parents/carers, referrers and Wave Project staff. These methods have included pre- and post-intervention client surveys, focus groups, interviews and log books. The results to-date show that surf therapy can improve the health and wellbeing of vulnerable young people in the UK.

Participation in sporting activities is known to have long-term, positive consequences for the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al., 2007). However, children with physical disabilities, who have the same activity requirements as all children (World Health Organisation (WHO), 2012), tend to have less opportunities to participate in sport (Armitano et al., 2015). This can contribute to reduced fitness, an increased obesity risk (Murphy, Carbone & the Council on Children with Disabilities, 2008) and associated secondary health problems in later life, such as coronary heart disease and diabetes (Fragala-Pinkham et al., 2008).

In the UK, the incidence of long-term illness (e.g. diabetes) or disability amongst young people is high, affecting almost one quarter (23%) of children aged 11-15 (Institute of Health Equality, 2017). One in eight children and young people aged 5 to 19 had a mental health difficulty in 2017 (NHS Digital, 2018). For children living with a disability, poor mental health or any long-term condition, who may not conform to local norms of appearance, language or behaviour (Levinson et al., 2013), there is a higher risk of being bullied by peers (Sentenac et al., 2013) which itself can exacerbate psychological and physical ill-health and poorer life outcomes (Durcan & Bell, 2015).

Only one quarter of school-age children with a diagnosable mental health problem receive any form of intervention (Khan, 2016). In 2017, The Children's Society estimated that 60% of 10- to 17-year-olds across England who were referred to child and adolescent mental health services were not treated because their problems were not deemed 'serious' enough (The Children's Society, 2019). Although parents

and carers often seek advice and assistance from professionals they can face lengthy delays, on average 12 weeks from referral to first treatment (The Children's Society, 2019).

Research on the impact of marine sports on wellbeing has tended to focus on able-bodied participants (Pitt, 2018) despite marine environments being well-suited to people with physical disabilities (Foley & Kistemann, 2015). Highly aerobic aquatic sports like surfing can help manage adversity by significantly improving cardiorespiratory endurance and building upper body and core strength (Armitano et al., 2015). The buoyancy provided by water enables children with impaired mobility on land to function independently of mobility devices and being able to move through water unassisted has been linked to enhanced self-esteem and self-awareness (Clapham et al., 2014).

Although natural, aquatic environments tend to be associated with improved wellbeing (e.g. Gascon et al., 2017; Gleave & Cole-Hamilton, 2012; Grellier et al., 2017; Hignett et al., 2018), the strength of this effect is not well understood (Britton et al., 2018; Hartig et al., 2014). Understanding the impact of surfing on physical and mental health is complex. Some have focused on the embodied performance or 'doing' surfing and how this contributes to young peoples' 'authentic' selves (e.g. Wheaton & Beal, 2003), others have concentrated on how social connections to others enhances wellbeing (e.g. Durcan & Bell, 2015; Gutman et al., 2010; McPherson et al., 2013). Furthermore, for disabled children experiencing degrees of protection well beyond the norm (Gill, 2007), 'lifestyle' sports like surfing can provide an opportunity for taking risks and experiencing heightened emotions including exhilaration, fear, pleasure and fun (Bell et al., 2015; Kelly, 2018).

This paper provides an overview of an ongoing mixed methods surf therapy evaluation programme in the UK which was established in 2013 (Godfrey et al., 2015). The evaluation to-date has focused on establishing the effect of The Wave Project, a six-week surfing intervention, on the positive functioning of vulnerable young people and the role of associated activities, notably, follow-on surf clubs and volunteering for maintaining and enhancing wellbeing.

The Wave Project

The Wave Project is a six-week, UK-wide surf therapy programme for vulnerable young people aged 8-21. Clients who are referred to The Wave Project typically experience physical and mental health issues or social isolation due to experiencing peer aggression (Durcan & Bell, 2015; Khan, 2016). The particular characteristics of The Wave Project are important: there is an ethos of acceptance, support and non-competitive challenge. The aim is to teach surfing in a way that young people value: 'genuine, warm, confidential, non-patronising, that co-produces solutions and builds on strong relationships.' (Khan, 2016).

At The Wave Project, clients 'do' surfing with the one-to-one assistance of a volunteer overseen by a surf coordinator. After completing The Wave Project clients are invited to become members of a follow-on Surf Club. Since 2013, membership of the Surf Club has expanded from 15 participants to more than 500 members in 2018. Furthermore, in excess of 50 former Wave Project clients have become young volunteers with The Wave Project.

