

SurfingForWellnessUndergraduateDissertationDMillns

by Dafydd Millns

Submission date: 18-Apr-2024 12:56PM (UTC+0100)

Submission ID: 229822306

File name:

31424_Dafydd_Millns_SurfingForWellnessUndergraduateDissertationDMillns_522012_650391906.docx
(1.89M)

Word count: 10090

Character count: 62877

Surfing for Wellness: An Insight into the Perceptions of Key Stakeholders within Surf Therapy Interventions in South Wales.

Dafydd Millns

BA Outdoor Adventure Education

Undergraduate Dissertation Certificate



Name of the Programme of Study: Outdoor Adventure Education

Name of Student (Capital Letters): DAFYDD HUW REES-MILLNS

DECLARATION

I certify that the whole of this work is the result of my individual effort, and that all sources have been acknowledged.

Signed: DMillns

Date: 16/04/2024

DECLARATION

I am satisfied that this work is the result of the Student's effort.

Signed: _____

Date: : _____

Acknowledgements:

To begin, I'd like to thank my supervisors, Dr Kate Piper for her guidance through each stage of the research process. Importantly I'd like to acknowledge all the participants who have taken their time too eagerly contribute their perspectives in developing the ST sector of South Wales. Furthermore, I'd like to acknowledge Graham Harvey and John Haylock in their support through attaining invaluable literature and rationale throughout. Over the past three years the continued support from staff and lecturers including Heddwen Davies, Denise Leonard, Tom Moore and Alison Connaughton has been key in developing my understanding and knowledge in the field of Outdoor Adventure Education and research. To conclude I'd like to thank the countless baristas of South Wales who have fuelled my recent studies with hot-chocolates and toasties. And lastly but not least I'd like to thank everyone who's contributed to my time spent in the surf around South Wales.

Abstract:

Surf Therapy (ST) has emerged as an innovative and holistic approach to promoting health and well-being, garnering significant attention from various stakeholders including practical facilitators, psychologists, occupational therapists, and researchers. This study delves into the intricacies of facilitating ST within the context of South Wales, aiming to gain insights from key stakeholders in the field. Recent statistics highlight the increasing prevalence of mental health issues, particularly among young people and individuals with physical disabilities, underscoring the need for alternative therapeutic interventions. The COVID-19 pandemic has emphasized the importance of green and blue spaces in enhancing well-being, leading to government funding for nature-based interventions. Literature suggests that exposure to natural environments correlates with better health outcomes and quality of life, leading to the development of green social prescribing programs. Against the backdrop of South Wales' picturesque coastlines and the region's mental health strategy, ST emerges as an attractive intervention. While existing research primarily focuses on the outcomes of ST interventions, this study aims to explore the perspectives of those delivering the intervention, identifying areas for improvement and underlying themes and practices. Through qualitative analysis of semi-structured interviews with diverse stakeholders, including surf coaches, psychotherapeutic support workers, and clinical stakeholders, the study offers valuable insights. Practical implications of the findings include: 1) Embracing a holistic approach, 2) setting individualized goals, and 3) considering artificial environments to enhance accessibility. Despite identified barriers related to research, funding, and variability in practice, this research contributes to understanding ST interventions in South Wales, offering region-specific guidance. By addressing these barriers and building on the underlying principles of ST, stakeholders can work towards enhancing the efficacy and accessibility of these interventions, ultimately improving the well-being of participants in South Wales and beyond.

Keywords: Surf therapy, South Wales, Adventure Therapy, Key Stakeholders

Contents Page:

Acknowledgements.....	III
Abstract.....	IV
<u>Chapter 1 – Introduction</u>	
1.1 Introduction.....	1
<u>Chapter 2 – Literature Review</u>	
2.1 Literature Review.....	3
<u>Chapter 3 – Research Methodology</u>	
3.1 Method.....	8
3.2 Participants.....	9
3.3 Data Collection.....	10
3.4 Data Analysis.....	11
<u>Chapter 4 - Findings and Discussion</u>	
4.1 Introduction.....	11
4.2.1 Demographic & Aims.....	12
4.2.2 Practical Facilitation.....	13
4.2.3 Facilitatory Staff / Supporting Roles.....	15
4.2.4 Individualistic Practice.....	16
4.3.1 Threats Towards Programme Participants.....	18
4.3.2 Barriers Surrounding Finances/Funding.....	19
4.3.3 Barriers for Growth & Development.....	20
4.3.4 Environmental Limitations.....	21
4.3.5 Mitigation of Barriers in Future Development.....	23
4.3.6 Holistic Healthcare.....	26

4.4.1 Practical Implications.....	27
<u>Chapter 5 - Conclusion</u>	
5.1 Conclusion.....	28
5.2 Strengths & Limitations.....	29
5.3 Directions for Future Research.....	29
<u>Chapter 6 - References</u>	
6.1 References.....	30
<u>Chapter 7 – Appendices</u>	
Appendix 1.....	41
Appendix 2.....	42
Appendix 3.....	43
Appendix 4.....	44
Appendix 5.....	45
Appendix 6.....	46

Introduction:

Surf Therapy (ST); An innovative and holistic approach to health and wellbeing has risen in momentum and popularity within recent years (Marshall, 2022). The practice has fascinated and captured the attention of practical facilitators, psychologists, occupational therapists, researchers, and communities alike (ISTO, 2018). This study will explore the dynamic and evolving intricacies of facilitating ST within the context of South Wales. Through thematic analysis a discussion will be formed collating thoughts of key stakeholders within the field.

Good

In 2022, The Office for National Statistics reported around 1 in 6 adults to be experiencing moderate to severe depressive symptoms at a time. These statistics have risen more than 300% since 2020 (ONS, 2022). In the case of young people, the statistics are worse; rates of probable mental disorder have drastically risen from 1 in 10 in 2017 to a staggering 1 in 4 in 2022 (PublicHealthWales, 2023 & Murphey, 2023). Evidence strongly indicates that those with physical disabilities are over three times as prone to experiencing depression compared to those without (Noh, et al, 2016). This is further recorded within those with additional learning difficulties (Bishop-Fitzpatrick, et al, 2018). The World Health Organisation (WHO, 2017) says; “Depression is a leading cause of disability around the world”.

Very good



Whereas the treatment of health predominantly takes the medicinal approach, the COVID pandemic highlighted the importance of green and blue spaces in promoting positive health and wellbeing (O’Brien & Forster, 2021). It was reported that time within nature and around blue spaces led to benefits in wellbeing and quality of life; furthermore, these effects were uniform across society regardless of demographic (Poortinga, et al, 2021 & Pouso, et al, 2021). On a governmental level this led to funding being allocated in support of a “green recovery” from the pandemic. George Eustice (2020), whilst outlining a recovery plan from Covid says; “We know that a connection with nature contributes to well-being and improved mental health”.



Expanding literature suggests that exposure to natural environments is associated with better health and wellbeing (Jimenez, et al, 2021). Sequentially this leads to a lower

likelihood of non-communicable diseases and stress (WHO, 2019); this identified as being relational to exposure within these natural spaces. Regarding young people, improved birth outcomes are measured and enhanced cognitive development (White, et al, 2019). Additionally, as for blue spaces or those with water, proximity with such is linked with higher health-based quality of life (White, et al, 2021). Consequently, less medication is prescribed leading to lowered dependency and withdrawal (Garrett, et al, 2019). As a result of this heightened appreciation of natural affordances, we've seen the growth and development in its use within healthcare. In 2021 a two-year, £5.77 million green social prescribing programme was launched (NHS, 2023). Additionally, to connecting with nature, this concept of green social prescribing facilitates an environment for practical and emotional support. This, through working alongside social and health workers, community-based groups, and developing shared social interest goals (NASP, 2022). Groups take part in activities including but not limited to, growing, gardening, feeding wildlife, going for a walk or swimming (NASP, 2022). The potential for such provisions is absolutely huge. Developing this more holistic approach leads to better health and economical savings for our health service (Claxton, 2020).

Considering the advantages of social prescribing, the picturesque coastlines in South Wales, (National Geographic, 2010) and the mental health and suicide prevention strategy implemented by the Welsh Government (2023), the utilisation of ST as an intervention seems particularly attractive. Within the field of ST, current literature focuses on the efficacy of the intervention with the majority of research measuring the outcomes of participants' health and wellbeing. Whereas this is key to rationalising this form of intervention, limitations are identified (Sarkisian, et al, 2020a). Having this singular point of view can result in a narrowed perspective, reduced validity and risk of assumptions and generalisation, contrary it's said that a co-produced approach further aligns with turning theory into practice (Heaton, et al, 2015). Given this, it has been identified that a deeper understanding surrounding the perspectives of those delivering the intervention would be greatly beneficial (Drake, et al, 2021). Moreover, gaining an insight into these perspectives would allow for better identification of underlying themes and principles, influence future research and provide a more holistic perspective into the sector. This leads to the aim of the study; To gain an insight into the perspectives of key stakeholders within ST interventions in South Wales. Objectives include:

- To identify and suggest areas for improvement or consideration.
- To identify underlying themes and practices

Literature review:

Within literature, the structure, facilitation and potential of ST is broad and extensive. Synthesising however, ST can be described as a physical activity-based intervention which uses the sea and coastal environment as a tool in achieving positive mental and physical change (Sarkisian, et al, 2020a & Benninger, et al, 2020).