Operating throughout the UK, the Wave Project runs courses in eight locations in England and one in Wales, Scotland and Northern Ireland respectively. Sessions are delivered at weekends and are free of charge, with transport provided for young people who would not otherwise be able to attend. This helps to ensure that young people who are at ongoing risk of social isolation due to social or economic challenges are able to access surf therapy.

However, demand for surf therapy in the UK is very high with potential clients at established courses having to wait for up to a year.

Between 2013-2017, the number of people referred to The Wave Project more than quadrupled, from 100 in 2013 to 461 in 2017. The ratio of female to male participants has remained constant at 1:2 for five years. There are currently more than 400 people on a waiting list and 10-15 new referrals coming in weekly from professional services. Around a third of The Wave Project participants have diagnosed mental health issues, a third suffer social deprivation (e.g. household poverty) or family breakdown (The Centre for Social Justice, 2013) and a third are socially isolated because of a disability, being a young carer or being bullied. Most are not taking part in other sporting or leisure activities. All are vulnerable to further isolation.

The Wave Project has developed from a regional to nationwide surf therapy charity, reaching with the help of 869 active volunteers (The Wave Project, 2018). In 2017/18 the Wave Project received over £500,000 in donations and grants to support its surf therapy program. A founding member of the International Surf Therapy Organisation (ISTO), the Wave Project has co-created, a client-centred, evidence-base for surf therapy that aligns with its core ethos of acceptance, support, non-competitive challenge and importantly, having fun.

The Wave Project Evaluation Programme

Demonstrating the value of The Wave Project surf therapy programme is important for service users, practitioners and commissioners, all of whom share an interest in promoting the well-being of young people. In order to better understand the impact of surfing on young people's health and wellbeing, The Wave Project has monitored the experience of clients, parents/carers, referrers and staff since

2013 whilst following Social Research Association guidance for research ethics. The evaluation program has used mixed methods including surveys, focus groups, interviews and open-ended responses recorded in log books. This paper outlines three evaluation phases completed between Spring 2013- Summer 2017.

Data Analysis

In each phase, a core measure of client wellbeing was established by computing the reliability of six items within the pre- and post-intervention client survey. These items formed the 'positive outlook' subscale of the Stirling Children's Wellbeing Scale (SCWBS), a positively worded measure validated for use with children from age 8 upwards (Liddle & Carter, 2010). Cases were excluded if the SCWBS data was incomplete either pre- or post-intervention. Therefore, subsequent analysis of survey data was limited to clients who had completed the SCWBS scale at two time points. No analytic strategies beyond excluding cases with missing SCWBS data were employed.

With regard to the 'positive outlook' scale, an alpha coefficient of .7 or more was treated as an indication of a reliable scale. Differences in client wellbeing over time were calculated using a paired samples t-test. The t-test compared the mean score on the SCWBS 'positive outlook' scale prior to the intervention with the mean score on the SCWBS 'positive outlook' scale after the intervention.

For all the scaled survey items, a low score, that is, one, was reserved for strong disagreement with a statement, and the highest score (five) was reserved for strong agreement with a statement. As all the statements were presented in the same format, it was not necessary to reverse score any of the items.

All qualitative data, for example, derived from interviews, log books or focus groups,

was thematically analysed (Braun & Clarke, 2006).

Evaluation Phase One: Spring 2013

The aim of phase one was to develop a modular and modifiable means of assessing client subjective wellbeing.

Participants: Phase One

Overall, this study consisted of 155 participants: 103 clients aged 8-18 years (70% male, 30% female), of whom 84 completed the SCWBS 'positive outlook' subscale pre- and post-intervention; 39 parents who completed a parental feedback survey, and 13 referrers (representing 18

clients), who completed a referrer feedback form. Just over half (N=45, 554%) of the clients attended all six sessions. A further third (N=27, 32%) attended five sessions and N=12 (14%) clients attended four or less sessions.

Measures: Phase One

Acknowledging that there was no single measure of young person's well-being, a tailored pre- and post-intervention questionnaire was designed using validated measures including the SCWBS 'positive outlook' subscale. Table 1. provides an overview of the items included in the pre- and post-intervention client questionnaire.

Table 1
Phase one client questionnaire items to assess well-being

Wellbeing aspect indicated	Items	Source	Instructions and Scoring
Positive 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 Childrens' Wellbeing Scale (SCWBS) Positive outlook' sub-scale (Liddle & Carter, 2010)	For each question, please tick the box that best shows how you've been thinking or feeling over the past couple of weeks' 5-point scale: Never, Not much, Some of the time, Quite a lot, All the time
Emotional Wellbeing	I've been feeling calm	SCWBS single item from 'Positive Affect' sub-scale	As above
Vitality Social wellbeing	I've been having fun I feel safe with my friends	Own item Children's Society item (draft Children's Well-being Scale)	As above 'Please show how much you agree or disagree'
Social trust	I think other people are basically good	Recommended by New Economics Foundation (NEF)	As above
Physical health	I like being active I feel fit and healthy	National Obesity Observatory Standard Evaluation Framework	As above

*Note. In phase one, these items formed a reliable 'Positive Outlook' scale pre- (T1) and post- (T2) intervention, with T1 alpha .781 (6 items) and T2 alpha .766 (6 items).

Parents completed a short survey focused on overall satisfaction with The Wave Project and perceived impact on their child. The referrer feedback survey consisted of six sections: four categorical and two open-ended. The categorical questions focused on impact of The Wave Project on the client (e.g. they made new friends, demonstrated more self-confidence, showed interest in joining a club) and five items related to satisfaction with The Wave Project (e.g. overall satisfaction, waiting times, meeting expected outcomes, likelihood of recommending the service to others). The open-ended questions probed impact on client wellbeing and suggestions for how, if at all, the service could be improved.

Results: Phase One

In phase one, client wellbeing improved across seven locations in the South-West of England up to three months after intervention (Godfrey et al., 2015). The only significant effect of gender was females were significantly less likely than males to complete the full course (chi^2 = 6.659, p=.01). It was not possible from the survey results to understand the reasons why females were less likely to complete all six Wave Project sessions. One year later, 70% of clients regularly attended a surf club.

The Wave Project became a 'touchstone' for some young people e.g. a parent reported,

> *"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 he feels life is too difficult or he is too depressed, we remind him how soon his next surf session is."*

Across all five sub-categories relating to satisfaction, referrers reported 100% satisfaction with The Wave Project. The five categories were: overall satisfaction with The Wave Project, whether they would recommend the service to others, whether

they would refer other clients to The Wave Project, whether waiting times were satisfactory and whether The Wave Project met the outcomes they expected. Each of the satisfaction questions required a categorical (yes/no) response. Referrers noted that the consistent support, kindness and friendliness of staff and volunteers was an integral part of the intervention. Referrers noticed an increase in positive attitude and better communication, as well as improved self-management and behaviour at both home and school e.g. *"Both young people have gained more confidence."* However, one referrer noted *"I think the project is great but I feel that the number of sessions needs to be increased. [My client] was becoming more confident with surfing and the people he was working with and then the sessions ended."*

Evaluation Phase Two: Summer 2014- Autumn 2015

Building on phase one, phase two had three aims:

1. To use case based, qualitative data to show the real, lived experience and positive effects of initial outcomes on clients and their families over time;
2. To measure wellbeing 'in participant's own words';
3. To reflect wider impact over a longer period of time - up to three years from first contact with the Wave Project using qualitative methods.

This was achieved using a mixed methods approach in a case study location. 'Mid Cornwall', a region in the South-West of England where the Wave Project had been operating for the longest period of time.

Participants: Phase Two

In June 2015, ten semi-structured interviews were conducted with six Wave Project participants (two participants who had progressed to volunteering through the Surf Club, two who were potential volunteers and two who were unlikely to

volunteer). The remaining four interviewees consisted of two adult volunteers and two referrers who had each referred at least ten clients to the Wave Project. 28 parents/carers and surf co-ordinators entered unstructured comments into a Surf Club Log Book between July 2014-September 2015.

Measures: Phase Two

Interviewees were asked to describe their involvement in the Wave Project, to comment on any changes that they had observed over time in themselves or others, and to tell us about what they thought were the most important aspects of the Wave Project. Log Book entries which shared a common referent, that is, ten entries which referred to the same person at least twice, were selected. Each of the interviews was transcribed and thematically analysed. Entries from the Log Book were collated and coded using the themes identified in the interviews.