Regarding demographic, in practice this has resulted in young people in care, veterans with mental/physical health challenges, neuro-diverse people and young people with adverse mental health conditions all spending time in the sea (Marshall, et al, 2020; Van-der-Merwe & Yarrow, 2020 & Benninger, et al, 2020). ~~Simply putting,~~ it could be argued that ST interventions are targeted towards marginalized, disadvantaged or vulnerable people (Sarkisian, et al, 2020a). These terms of vulnerability, disadvantaged, or marginalized however can be problematic given how broad they are and the stereotypes they carry. Furthermore, using such words suggests there to be simple solutions to what in reality is extremely complicated (Bright, 2017 & Luna, 2019). Emphasising the complexity of working with said groups, Mechanic & Tanner, (2007) suggest that the root cause of vulnerability within society can originate from developmental problems, personal incapacities, social status, insufficient interpersonal support, and degraded communities to name a few.

With such an expansive demographic to cater for, with such a diverse range of underlying factors to bear in mind, facilitation is again, very varied, often time dynamic, and takes a holistic approach (Sarkisian, et al, 2020a). The aims for facilitation range from, giving people the opportunity to try something new and being a form of respite, (Sarkisian, et al, 2020b) to a tool in order to regulate behaviour, develop resilience and build a sense of purpose within the community (Van der Merwer & Yarrow, 2020).

In practice, varied, dynamic facilitation is evident. The Jimmy Miller Memorial Foundation's one day ocean therapy programme for example, begins with a talking circle where experiences are shared. This leads to surfing on land, followed by surfing in the ocean.

After this, participants take part in a second talking circle before getting back in the water, eating lunch and de-briefing. Through the process facilitation aims to give participants opportunities ^{to} reflect on self, others, the ocean, and themes of the day (Sarkisian, et al, 2020b). Another project in contrast to this, observed by Podavkova & Dolejs, (2022) begins with warm-ups and beach games. Following this, facilitators explain their safeguarding policy before introducing information about surfing. Participants then try to pop up and are shown how to ride a board before spending most of the session in the water. They then come out about 20 minutes before the end of the session to get changed and head home. A further factor to consider is the length of these sessions or programmes; some last a few hours and *some last ...* some months (Gomes, et al, 2020 & Sarkisian, et al, 2020b). What we do however see to be recurring within facilitation is how safety, regardless of demographic or aims is approached.

Generally, the running of sessions aligns with Maslow's (1943) hierarchy of needs. Maslow (1943) suggests that human needs are structured in a hierarchical manner. Often portrayed in a pyramid (Appendix 1), this hierarchy begins physiologically as needs for 'survival' are met. In turn this leads to the ability to psychologically develop and achieve "self-actualisation" whereas one is able to fulfil their full potential. In regard to the relevance of this model within the context of ST, it's been highlighted that themes of achieving self-actualisation are those of which are seen within traditional therapy and counselling. "Helping children to meet their basic needs within their culture and, thus, to move up Maslow's need hierarchy towards self-actualisation" (Harper et al., 2003: 23). Identifying similarities in structure could in turn close the gap and heighten comprehension in-between practical facilitators and clinicians alike. Furthermore, supporting the relevance for this model, aligning with benefits of ST, Nyamoita (2012), synthesizes that the higher needs within Maslow's hierarchy become increasingly long-term. This concept of longer-term programmes, aligning participants abilities with self-actualisation is seen in literature surrounding ST. Brennan et al. (2024), highlight how for the majority of participants programmes span over at least 12 months. Whereas this underlying structure of meeting basic needs and building upon then is seen within ST-based literature, this aligns with standardised practice for any surf lesson (SurfingEngland, 2018). Regardless of these similarities, the additional considerations, expertise and equipment used within the context of ST make it's facilitation different and in turn more accessible to the aforementioned 'vulnerable' demographic (Sarkisian et al., 2020a).



Expanding upon the value in participants achieving self-actualisation, there are many benefits reported as a result of ST. Over a longer-term basis (3 years from initial intervention), statistics from the Wave Project (Devine-Wright & Godfrey, 2020) state increases in measures of wellbeing in participants. This includes changes in coping, resilience, and empathy, in addition to increase in trust, motivation, self-efficacy and social identification to name a few. Over a shorter period, psychological wellbeing, social confidence, autonomy and healthier parental relationships have been measured, this, given a combination of respite, social connectedness and recognised personal accomplishment *...are all the benefits listed as a result of ST by Wave Project?* (Marshall, et al, 2020 & Van Ewijk et al., 2020). In line with this, Otis et al (2020), proposed that, apart from serving as a means to address negative effects, ST was observed to possess health-promoting, qualities. Nonetheless however, in the realm of physical well-being literature seems to contradict itself. According to Van Ewijk et al. (2020), “there was no statistically significant improvement in physical well-being.” This discrepancy persists despite the heightened effectiveness observed in comparison to the general population, which vulnerable individuals may experience due to a stronger association with living a more sedentary lifestyle (Carty et al., 2021 & Vancampfort et al., 2017).  17

Is this where you start to consider 'therapy' as a concept ...? see comment made on next page

~~With this being said~~, recent studies have highlighted the principals which lead to the aforementioned benefits, these being; A safe space, social support, sensory grounding, mastery, and respite (Marshall, et al, 2023). Regarding safe spaces, influencing factors were, perceived judgment, autonomy and participatory facilitation of which have correlations with feelings of happiness and adaptability (Larson, 1989). Social support was then built through positive affirmation and **providing opportunity for peer learning**. Sensory grounding was attributed to allowing young people to better cope with difficult conversations, explore alternative approaches to mindful practice and further aligns with Kaplan (1995) to allow for, “a potential for direct pathway to improved well-being” (Marshall et al, 2023). Moving on the feeling of mastery of which supported through peer-to-peer acknowledgment gave young people confidence and self-belief. This self-belief in turn is said to be powerful in allowing for goal setting, initiating actions and building intrinsic motivation (Schwarzer, 1994; Martin, 2023). Finally, the respite experienced was identified by young people as a tool in maintaining health over a longer period of time (Marshall et al, 2023).  19 

Moreover, theory further aligns with these identified contributors towards wellbeing, of which are additionally identified within ST literature (Rosa, et al, 2023; Wilkie, et al, 2022;

21

Reuben & Himschoot, 2021). Kaplan's (1995) attention restoration theory (ART) suggests the existence of differing stages of attention: Directed attention, directed attention fatigue, effortless attention, and restored attention. It is suggested that a combination of immersion, distance from habitual developments, specific environmental factors, and a willingness to engage leads to 'restored attention.' According to Kaplan, being in such environments facilitates more effortless cognitive functioning, resulting in restorative benefits. Furthermore, this phenomenon extends to auditory experiences. Natural settings often provide a respite from noise pollution, with immersion in nature and exposure to natural sounds, such as water and wind, contributing to improvements in well-being and alertness (Franco, et al, 2017).

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20

Expanding, self-determination theory, identified by Deci & Ryan (2012), leads to a heightened sense of eudemonic or long-term wellbeing. This aligns with feelings of competence, relatedness and autonomy of which strongly correlates with the long term affordances of ST identified previously (Otis, et al, 2020). Expanding, it's stated that this sense of eudemonic wellbeing leads to holistic feelings of content, acceptance, and purpose within one's life. Regarding practice this underlying theme of SDT is further identified in literature (Marshall, et al, 2020; Peacock & Brymer, 2020, & Calderon, 2023). It could be suggested, given the variability and adaptability of practice that surfing in itself is an effective tool for facilitating the above.

22

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With the above being said however, there's the question as to whether or not the use of the word therapy is appropriate. Whereas there are statistical benefits to being outdoors, in the sea and surfing, the world therapeutic could be deemed as more appropriate. Given such a diverse range of practice discussed in regard to, time frame, facilitation and demographic it may be inappropriate to label it all as the same. This being particularly pertinent whereas literature is yet to define the timeframe and methods in which make ST most efficacious. Referring to the Institute for Outdoor Learning's "Outdoor Mental Health & Outdoor Therapy" publication; (2020), the use of the word therapy or therapeutic is dependent on the attributes of facilitators; their model suggests that a combination of outdoor professionalism combined with accredited clinical understanding is needed. Expanding facilitation needs to actively foster learning and change in tackling a range of psychological difficulties whilst dynamically utilizing the affordances of natural environments and their activities for

24

progressive development. It's these factors Richards, et al, (2020) say which leads to integrated outdoor therapy as opposed to simply therapeutic enhancement. The Institute for Outdoor Learning highlight the importance of being able to distinguish practice in order to maintain quality, safety and avoid misinterpretation (Richards, et al, 2020). Moving forward it could be synthesized that it's the accreditation of which facilitators hold in which primarily defines whether or not an intervention or activity can be defined as therapy.