Results: Phase Two

Within the Log Book and interview transcripts we identified six themes that varied in scale from emotional responses through individual to social processes:

1. Positive Emotions (e.g. "*Doing this makes him really happy.",* Parent J, interview).
2. Coping, Self-Management and Empathy (e.g. "*When someone else does something good I say, 'Well done' and If there's a good wave I could get, I let someone else take it.",* Participant J, interview).
3. Confidence and Motivation (e.g. "*It's given me confidence, built my self-esteem and opened many opportunities for me.",* Participant A, interview).
4. Social Trust; Identity and sense of belonging (e.g. *"[He] has made friends that he cares about, improved social skills, is meeting and interacting, and feels supported and safe.",* Parent M, Log Book).

5. Trajectory and Future Self (e.g. *"Me and my dad started volunteering. It's been great."* Participant E, interview*).*
6. Wider Impact (e.g. *"Whole family involvement includes [participant's] dad's friends at work raising money for The Wave Project. It's all good, good for all of us.",* Parent L, interview*).*

These six impact themes formed four potentially overlapping clusters associated with improved wellbeing: firstly, shifts in positive emotion, coping, self-management and empathy; secondly, increased confidence, motivation and social trust leading to more engagement; thirdly, changes in self-perception and social identity and fourthly, a positive impact on family and community (Devine-Wright & Godfrey, 2015).

A transformation narrative emerged which is illustrated by the following account from the mother of Harry, aged 13, who had been referred to The Wave Project:

> *"[He] had been excluded from school, didn't really have friends, wasn't part of any clubs. This wasn't for the want of trying, he just didn't fit in, he couldn't follow instructions therefore it would end with yet another negative experience. He didn't really see anyone apart from immediate family. I could see my boy becoming more withdrawn. The [Wave Project] lady on the phone put me at ease and told me he would have fun so we signed up ... He is back in school now, he has a few buddies and he has stuff going on in his life...The Wave Project was very important at a time when he needed it and he will always be a part of it. He now goes to other activities but we would have been reluctant to try these before. He had a foundation because he succeeded at the Wave Project first."*

Phase Three: Spring-Summer 2017

Phase three focused on refining the client pre- and post-intervention questionnaire to reflect what had been learnt in the previous phases and undertaking a broader survey of surf therapy across the UK.

Participants: Phase Three

In 2017, almost 90% (N=412) of clients participating in The Wave Project in ten UK locations (Mid, West and North Cornwall; North and South Devon; Dorset, Isle of Wight, Scotland, South Wales and Scarborough) completed the pre- and post-intervention questionnaire. However, all subsequent analysis was restricted to 347 clients who completed the Stirling Positive Outlook sub-scale before and after the intervention.

Measures: Phase Three

A questionnaire was designed that incorporated both closed items (e.g. Likert-type five-point response format) and open-ended items (e.g. a word association task). All the items in the questionnaire were worded positively to reflect the ethos of the project as a whole.

Wellbeing: Positive Outlook

Based on feedback from clients all the items from the SCWBS Positive Outlook sub-scale were included but they were rephrased to make them simpler and shorter e.g. 'I've been able to' was replaced with 'I can'. The Wave Project Positive Outlook Scale used in this study consisted of six items: 'I feel good about my future', 'I can make choices easily', 'I can find fun activities to do', 'I feel that I am good at some things', 'There are people in my life who really care about me', 'There are things I can be proud of'. Cronbach's Alpha pre-intervention was 0.759 (T1) and 0.814 post-intervention (T2). The 6-item SCWBS Positive Emotional State sub-scale was not used because pilot research showed that the items: 'I've been getting on well with people' and 'I've been feeling relaxed' were ambiguous for this particular client group.

Word Associations

Each questionnaire included word association tasks (Devine-Wright, Devine-Wright and Sherry-Brennan, 2010; Pitt, 2018) which required clients to describe up to three words associated with 'me and the sea' (pre-intervention), 'me and surfing' (post-intervention) This paper focuses on associations with 'me and surfing' generated by clients who completed the post-intervention survey. In order to calculate the frequency and type of words generated, phrases such as 'I love it' were compounded into a single word e.g. 'Iloveit'. Similar words, for example, 'standing', 'standingup', 'standup' and 'stand' were re-phrased using the dominant word, in this case, 'stand'.