Contrary however, Hywel Dda (N.D) define their aims of therapy to be to "prevent significant mental health difficulties from occurring or becoming worse," of which aligns with measured outcomes of ST as discussed earlier. Expanding therapy within the context of outdoor activity has also been defined simply as; a facilitated experience for people to immerse themselves in a natural area with the intention of improving individual and population health and wellbeing (Lord, 2021). In the context of Wales, we see further juxtaposition in between the NHS (National Health Service) and NRW (Natural Resources Wales). Within these examples, we see 'therapy' being used and aligning with the IOL model

25

(ImprovementCymru, 2023). On the other hand, simply spending time in nature is labelled as therapy, this being without any supporting or facilitatory structure involved at all (Scott, 2023). Being said, this study will continue to use the term 'ST' but respects the contested issues about the phrase.

Within literature, facilitators of ST are again broad, and oftentimes dictated by the participants (Sarkisian, *et al*, 2020a). Referring to ISTO (International Surf Therapy Organization), facilitators of associated programmes primarily consist of surf coaches (Brennan, et al, 2024 & Sarkisian, *et al*, 2020a). Contrary to the above IOL (2020) model, the majority of programmes don't always have support from those with clinical accreditation (Podavkova & Dolejs, 2022). Being said, the following have been identified within literature as playing a 'supporting' role; psychologists, occupational therapists, volunteers, parents, youth workers and nurses to name a few (Brennan, 2024).

Regarding qualifications and training, literature is varied (Brennan, et al, 2024). Whereas not explicit, aligning with the majority of staff being surf coaches it's assumed that resultantly, they hold standard governing body qualifications. These more than likely being a

combination of ISA (International Surfing Association) surf coach, rescue and beach lifeguard qualifications. Nonetheless, in addition to this, given the vulnerability and



demographic of participants, Marshall, et al, (2019) have identified that for some this is alongside 'in house training'. Over time however, and as the result of growth in adaptive surfing, the ISA as of 2020 developed an adaptive surf instructor course (ISA, 2020). Identified as a further rationale for this course is its value within a 'therapeutic' context, in the development of this course, the ISA worked with providers based in South Wales in particular (ISA, 2021). In regards to clinicians and psychologists involved within ST, its only further assumed that they again hold relevant generic governing body qualifications/accreditations.

With all of the above being said, we can synthesise that the facilitation of ST is highly varied and dynamic taking into consideration participant demographic and environment. Given this, an array of barriers has been identified in literature. Brennan, et al, (2024) identify funding or finances in being the biggest challenge faced in facilitating ST. Following this, coordinating staff, retention of participants, and staff training are all additionally prevalent. Expanding on these, further environmental barriers are seen (Drake, et al, 2021), aligning with the identification of staff training Drake, et al, (2021) further highlight 'surf instruction techniques' in thwarting participants basic psychological needs. Expanding, Drake, et al, (2021) also identifies lack of participant retention in which they've particularly attributed to family engagement.



3.1 Methodology:

Within this research project, the researcher has conducted an exploratory based qualitative study via semi-structured interviews. Given that data will be based on perspective this qualitative approach will provide some holistic understanding of the phenomenon (Guest, et al, 2011; Braun & Clarke, 2006). To complement this, research participants from multiple agencies had been chosen through a combination of purposive and snowball sampling. These participants range from a combination of professional backgrounds including, surf coaches, psychotherapeutic support workers and clinical stakeholders within Hywel Dda health board. The use of semi-structured interviews allowed participants to expand and give further context on their answers, additionally, the open-ended nature of the interviews is highlighted to lead to heightened insight and quality of data (Adams, 2015).

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3.2 Participants

In regard to participants, given the multi-dimensional approach, ensuring that there was an appropriate number of representation from each professional background was important. In ensuring this, a code was derived and in turn assigned in order of relevance to each potential participant. For example, “ParticipantA” whose background is primarily based in clinical psychology but is also involved in an organisational role would be labelled as “ParticipantA-CO.” The table (Table 1) below shows the 10 chosen participants alongside their relevant primary and secondary roles within the sector.

Good

Table 1:

Key
<u>Clinical/Medical - C</u>
<u>Practical facilitation - P</u>
<u>Organisational - O</u>
Participant1-PO (Founder, Director and Senior Coach of Surf School)
Participant2-OP (Operations and Project Manager of Surf School)
Participant3-PO (Head coach of Surf School)
Participant4-OP (Supporting Developer of third sector surf therapy programmes)
Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)
Participant6-OC (Psychological Therapies Management S-CAMHS)
Participant7-CP (Community Health Care Support Worker S-CAMHS)
Participant8-CO (Community Psychiatric Nurse)
Participant9-PC (Specialist Occupational Therapy Technician)
Participant10-CP (Occupational Therapist)
<u>Clinical/Medical - C</u> : A person whose professional experience or accreditation consists of clinically based medical background (E.G, Clinical Psychologist, Occupational Therapist, Systemic therapies, Counselling, etc)
<u>Practical facilitation - P</u> : A person whose professional experience or accreditation aligns with practical facilitation of surfing, working within the sea or coastal environment (E.G, ISA Surf Instructor, ISA Adaptive Surf Instructor, etc)
<u>Organisational - O</u> : A person whose role within the sector of surf therapy consists of developing or practising within an organisational context (E.G, Develops risk assessments, procedures and standards)

Very good

Regarding the number of participants, the study aimed to interview 6-10. Whereas more than 10 could have further saturated the field of interest, given the researchers experience and

timeframe, 10 was decided to be appropriate. Regarding inclusion-exclusion criteria regardless of professionalism or experience participants must geographically be based in South Wales, this will ensure we stay within the scope of the study.

3.3 Data Collections:

Regarding data collection, interview questions (Appendix 2) were influenced by the literature review, and aligned with Kallio, et al., (2016), process' towards developing semi-structured interview questions. In turn this leading to heightened trustworthiness and credibility (Kallio, et al., 2016). Following, two pilot interviews were conducted in early December (2023), here questions were initially identified as being rather closed and assuming in nature. These were in turn amended and 'probing' phrases identified with the aims of engaging participants to expand. Following this process, informed consent (Appendix 3) and participant consent (Appendix 4) forms were established and distributed to participants accordingly, this, with sufficient time prior to interviews meant participants had plenty of time to withdraw from the process.

Data collection, where possible, was conducted face to face with audio being recorded through a password protected mobile device and Dictaphone. Face to face interviews lend themselves to higher engagement and more follow up questions (Johnson, et al, 2021), so this was the preferred method of data collection. Being said given, convenience, time, comfortability, costs associated with travel and the independent nature of this research the use of online platforms such as Microsoft teams, Zoom and WhatsApp were used when appropriate. Given logistics and time-based constraints of clinically based practitioners a focus group of two participants was held. In trying to mitigate bias surrounding social desirability an attempt to develop rapport and trust with participants led to more introductory and informal questions to begin with (Bergen & Labonte, 2020). In the context of misinterpreted data during analysis participants during this period were asked whether or not they'd consent to further interviews in developing clarity and context if deemed appropriate by the lead researcher. For context interviews lasted approximately 45-60 minutes on average, this with exception of the focus group. The interview process itself from the pilot study through to the ten participants spanned over roughly two months.

Regarding ethical considerations, the University of Wales Trinity St Davids research ethics and integrity code of practice was adhered too (UWTSD, 2022), this further align with

good practice on a wider scale leading to honesty, rigour, transparency, care and accountability. This included the completion of an ethics form, relevant risk assessments and informed consent forms prior to the collecting of any data.

3.4 Data analysis:

Regarding the analysis of data, Braun & Clarke's (2006) "15-point checklist of criteria for good thematic analysis" was followed (Appendix 5). Aligning with Riessman (1993) and Bird (2005), data will be manually transcribed, which leads to heightened familiarity prior to coding. Although the use of NVIVO could have been appropriate, the researcher (given their experience) found the programme to be fairly time consuming and limiting due to the timescale of the research project. Given the researchers personal experience, both within 'ST' and as a service user of a number of participants in a clinical context the possibility for bias was identified. With this being said, given the possible detrimental effects on research in trying to mitigate or neutralise bias (Koopman, et al, 2020; Olmos-Vega, et al, 2023) these past experiences were taken as an opportunity to be capitalised upon. In doing so open codes were assumed prior to analysis. In time these open codes dynamically adapted into axial and selective codes; this dynamic approach further leads to researcher immersion within data (Williams & Moser, 2019). Expanding, although semantic and latent themes will be identified, a semantic approach will better align with research goals of identifying practicable measures and suggestions (Braun & Clarke, 2013). Following the generating of themes, a review and thematic 'mapping' took place (Appendix 6). In turn, findings were finalised; these will be highlighted in the following findings and discussion.

Good



4.1 Findings and Discussion:

Through the data analysis process, two main themes were generated which relate to the primary aims of the research study. The first being, the '*Underlying Structure and Principles of Sessions*,' which includes practicalities, approaches to facilitation and the underpinning role of the environment and surfing as a tool for development. And the second being, '*Barriers and Threats*,' which identifies generic threats and limitations surrounding the practice, the barriers towards development, and challenges in which we may face through growth. From these initial themes, four findings were generated from the data:

1. The underlying structure and principles of ST session in South Wales align with meeting physiological and psychological safety.
2. Core facilitatory principles align with those of more so 'traditional' clinical intervention.
3. An array of participatory threats, in practice are mitigated through facilitatory expertise.
4. Funding and research both act as a barrier for expansion and sustainable development in the future.

Very good

4.2.1 Demographic & Aims

Aligning with the majority of literature (Brennan, et al, 2024 & Sarisian, et al, 2020a) the demographic for programme participation was varied, resultantly, so were aims. Within the region participants' demographics and background were identified but not limited to; individuals in care, those in mental health services (child or adult), those in supported living services (child or adult) and those with behavioural/developmental differences and/or difficulties. These groups or demographics as identified within literature (Benninger, et al, 2020) could all be categorised as 'marginalised, disadvantaged or vulnerable'. Whereas this demographic is expected in data, an additional group of people were derived. This being, those with physical impairments or disabilities. Whereas brief remarks have been made in literature (Walter, et al, 2020; Lopes & Masdemont, 2018), South Wales in comparison, has been identified as being world leading within adaptive surfing (ISA, 2021). Expanding Participant1-PO and Participant5-PO elaborate.

30

"I'm the world expert in adaptive surfing. I've been asked to write the qualification for the world governing body of surfing to train other surf coaches"

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"So we worked specifically on the surf access vehicle, and [REDACTED] worked specifically on the tandem surfboard which was the first one."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)



Regarding further findings and considerations, due to this additional dimension in which surf therapy takes within South Wales, criticality must be applied. Expanding similarly to literature aims align with improvements in mental wellbeing and health are seen, additionally to this we see relevance to adaptive surfing.

"Make surfing accessible and as inclusive as possible and for anyone with additional needs."

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"Goals are just inclusivity and providing that having to adapt things for people with needs isn't a struggle."

Participant2-OP (Operations and Project Manager of Surf School)

"Generally, the main aim for every lesson I run is just to make sure everyone comes out happy. – If there's other stuff on top of that, that's just an added bonus"

Participant3-PO (Head coach of Surf School)



"Ideally would be that people wanted to get into surfing and having a meaningful leisure and occupation after it"

Participant10-CP (Occupational Therapist)

4.2.2 Practical Facilitation

Regarding practical facilitation, data showed that likewise to research, (Sarkisian, et al, 2020b) ST provision in South Wales aligns with themes of ensuring surfers' needs are

Good

physiologically and psychologically met. In context this means that the underlying practicalities of a session follow those of standard governing body lesson structure.

“So we're within surf coaching as the ABC lesson, which is that standard surf lesson in three stages, Safety, parts of your board, prone, surfing and then standing up.”

Participant1-PO (Founder, Director and Senior Coach of Surf School)

“And then we approach with a standard sort of ISA approved lesson plan.”

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

As stated this is a standard of which is followed within literature (Podavoka & Dolejs, 2022). ~~With this being said~~ in meeting participants' basic needs, facilitators within ST identified other practices in eliminating barriers and dispelling misconceptions of which differ from a standard surf school. Depending on the group, coaches have visited “safe spaces” or “natural environments” such as hospitals, wards and clinics (Participant1-PO; Participant5-PO). Resultantly, they've been able to meet participants and have open conversations surrounding what to expect. In doing so this aligns with clinical perspectives within data.

Very good

“So I think a lot of signing up comes when people can be invited by a person that they've got some psychological safety within and the person saying ‘I think this is really good’, you know, ‘do you want to give it a go?’”.... “You know the fear and not having a conversation over it....”

Participant6-OC (Psychological Therapies Management S-CAMHS)

This approach to mitigating anxieties and meeting basic needs, whereas not directly attributed to, could be suggested in leading to more want than demand of which is seen within ST provisions in South Wales.

"Every season we run out of funding and we do free work at the end of the season. But yeah, it's one of those."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

"The only school that does what we do, full time in the entire world and I don't think that's changing anytime soon."

Participant2-OP (Operations and Project Manager of Surf School)

These themes of more want than demand is contrary to literature. Brennan, et al (2024) highlight participant retention in being a barrier faced by organisations; with this being said the majority of participants accounted for within their research in particular were self-referred (82%). In contrast to this, the majority of participation uptake in South Wales in the researchers' experience originates from an already existing supporting organisation. This includes national services (NHS, YouthSupportService, etc) or existing relationships within charities or community groups. This concept of increased participation due to referral through pre-existing networks not only aligns with Participant6-OC's narrative as to the importance of psychological safety but also results in a form of accountability which may further extrinsically motivate. This idea around a lack of psychological safety within peers is specifically identified by Drake, et al (2021) as a barrier to participant retention. This concept of psychological safety leading to heightened retention is also evident in playing a vital role in overcoming barriers (Edmondson, et al, 2016). Other examples around meeting these psychological needs and mitigating barriers identified were; sharing wetsuits prior to session in mitigating sensory barriers and sharing video tours of facilities in mitigating unfamiliarity (Participant1-PO). What literature has identified is that creating a 'safe space' through meeting psychological needs is a key fundamental in facilitating ST (Marshall, et al, 2019; Brennan, 2024).

Excellent

4.2.3 Facilitatory Staff / Supporting roles

Regarding the facilitation of ST sessions in South Wales, 'staff' or 'supporting roles' were, given the variety in clientele, varied. Identified in data were; Surf coaches, beach crew, volunteers, peers, health care support workers, families, psychiatric nurses, occupational therapists and neuropsychologists. The selection of staff or support personnel for a given session was primarily determined by the group involved. As established, participants often already had established connections within service or community groups. In turn the staff or

supporting members from said services or groups would play ‘supporting roles.’ Examples include a group of young people within mental health services being accompanied by their particular therapists or support workers (Participant8-CO, Community Psychiatric Nurse). Another could be a brain injury group whose supporting staff include relevant clinical neuropsychologists.

“So they're outside of a clinical setting and doing an activity but still having those clinical skills and the conversations that are had and the way people open up and the way people, you know, it becomes a therapy session.”

Participant1-PO (Founder, Director and Senior Coach of Surf School)

In this context it's identified that clinicians are able to conduct psycho or physio therapeutic work alongside and throughout ST sessions. On the other hand, groups have been

identified whereas ‘supporting’ roles, contrary to the mentioned, don't have a clinical background (Participant5-PO). These themes of variability within supporting staff are further seen within literature, expanding however it's not highlighted as to whether or not these supporting roles are internal or external to the ST organisation (Brennan, et al, 2024).

Aligning with the IOL (2020) model the question then presents itself as to whether said intervention is ‘therapy’ or ‘therapeutic’. Nonetheless it has further been highlighted that regardless of ‘clinical’ support, ST through its environment and alignment with meeting basic psychological needs still facilitates underlying psychotherapeutic benefits (Moreton, et al, 2022). Moving forward, further research may benefit from evaluating the efficacy of intervention with and without clinical support. In doing so the defining of the intervention as therapy or therapeutic may become more transparent.

Excellent

32

4.2.4 Individualistic Practice

Aligning with meeting participants' psychological needs, the setting of individualistic achievable goals was identified as key within data.

"The aims of the sessions vary from session to session depending on the person, their needs, maybe what even they want to do."

Participant2-OP (Operations and Project Manager of Surf School)

"It's about helping develop their individual goals for the day and sometimes maybe just paddling out is going to be it today, even getting in the water, for some people might be an achievement on that day."

Participant4-OP (Supporting Developer of third sector surf therapy programmes)

"That's the first. It has to be achievable goals all the way through"

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

. You know, when it is about goals, is making those small little goals to start with, isn't it?

Participant7-CP (Community Health Care Support Worker S-CAMHS)

These themes around the value of individualistic goals have additionally been identified as key within literature (Marshall, et al, 2019). Furthermore, it's highlighted that this practice aligns with self-determination theory (SDT) (Marshall, et al, 2020), and furthermore with Maslow's hierarchy of needs (Moreton, et al, 2022). Both of which align with the development of a 'safe space' as earlier mentioned. Being said, consideration must be applied, given the possibility of thwarting surfers' safe space through unrealistic or narrow aims. In doing so there's the possibility of developing an unhealthy relationship with the environment or therapeutic process (Baumeister, et al, 1993). Given these considerations it could be suggested as being appropriate to ensure any supporting staff involved directly with surfers to have some sort of psychological understanding or suitable experience, this however is obviously very subjective. Nonetheless, this suggestion becomes even more pertinent given the identification of other facilitatory threats towards programme participants. 