To triangulate 'hard outcomes' e.g. joining a surf club, a short post-intervention survey was completed by 218 (53%) parents/carers. Semi-structured follow-up interviews (individual and small group) were conducted with twenty-two people (13 adults and 9 clients) representing projects in England, Scotland and Wales. This paper uses quotations from the interviews and small group discussions to illustrate word association task outcomes and findings associated with key measures in the client pre- and post-intervention survey.

Qualitative data was analysed using thematic analysis (Dahan-Oliel et al., 2012). The relative frequency of words generated in the word association task was represented diagrammatically using 'Wordle' (www.wordle.net), a free, infographic software programme.

Results: Phase Three

A significant increase in positive outlook was measured using the Stirling Positive Outlook subscale (T1 (M=3.89 SD=.63), T2 (M=4.18, SD=.63); t(347)=-10.21, p<.000)).

In 2017, 98.2% of Wave Project participants (N=338) were positive about surfing, with 85.5% (N=289) rating surfing at least 9 out of 10.

A total of 833 words were generated in the 'me and surfing' word association task which consisted of 134 different words. These words constituted six superordinate categories: positive aspects (53%), features of the natural environment (26%), surf sport related (9%), negative aspects (8%), social (3%) and 'others' (2%). As the infographic in Figure 1. shows, the largest, and therefore the most frequent word associated with 'me and surfing' was 'fun' (N=156, 19%). In over half (57%) of cases where surfing was described as fun it was the first word in the list. The second most frequent word associated with 'me and surfing' was an aspect of the natural environment, 'waves' (N=73, 9%), whilst the third most popular descriptor was an emotion, 'happy' (N=56, 7%).

Figure 1. Word cloud for 'surfing and me'

About three quarters of the positive words associated with 'surfing and me' were extreme (e.g. awesome, epic, best) rather than moderate (e.g. good). A sixth (16%) of all words were related to happiness (e.g. happy, smile). A similar number (N=46) referred to feelings of arousal (e.g. exciting, exhilarating) or a sense of calm (N=32). Amongst words categorised as psychological, the majority referred to feeling confident (N=18) or free (N=9).

Almost a tenth, (N=68, 8%) of words were categorised as negative, many of which referred to feeling cold (N=26), afraid

(N=6), falling (N=5) or 'wiping out' (N=5). Whilst learning or acquiring skills (N=13) accounted for approximately 3% of responses, a similar number (N=11) described 'surfing and me' as challenging or hard work. Only two clients used surfing specific words, for example, 'stoke'- an intense awareness of the moment and feeling 'at one' with the environment (Wheaton, 2016).

The post-intervention survey corroborated the word association results showing that surfing was strongly associated with fun and positive emotions. A very strong increase in 'I can find fun activities to do' was noted between pre- and post-intervention (p<.000, N=344) with 99.7% (N=343) of participants saying that they 'had fun'. As a Surf Club member since 2015 in Scotland stressed, "*Can't go to something without having fun.*"

After taking part in the Wave Project, the majority of participants reported feeling fitter but the benefits of surfing extended beyond the physical, with clients enjoying the activity, appreciating the acquisition or development of a new skill and reporting a significant increase in social connectedness (T1 (M=4.00, SD=.63), T2 (M=4.33, SD=.55); t(346)=-11.60, p<.000)). *"[My son] just slid in there rather than edging his way in. He just blended right in."* (Parent, Scotland)

Almost three quarters (74%, N=218) of Wave Project participants reported that they were either interested in, or had, joined a surf club, another sports club, or volunteered. Two-thirds (63%, N=100) of clients who responded, indicated that they had joined a surf club and a quarter (26%, N=38) said that they had joined a sports club. A quarter of clients (N=88, 25%) expressed an interest in becoming a Wave Project volunteer and almost 10% (N=30, 9%) would consider other types of volunteering. 3% (N=10) had become volunteers with The Wave Project.

Being able to access a follow-on surf club and become a surf mentor provided clients

with a positive pathway to wellbeing. As a parent in South Wales said, *'[He] has recently stated that he wants to volunteer with The Wave Project and become a mentor himself - this is amazing and such a turnaround from the young lad who didn't want to come out of his room, didn't want to live.'*

Discussion

The Wave Project promotes wellbeing by combining the embodied experience of being in the sea and surfing with an ethos that young people value, 'help that is genuine, warm, confidential, non-patronising, that co-produces solutions and builds on strong relationships.' (Khan, 2016, p.5). Being able to access a follow-on surf club and become a surf mentor widens participation in sporting and voluntary activities (Office for Disability Issues, 2014) and provides clients with a positive pathway to wellbeing, confidence and resilience (McKay et al., 2018).