"If you give someone a recovery tool and then it finishes; that can be worse, I think, than not giving them anything at all."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

"So you're constantly trying to judge and Also keeping an eye on relationships within the group. You know as well, and maybe some not so healthy, you know, and trying to manage that as well."

Participant8-CO (Community Psychiatric Nurse)

4.3.1 Threats Towards Programme Participants

This identification as to the vulnerable nature of participants in a group environment was further highlighted by Participant6-OC (Psychological Therapies Management S-CAMHS) who recognised the need for robust risk assessing and safeguarding. Whereas the same issues have not been mentioned in recent literature, Podavkova & Dolejs (2022) do make note of the managing of participant-staff relationships. Nonetheless they've recognised in practice that transparency and unambiguous communication between said participant and staff has never led to an issue (Podavkova & Dolejs, 2022). Moving forward however as the sector develops or changes, ensuring that a robust system is in place ensuring that the correct people are working within 'supporting' roles will be key.

Very good

Further threatening the long-term wellbeing of participants, data identifies the risks associated with the timeframe of ST interventions of which isn't realistic to span for years. Regarding time frames of ST intervention in SW some had identified that anything shorter than once a week for six to ten weeks ``doesn't really work'' (Participant5-PO). The ideal time frame in particular has been further identified as individualistic

"We like to just work with people until they feel confident that they've got a tool. And when they're feeling that their day is not right or whatever, they are able to realise that it's a moment rather than it's them, and they can use what they've learned to obtain that."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

With this being said, in regard to practice, data shows that the majority of programmes are closed blocks of sessions (Set beginning and end), this structuring of programmes is identified as similar to wider literature (Brennan, et al 2024). As a result of not always being

able to deliver ST intervention over a longer period of time, the following have been identified as potential threats.

“If people are enjoying it, what happens next? You know, some people, especially the I’m saying some people have some ACE’s or some attachments. They have, like, um, what I call abandonment issues.”

Participant6-OC (Psychological Therapies Management S-CAMHS)

“If you give someone a recovery tool and then it finishes, that can be worse, I think, than not giving them anything at all.”

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

4.3.2 Barriers Surrounding Finances/Funding

Being said these are far from the biggest barriers in facilitating ST in South Wales. The majority of research participants, particularly those from a practical or organisational background, highlighted funding as being a barrier. This being consistent within wider literature (Benninger, et al, 2020; Sarkisian, et al, 2020; Brennan, et al, 2024). Whereas research participants have identified recurring charitable pots, the narrative aligns with issues around the sustainability of such

"There's no funding for surfing."

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"Funding's THE major issue really."

Participant4-OP (Supporting Developer of third sector surf therapy programmes)

"Because I don't think the NHS have ever funded it, have they? We've always managed.... It's charity money, it's always been funded different ways"

Participant7-CP (Community Health Care Support Worker S-CAMHS)

"So sustainability.... I suppose, it's financial. You know the health board falls in a very tricky financial position at the moment and it is supported by charitable funds and also people raising money within the service for the project."

Participant6-OC (Psychological Therapies Management S-CAMHS)

"Finding funding, and in this day and age it's all about who you know really."

Participant3-PO (Head coach of Surf School)

These issues surrounding funding are further seen from clinical perspectives whereas within the context of health board, support staff are found to be spending their own money in making ST accessible.

"The money I've spent personally and probably you XXX, yeah, buying snacks or loaning people, things that you never get back, because you do that out of the nature... The NHS relies on the good nature of clinicians and good will, your extra time, going that extra mile. That is all part of the funding that goes with all of these groups and taking young people out."

Participant7-CP (Community Health Care Support Worker S-CAMHS)

4.3.3 Barriers for Growth and Development

These issues around funding correlated with prior literature; it's here a lack of research has been highlighted as the primary crux of funding (Benninger, et al, 2020; Brennan, et al, 2024). This lack of research and funding around the intervention has been identified within other programmes as the 'dual limitation' to longevity and development (Brennan, et al, 2024). Similar themes are seen within our data.

Good understanding

“Fortunately, the health board and Welsh government get the value of surf therapy, of nature-based therapy, and get the idea of green prescription and social encryption as an alternative to overmedication, but they are funding the policing of it and not the delivery.”

Participant4-OP (Supporting Developer of third sector surf therapy programme)

“Yeah, I just I’d like the project to kind of come up really within more, evidence and evaluation... I think for me for anything to develop, then it needs robust evaluation about the efficacy of it, especially if people are ‘inaudible’ again. You need that to kind of bring it more in line into research and development of a service.”

Participant6-OC (Psychological Therapies Management S-CAMHS)

Regarding wider literature, it’s identified that research lacks standardised measures of efficacy in conjunction with traditional therapy (Brennen, et al, 2024). Given this it’s identified as being difficult to attribute whether ST based programmes in particular have attributed to improved mental health and wellbeing as opposed to time or other forms of intervention. This being similar to the narrative highlighted above. Consequentially in developing this research base, there may be further opportunity for sustainable funding on a governmental level. Given the particular expertise highlighted of practical facilitators in South Wales in particular it may be appropriate to suggest they’d be valuable in developing said standardisation for measures.



4.3.4 Environmental Limitations

Expanding on the theme of vulnerability of participants, the coastal environment and being in the sea has been attributed within data as key in further developing participants’ ‘safe space,’ meeting psychological needs, and in turn, allowing for psychological vulnerability

"And that's the most he's ever opened up or talked you know was doing in that environment."

Participant8-CO (Community Psychiatric Nurse)

"We've got one boy with ADHD and he finds cold water therapy really beneficial. It gives him that sort of elation, that cold water therapy."

Participant10-CP (Occupational Therapist)

"Fundamentally it is the environment, it's the light, the sound, the coldness of water. It's that, fundamental connection, I think with Blue Space more than green or anything else. We're kind of all born of the sea, so I do believe for us it's a natural environment to go back to."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

"The separateness from the land and that being in the ocean, where you're away from land and life, and land-based problem, where you're in a totally different environment."

Participant4-OP (Supporting Developer of third sector surf therapy programmes)

"Being in the environment is very inspiring."

Participant2-OP (Operations and Project Manager of Surf School)

Excellent 

Whereas the above quotes are from the perspective of those facilitating and managing ST, their thoughts and feelings align with that of participants within further literature (Kelly, 2018). In South Wales in particular participants of surf therapy have identified **nature immersion as being a contributing factor to empowerment, revitalisation and relaxation** (Gibbs, et al, 2022). Amalgamating both the findings in data and literature, were able to align environmental affordances of ST to those of attention restoration theory (Kaplan, 1995). This process of restoration and relaxation could theoretically be labelled as the underpinning contributor to Participant8-CO's experiences. ~~With this being said~~, regarding considerations moving forward, we may benefit by asking ourselves what exactly 'natural immersion' and 'connection' looks like, and in turn how we can heighten or facilitate these experiences and feelings. Expanding the combination of positive psychological feelings recurring within an environment can lead to participants developing a sense of place in which could, mitigate some of the threats identified earlier. Aligning with this sense of place, Wright, et al, (2024) highlights how ST participants described developing "a blue identity", which resulted in attachment to the coast and consequentially the use of such environments for emotional regulation. ~~Being said~~, it could be suggested as

Good

 34



beneficial to help participants make links in between the environment they spend time in and their wellbeing. Moving forward the exposed nature and locality of the Welsh coastline does present environmental barriers in itself. Participants expand below.

"Could be big and windy so you'll have to kind of adjust the lesson plan, alternatively it's small and completely full, completely flat, then obviously that kind of dictates what's gonna happen the rest of the day."

Participant3-PO (Head coach of Surf School)

"It's extreme weather conditions and extremely cold.... It becomes hard just being in a rugged environment with just physically bigger people who are less mobile."

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"And sometimes, coping with the cold and the rain, and, you know, motivating, because you know, sometimes (Participants saying), it's too wet, I'm not getting out the car."

Participant7-CP (Community Health Care Support Worker S-CAMHS)

"It could be really blustering, way too much for some people, but then not for others... So we can still keep some sessions on, but obviously if they come down the beach then they can see we're running some and not everything, it may not seem fair".

Participant2-OP (Operations and Project Manager of Surf School)

"Environmental challenges at the moment are water quality. We want the environment they're going in to be safe and free of bacteria and free of disease, and that's one pretty big hurdle that we hope... it comes down to governments and water boards to fix really, but yeah, it's one big hurdle."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

4.3.5 Mitigation of Barriers in Future Development

Whereas this is expected given the researchers personal experiences, it does introduce barriers which are not comprehensively introduced in literature. Recent literature itself seems to be limited in identifying the aforementioned environmental barriers within ST.