Approximately, ten per cent of those aged 14 or over and able to do so, become volunteer helpers with The Wave Project (Devine-Wright & Godfrey, 2018; Godfrey et al., 2015). The positive impact of volunteering is well documented (Ockenden & Stuart 2014) with the transformation narrative identified in phase two extending beyond benefits accrued to clients who become volunteers, to also include volunteers drawn from the wider community, some of whom also experience significant health issues.

Although there are too many situational factors to report an accurate figure on costs saved, some costs are averted by the volunteer-based mode of delivery. Across time, as clients become surf volunteers they become 'cost neutral', experiencing additional benefit at no cost to the project at all.

The results support fun as a primary indicator (Kelly, 2018) and pathway to well-being for young people. This is evidenced by

being able to find fun activities to do, one of six items within the SCWBS positive outlook sub-scale, increasing significantly post-intervention. As a 'protective factor' (Hartley-Brewer, 2001) or 'signature strength' (Seligman, 2002), positive outlook may contribute to resilience by framing potentially difficult or adverse situations as challenges, opportunities for sensation seeking (McKay et al., 2018) or play (Laatikainen et al., 2017).

Irrespective of whether a young person has a formal diagnosis, The Wave Project provides a bespoke, client-centred, surfing intervention that improves wellbeing through stimulating an emotional response and fostering a sense of connection: between people (Durcan & Bell, 2015), with nature (Hartig et al., 2014) and with the wider surfing community (Wheaton, 2016). Whilst some may seek to establish the relative contribution of these different types of connectedness, greater understanding of surf therapy may be achieved by adopting an integrated, multi-faceted approach to the role of connectedness.

Strengths and Limitations of the Research

Whilst the evaluation programme aimed to collect pre- and post-intervention questionnaire responses from all clients this has not always been achieved. In phase one, the response rate across the seven locations varied from 55% to 86% with less than 60% of participants in three locations completing both the pre- and post-intervention questionnaire.

It is acknowledged that by seeking to follow 'good' data analytic practices, such as focusing analysis on clients who completed the SCWBS 'positive outlook' scale pre- and post-intervention, some of the 'hardest to reach' clients may be excluded. It is possible that for those clients without completed SCWBS scales, surf therapy may be less relevant and/or less likely to have a positive or significant impact on their wellbeing. However, the main reason why participants

did not complete the questionnaire was administrative, that is, a hard copy questionnaire was not made available to the client.

Over time, the response rate has improved as surf co-ordinators have received training about research methods and the need for consistent data collection. Going forward, online formats for presentation and response are being explored, to support response validity across all clients and improve opportunities for staff, volunteers, referrers and parents to give feedback over time of impact and transformation.

The Wave Project is suitable for a very broad client base but for some clients, surfing may not be acceptable nor accessible despite the provision of adapted surfboards. Going forward, it will be important to ensure that the views of all clients are adequately represented including those for whom surfing is less appropriate. This may require identifying ways to inspire potential clients at the point of need, or referral, to facilitate co-creation of pathways to participation.

Conclusion

Over three iterative phases spanning five years (2013-2017), a UK-wide surf therapy evaluation program has developed in collaboration with clients, parents/carers, volunteers, referrers and staff. By conducting a programme evaluation that adheres to professionally accepted standards of practice (Dalton & Wolfe, 2012), the Wave Project has been able to empirically demonstrate a sustained, positive impact of surfing on vulnerable young people's wellbeing over time.

As a hub for volunteering and through its ambassadorial and social activities, the Wave Project builds community by raising awareness of the positive impact of surfing on mental health and by promoting the shoreline as a pleasurable, accessible place for recreation, learning and wellbeing that is relevant locally, nationally and

internationally. This is important since connected and empowered communities are healthy communities (Public Health England, 2015, p.4).

Participants show transformation in their lives, shifting from isolation to engagement with others through a combination of surfing, volunteering and mentoring. Clients and their families describe great benefit from this shift and their stories about themselves and their real lived experiences become markedly different. Further unfolding of these stories will be valuable for practitioners, policy makers and academics seeking to understand the health and wellbeing benefits associated with surf therapy.

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