Nonetheless, Wright, et al, (2024) have identified similar themes around weather and pollution in limiting access to blue spaces for those with 'severe mental illness'. Regarding the mitigating of some of these barriers, although brief the utilisation of and development of artificial wave pools was mentioned within data.

"Especially, I mean, one kind of area that's going to be very exciting in the future is wave pools. Yeah, there's quite a few different designs and different pieces of technology and systems that they're using and you know there's going to be one of them that's going to be incredible for adaptive surfing."

Participant3-PO (Head coach of Surf School)

Whereas this may alleviate environmental barriers, the question remains regarding participants' ability to develop 'nature connectedness,' of which has been identified as key to the efficacy of intervention (Capaldi, et al, 2015; Gibbs, et al, 2022; Wilkie, et al, 2022).

Excellent

Being said, the use of artificial environments may certainly be valuable in particular circumstances. Expanding the use of such environments may be favoured, given additional barriers identified surrounding transport and locality, these of which arose both within data and literature (Marshall, 2022; Wilkie, 2022).

Very good

"Getting there, transport is always a big issue. Beaches all tend to be away from populations, so physically getting people there is an issue. We had one chap who tried to come from Haverfordwest on the bus to Newgale and the bus driver wouldn't let him bring a surfboard on."

Participant4-OP (Supporting Developer of third sector surf therapy programmes)

"Because what you don't want is people who don't have access to transport."

Participant6-OC (Psychological Therapies Management S-CAMHS)

"But sometimes just transport, if we can't take them, they can't get there. So that becomes a bit of a barrier to them continuing with things."

Participant8-CO (Community Psychiatric Nurse)

"It's quite a lot of fuel. I don't think there was any sort of assistance for costs for transport."

Participant9-PC (Specialist Occupational Therapy Technician)

By introducing artificial wave pools, we could potentially overcome challenges related to transportation, location, and environmental constraints. These developments could additionally enhance the accessibility of ST-based interventions through purpose-built environments. Expanding ST based interventions may become more accessible for those in which live in urbanised environments, of which given statistically worse health-based quality of life may benefit from said intervention the most (Ma, et al, 2020). This aligns with Mechanic & Tanner's (2007) study suggesting that vulnerability can stem from social status and degraded communities.



Expanding on the future development of the sector, the majority of research participants are optimistic. This regardless as to the threats and barriers identified above. Excluding current barriers surrounding research, finances etc, barriers have been identified in the growth of ST in South Wales surrounding the quality of intervention (Participant1-PO;

Participant2-OP & Participant5-PO). This however, being something which may be mitigated through aforementioned further research and alignment within the IOL's mental health intervention model (2020).

"So South Wales's surf therapy is looking very positive. There's quite a lot going on in a small area, I think, and quite a lot of passionate people. We still can't keep up with the amount of people that want to come."

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"I think it's only going to get bigger. I think it's only going to get better. I think, especially post pandemic, there's a lot more on cold water therapy and cold water swimming. I think it will just take off and become really mainstream soon, I think."

Participant2-OP (Operations and Project Manager of Surf School)

"And as long as everyone's working on continual growth with their teaching and coaching, methods and coaching good practices kept to the highest level all the way through, then it can only grow in a positive way."

Participant5-PO (Co-founder, Project Manager and Head Coach of Surf School)

"I think it's getting more popular; and rightly so."

Participant9-PC (Specialist Occupational Therapy Technician)

4.3.6 Holistic Healthcare

Regarding wider healthcare, data shows the value identified in taking a holistic approach

"I think a holistic approach where we can combine Clinical intervention with you know nature, Physical, outdoor interventions, is the key."

Participant1-PO (Founder, Director and Senior Coach of Surf School)

"So you know, again, I really believe that exercise, nature, you know, the cold water, social aspect, learning new skills, increasing your confidence, you know all those come part of the parcel."

Participant6-OC (Psychological Therapies Management S-CAMHS)

"I think that holistic approach, I think it's just much nicer and especially with, for me, working with people with eating difficulties."

Participant7-CP (Community Health Care Support Worker S-CAMHS)

This value of ST in being a tool for holistic healthcare is again heavily seen within literature (Harris, 2015; McKenzie, et al, 2021; Gibbs, et al, 2022; Wilkie, et al, 2022).

Excellent

Regarding the holistic nature of ST interventions, the metaphorization of practice has been highlighted within data as key. Expanding, identified by Cade & O'Hanlon, (1993) this metaphoric approach in a therapeutic capacity allows for easier comprehension of abstract ideas alongside clearer communication. Although brief mention of using metaphors within ST have been made within literature, (Vale & Soares, 2014) the value of such approach doesn't seem to have been put into practice within a wider context yet. Participants share the following. The efficacy of said metaphorization, although not recurring with data, is further attributed by Participant7-CP, to be heightened due to the practical process in which ST takes.

"There are particular metaphors in surfing and in your experience with waves that are very transferable to life in general, that sense that waves will send you difficult times, that you have to just get through."

Participant4-OP (Supporting Developer of third sector surf therapy programmes)

Interesting

"Metaphoric mindset.. there will always be another wave oh no, you missed the wave, there'll be another, wave."

Participant2-OP (Operations and Project Manager of Surf School)

"You can make those analogies because that's they're living it at the same time, isn't it? You know? So, surfing that urge, and to self-harm or to restrict food, or, and you can relate it back to your sessions in the water:"

Excellent

Participant7-CP (Community Health Care Support Worker S-CAMHS)

Moving forward, data suggests that the use of metaphorization alongside 'concrete,' tangible experiences may further enhance therapeutic processes in the water. In development, purposeful incorporation of said metaphorical approach may further align ST with traditional clinical psychiatry, in turn closing barriers in between traditional 'medical' literature and practice.

37

4.4.1 Practical Implications:

Regarding the practical implication of findings, research suggests the following.

1. Holistic Approach and Metaphorization: Facilitators should embrace a holistic approach in ST interventions, integrating metaphors to enhance communication and understanding. By metaphorically framing abstract clinical concepts alongside tangible experiences, practitioners can facilitate clearer communication and deeper comprehension among participants. This approach not only aligns with the practice's metaphoric nature but also bridges the gap between traditional medical literature and practical ST applications. Practical implementation could involve purposefully incorporating metaphorical elements into session planning and facilitation techniques.



2. Emphasize the setting of individualistic, achievable goals within ST sessions. Recognize the significance of SDT and Maslow's hierarchy of needs in shaping participants' experiences and fostering a safe space. However, exercise caution to ensure that goals remain realistic and diverse, avoiding the risk of developing unhealthy relationships with the therapeutic process or environment. In developing goals, a co-produced approach should be taken with participants in developing autonomy and relatedness. Supporting staff should ideally possess some psychological understanding or relevant experience to facilitate this process effectively.



3. Accessibility Through Artificial Environments: Consider the development and utilization of artificial wave pools to overcome environmental barriers and enhance accessibility to ST-based interventions. Artificial environments could provide a solution for challenges related to transportation, location, and environmental constraints, particularly in urbanized areas. By expanding ST interventions to purpose-built environments, practitioners can reach a broader demographic. Such developments align with the goal of making ST more inclusive and sustainable in the long term.

5.1 Conclusion:

In conclusion, this research project provides valuable insight into ST interventions in South Wales, exploring their underlying structure, principles and associated barriers. Through a qualitative approach involving semi-structured interviews, the study sheds light on the perspectives of key stakeholders, including surf coaches, psychotherapeutic support workers, and clinical stakeholders, occupational therapists, psychiatrists and organisers.



Despite the benefits of ST, findings identified barriers to sustainable practice and facilitation around research and funding. Practically given the variable nature of ST intervention, this was heightened given the addition to adaptive surfing in South Wales. The defining of standard or 'general practice' makes developing such a phenomenological research base difficult. Nonetheless this more so holistic picture in which we've identified ST to being could be argued to be aligning with the direction in which health care is taking over time.

Overall, this research contributes to the growing body of literature on ST interventions and expands through offering region specific guidance for an affordance rich area of the UK let alone the world. By addressing identified barriers and building on the underlying principals of ST, stakeholders can work towards enhancing the efficacy and accessibility of these interventions, ultimately improving well-being of participants in South Wales and beyond.

Very good

5.2 Strengths and Limitations:

During the course of this study, limitations have been identified of which may have impacted the final discussion and in turn practical implications. The particular word count of the dissertation in itself presented as a limitation. Less constrictions surrounding word count, could have led to more context and relevance being made in both the literature review and discussion, in turn providing more value. Additionally, to this, given the researchers involvement within an institution, problems in accessing academia were found given a lack of access to particular databases. Expanding, time was identified by the researcher as a further limitation. Given the relatively short time frame it was unrealistic and unachievable to code and analyse more data, of which would have helped in developing a further holistic picture. Additionally, time became a variable in snowball sampling, as potential participants given constraints were unable to be interviewed. With this being said, the combination of fewer research participants and singular researcher meant that data was more intimately understood. Nonetheless a peer-reviewed process would go far in validating and standardising findings. Expanding, whereas mentioned in the data analysis section, the researchers personal experiences played a unique role given personal experience from several perspectives in the development of codes and themes. Given the narrow field of literature identified surrounding ST practice in South Wales, the research study further acts as a valuable contribution.

Very good

5.3 Directions for Future Research:

Moving forward, synthesising results and discussion, future research may benefit from developing and implementing standardised outcome measures specific to ST. This would allow for consistency within the field across different programmes and organisations. In a wider context this would allow for comparison and increased reliability and validity with other findings. Expanding, investigating the impact of clinical support versus non-clinical support within the context of ST would allow for a better understanding as to the role of the intervention. Alongside this, investigating if having a singular professional (A surf coach qualified in psychology) is more or less efficacious than having several professionals (A qualified surf coach alongside a qualified psychologist) is more beneficial. In further developing inclusivity and targeting a statistically more vulnerable demographic, exploring



the feasibility and effectiveness of artificial wave pools through assessing participants' experiences, sense of immersion and therapeutic outcomes would further validate practice. In developing good practice, further research into the use of metamorphism in ST in its role in enhancing therapeutic processes would allow for further standardisation and further alignment from a 'clinical' perspective. By addressing these research directions, future studies can contribute to the evidence base for ST, inform best practice, and ultimately improve outcomes for participants in South Wales and beyond.



word count?

Excellent

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Good

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Very good

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Good

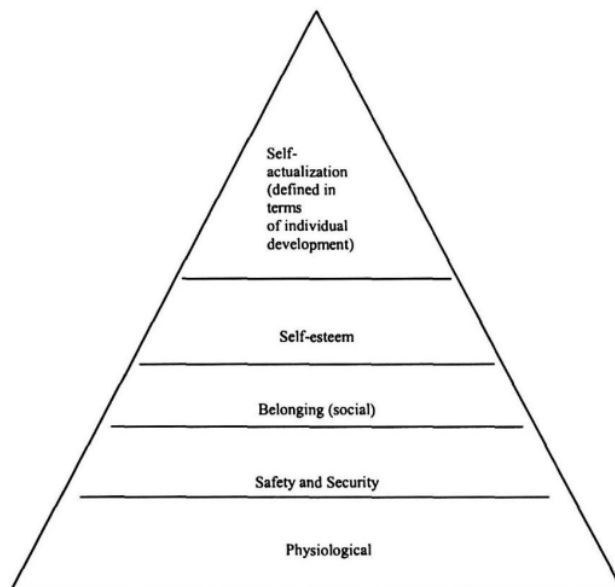
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Appendices:

Appendix 1: Maslow's Hierarchy of needs



Appendix 2: Interview Questions

Surfing for Wellness: An Insight Into the Perceptions of Key Stakeholders within Surf Therapy Interventions in South Wales.

Questions:

Background/Context:

- 1a) In regards to surf therapy what job/role do you fulfil ?
- 2a) Has this role changed over time? (What led you to this role initially?)
- 3a) In regards to your organisation, what are the aims of the Surf Therapy sessions you're involved with?
- 3b) What demographic does your organisation work with?
- 4a) Can you explain a surf therapy session from start to end
- 4b) Are there any examples where this has been adapted or changed spontaneously?

Main

- 5a) What potential physical benefits do you see within Surf Therapy?
- 5b) Can you describe any examples where you've seen these?
- 6a) What potential psychological benefits do you see within Surf Therapy?
- 6b) Can you describe any examples where you've seen these?
- 7a) Can you explain ways in which you've made Surf Therapy more inclusive?
- 8a) What do you believe to be the influencing factors of Surf therapy to potentially improve health and wellbeing?
- 8b) Can you explain how these factors have been utilised within sessions?
- 9a) What challenges have you faced in facilitating Surf Therapy?
 - Participants
 - Funding
 - Legislation
 - Community

Wider context

- 9a) Are there any common misconceptions around Surf Therapy?
- 10a) How would you compare Surf Therapy to other forms of therapeutic intervention?
 - Are there pros and cons?

Closure

- 11a) In what direction do you see Surf Therapy in South Wales taking over time?
- 11b) What future opportunities or challenges do you see?
- 12a) Do you have any thoughts that you feel are relevant which haven't been discussed?

Thank You so much for your time, we will now conclude the interview, with that being said, are you happy to be contacted in the future regarding any clarification or follow up questions if deemed relevant to research?

To reiterate again you are free to withdraw from the study at any time...

Appendix 3: Informed Consent Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David



Participant Informed Consent

Thank you for taking the time to be interviewed. We are interested in understanding the perceptions of key stakeholders within surf therapy interventions in South Wales. Please note that there are no right or wrong answers and no trick questions. Please take your time to answer and respond to each question. Your responses will be held securely on a laptop which is password protected and only used by the research team for the purpose project only. After submitting this research project, raw data shall be destroyed.

The interview has 4 parts and will take about 45-60 minutes:

- 1)Background
- 2)Main body
- 3)Wider context
- 4)Closure

By answering these questions, you are agreeing to the following:

- You have been fully informed of the research project and have had the opportunity to ask questions;
- You understand that you will not benefit financially, or otherwise, from taking part in this research;
- You are free to withdraw from the project at any time and free to decline to answer particular questions;
- You will not be identified, and individual information will remain confidential due to respondents being noted as numbers or letters or through the use of pseudonyms if applicable;
- You are 18 years or older.

Thank you for taking part in our research.

.....
Dafydd Millns
Email Address:
Mob Number:

Very good

Appendix 4: Participant Consent Form

Good

PARTICIPANT CONSENT FORM – XXXX 2024

Participant name or Study ID Number: **XX**

Title of Project: **Surfing for Wellness: An Insight Into the Perceptions of Key Stakeholders within Surf Therapy Interventions in South Wales.**

Name of Researcher: Dafydd Millns

Participant to complete this section: Please **initial** each box.

I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered ☒

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☒

I agree to take part in the above study. ☒

I agree to the interview being audio recorded ☒

I agree to the use of anonymised quotes in publications ☒

I would like to be contacted about the results of the study in the future ☒

I agree for my data to be use in further publications by the lead researcher ☒

Signature of Participant _____ **Date** _____

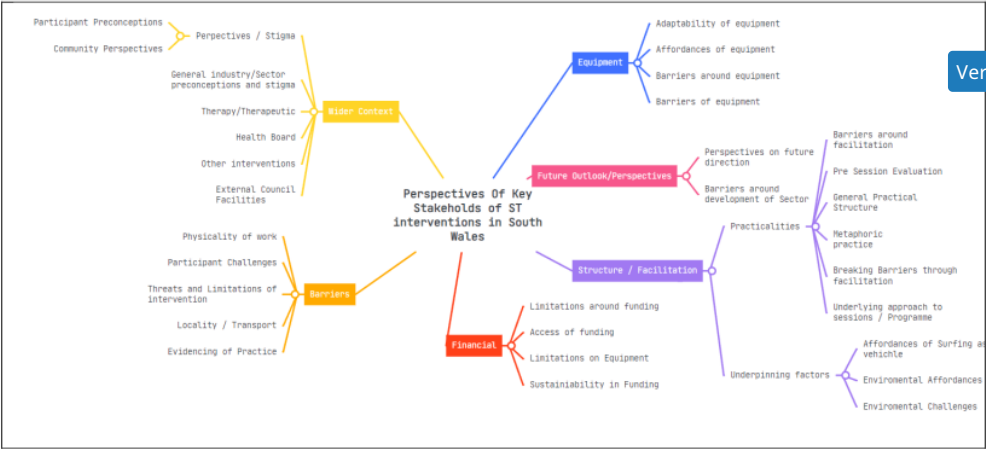
Name of person taking consent _____ Date _____

Contact details of participant _____

Appendix 5: Braun & Clarkes (2006) 15-point checklist for good thematic analysis

Transcription	1.	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2.	Each data item has been given equal attention in the coding process.
	3.	Themes have not been generated from a few vivid examples (an anecdotal approach) but, instead, the coding process has been thorough, inclusive and comprehensive.
	4.	All relevant extracts for all each theme have been collated.
	5.	Themes have been checked against each other and back to the original data set.
	6.	Themes are internally coherent, consistent, and distinctive.
Analysis	7.	Data have been analysed rather than just paraphrased or described.
	8.	Analysis and data match each other – the extracts illustrate the analytic claims.
	9.	Analysis tells a convincing and well-organised story about the data and topic.
	10.	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11.	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12.	The assumptions about ThA are clearly explicated.
	13.	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14.	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15.	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

(Appendix 6): Coding and Thematic Mapping Process



40

SurfingForWellnessUndergraduateDissertationDMillns

GRADEMARK REPORT

FINAL GRADE

72/100

GENERAL COMMENTS

Overall Comments:

Excellent abstract which covered your project very clearly.

This is an excellent piece of work that has been well researched, with an excellent list of references.

Thoroughly considered area to research with extensive range of literature used to support range of discussions. References in the text are generally correct.

As always with your work - there is clear commitment here to ensure thoroughness in terms of research, knowledge and understanding. Sections of your dissertation are excellent and overall it is very well structured.

There is excellent critical discussion of the perceptions of various stakeholders within ST in South Wales. This is also an area of interest that is very current and I know that this is a subject that is very dear to you. I hope that researching this subject will be useful in practice when you graduate.

Second Marker Comments:

Overall, an excellent piece of work. you have obviously worked very hard to organise and consider a robust qualitative research design. I particularly liked your approach to reporting your findings. It is great that you have understood the difference between themes and findings. You have written a detailed methodology and clearly presented the process.

You have demonstrated your knowledge of the field very well and also demonstrated your knowledge of multiple theories. You have considered these well Have to consider all aspects of these through your discussion over complicated, closer alignment to one theory would have benefited the discussion section.

Agreed Mark: 72%

PAGE 1

PAGE 2

PAGE 3

PAGE 4



Comment 1 | **2. Knowledge and Understanding**

Very good background and succinct abstract. Gives clear purpose to the research conducted.



Comment 2 | **5. Transferable Skills**

The purpose of the research to be conducted is very clearly expressed here.

QM

Good

Good

PAGE 5

PAGE 6

PAGE 7

QM

Good | **5. Transferable Skills**

Good

QM

Very good | **2. Knowledge and Understanding**



Comment 3 | 2. Knowledge and Understanding

Very strong and purposeful start. Also, with excellent range of literature supporting these very important points - well done.



Comment 4 | 5. Transferable Skills

coma needed here before the - says - for this to keep its meaning.

PAGE 8

Text Comment. such as?



Comment 5 | 5. Transferable Skills

Is this ... Regarding young people, research has also measured that there is improvement with birth outcomes and enhanced cognitive development when being exposed to natural spaces ...?



Comment 6 | 5. Transferable Skills

not sure if facilitates makes sense here ... would promotes - be better perhaps?



Comment 7 | 5. Transferable Skills

This sentences is incomplete



Comment 8 | 5. Transferable Skills

slightly sweeping adjective to use - would - The potential for such provision is significant as developing this more

Strikethrough.



Comment 10 | 2. Knowledge and Understanding

Very important points being made here for the value of natural green spaces & all are very well supported with range of different sources of reading.

Text Comment. Yes - it does



Very good

PAGE 9



Comment 11 | 1. Engagement with Literature

extensive research here to support this statement & quality e.g. journal

Strikethrough.

Text Comment. Good point



Very good

Text Comment. or



Comment 13 | 5. Transferable Skills

? time pressured? the time spent with a facilitator can be dynamic?



Comment 14 | 5. Transferable Skills

and it needs to take a holistic approach with clients ...

PAGE 10

Text Comment. to

Text Comment. some last ...



Comment 15 | 2. Knowledge and Understanding

Very good connections being made across areas of interest also being well supported with literature.



Comment 16 | 2. Knowledge and Understanding

more accessible? with the additions of these elements possibly this would make the programmes less accessible?

PAGE 11

Text Comment. ...are all the benefits listed as a result of ST by Wave Project ?



Comment 17 | 3. Cognitive and Intellectual

Very good point being made here

Text Comment. Is this where you start to consider 'therapy' as a concept ...? see comment made on next page

Strikethrough.



Comment 19

as part of ST?



PAGE 12



Comment 20

which supports one's wellbeing?



Comment 21 | 1. Engagement with Literature

Very well supported with range of literature



Good

Good



Comment 22 | 3. Cognitive and Intellectual

Fair summing up of discussion



Comment 23 | 5. Transferable Skills

The above re discussion regarding therapy could've been introduced ... see note made previous page

PAGE 13



Comment 24 | 3. Cognitive and Intellectual

Very valid point being made



Comment 25

Interesting

Strikethrough.

QM

✓

PAGE 14



Comment 27 | 5. Transferable Skills

You don't need both



Comment 28 | 2. Knowledge and Understanding

This is good - but possibly having explored this theme some more in the lit review would've been helpful. (Perception - Intervention)



Comment 29 | 5. Transferable Skills

As per guidance new topic / chapter should have been placed on a new page regardless of where the previous chapter had concluded.

QM

Good

PAGE 15

QM

Good

Good

QM

Very good

PAGE 16

QM

✓

QM

✓

QM

✓

QM

Good

Good

PAGE 17

QM

Good

Good

QM



PAGE 18

QM

Very good



Comment 30 |  2. Knowledge and Understanding

Interesting

PAGE 19

QM



QM



QM

Good

Good

PAGE 20

Strikethrough.

QM

Very good

PAGE 21

QM

Excellent

PAGE 22

QM

Excellent



Comment 32 |  3. Cognitive and Intellectual

very good points being made here

PAGE 23

QM



|  3. Cognitive and Intellectual

Additional Comment

Yes - very valid points being raised and considered here. Well supported with literature.



Very good



Good understanding



Comment 33 |  4. Practical Skills

Yes - possibly



Excellent |  4. Practical Skills

Additional Comment

Excellent - rich - data collected here. Well done



Good

Good



Comment 34 |  2. Knowledge and Understanding

... but this however contradicts with one of your recommendations in using man-made indoor facilities for ST. Interesting

Strikethrough.



Strikethrough.



Excellent

QM

Very good

QM

✓

PAGE 31

PAGE 32

QM

Excellent

PAGE 33

QM

Interesting

QM

Excellent



Comment 37 | 3. Cognitive and Intellectual

Very good - interesting concluding comments being made here.

QM

✓

PAGE 34

QM

✓

QM

✓

PAGE 35

QM

Very good

QM

Very good

QM

✓

PAGE 36

QM

✓

QM

Excellent

Text Comment. word count?

QM

Good



Comment 38

|

 1. Engagement with Literature

Appropriate text for your research



Comment 39

|

 1. Engagement with Literature

recent publications that are very relevant to this study - well done

QM

Good

QM

Very good

QM

Good

Good

QM

Very good



Good

Good

PAGE 51

PAGE 52



Very good |  3. Cognitive and Intellectual

Additional Comment

Well done for engaging with the analysis in this way - & for including as part of your submission. This background information demonstrates your thoughts and procedure clearly.



Comment 40 |  4. Practical Skills

Good for including

GRADING FORM: BMSS6007 INDEPENDENTPROJECT 24

DAFYDD MILLNS

72

1. ENGAGEMENT WITH LITERATURE

A clear rationale for the project should be presented, with evidence of the literature having been critically reviewed and appropriate literature selected for inclusion. The literature should also be critically reviewed to identify the most suitable and valid methods and data analysis approach. (25 marks available)



Engagement with an extensive range of relevant and credible literature, informed by the latest research. Consistently accurate application of referencing. Methodology used was very well

20

researched and most appropriate. Excellent category.

2. KNOWLEDGE AND UNDERSTANDING

The project should display evidence that the chosen research topic is understood at an advanced level, including the suitability of the research design chosen and the methods and data analysis used. (25 marks available)



Depth of evidence in chosen research based around themes within the dissertation is excellent. Suitability of the chosen research design were appropriate and robust. Excellent category

20

3. COGNITIVE AND INTELLECTUAL

The project should display evidence of higher level thinking and an ability to evaluate research resources to present and conduct a well thought out piece of research. The selection of a research design, methods, data analysis and selection of results for presentation should be appropriate for this level of study. (30 marks available)



Critical discussions were considered throughout. These were also supported extensively with relevant, high quality research. At times, lack of refinement of sentences impacted slightly on the coherency of the debates. This meant that this category was shy of excellent and is very good.

17

4. PRACTICAL SKILLS

The project should be informed by any relevant guidelines and standards of best practice. The practical implications of the project should be clearly identified. (10 marks available)



In your research, very good application of standard methods, materials, tools and/or techniques. You have shown that you can identify the issues and problems and offer an appropriate solution. The conclusions/ recommendations section provides very good summary of the practical implications of the project.

7

5. TRANSFERABLE SKILLS

You should demonstrate of the ability to communicate clearly through written work which is correctly referenced. The project should be structured and organised appropriately for the discipline selected. (10 marks available)



Very good writing style but at times there are words that are unnecessary. You would have benefited from having someone read over the essay as there are some sentences that needed some minor tweaking to be better. Having said this the overall, structure was excellent.

8