



Henleaze Lake Wellbeing Group Evaluation

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Foreword

I've been lucky enough to work as a GP with Henleaze Lake within our practice boundaries for many years. I know how important lake swimming has been to me, and the sense of calm and wellbeing I can attain there, even after the most stressful of days, is striking.

I was therefore very pleased to be able to facilitate this initiative, allowing patients referred to the Heathy Alternatives project at Southmead Development Trust to visit the lake over the summer I refer into the Social prescribing scheme and see its benefits for a wide range of people, and particularly for patients whose quality of life has not really improved with conventional care.

The positive results described in this evaluation reflect both the high quality of the project, and the richness of the unique resource the Lake offers to swimmers and non-swimmers. I look forward to seeing access broadened and the benefit extended in future seasons.

Dr Marion Steiner
Southmead and Henbury Family Practice

Executive Summary

Social prescribing and Henleaze Lake

Henleaze Lake has been a swimming club for 99 years, and became a charity in 2010. Southmead Development Trust Social prescribing project was established in 2016 to support people to engage in community resources for health, and is based at the nearby Greenway Centre.

The Swimming Club was keen to work with local health services to explore research into the beneficial effects of cold water swimming for people with mental health problems like depression and anxiety, chronic pain and long term conditions. It therefore partnered with the Southmead Development Trust in 2018 to pilot a wellbeing project at the Lake. This became known as the Lake Wellbeing Group – a weekly therapeutic swimming and social group facilitated by Southmead Development Trust’s Social Prescribing Link Worker.

Participants were supported to access the Lake Wellbeing Group through Southmead Development Trust’s holistic social prescribing service, Healthy Alternatives. Healthy Alternatives receives referrals from GPs for individuals who are struggling with non-medical health and welfare issues, who then meet 1:1 with a link worker for up to 6 sessions. These 1:1 sessions involve exploring patients underlying needs, whilst addressing barriers to accessing wider support. The ultimate aim is to support, enable and equip primary care patients to access non-medical support in the community.

Planning for the Lake Wellbeing Group began in spring 2018 and it was implemented between June and September 2018. 17 weekly 2-hour sessions were held in total,

with an average of 10 participants at each session.

This evaluation of the Lake Wellbeing Group uses both qualitative and quantitative methods to understand the process of delivery and short term outcomes for participants.

Participant profile

During the summer of 2018:

- 14 individuals accessed the Lake Wellbeing Sessions, referred by 3 link workers (covering six GP practices across North Bristol)
- The average age of those referred was 54 years
- 21% of participants were male, 79% were female
- 100% of captured participants were residents in the top 10th areas of multiple deprivation
- For mental wellbeing, using the Short Warwick-Edinburgh Mental Well-being scale (SWEMWBS), the mean score at entry was 17.8 which is substantially lower than the UK average of 23.6

Experiences of the Lake Wellbeing Group

Participants attended an average of 10 sessions each.

100% of participants felt that the group had a highly positive impact on their physical, mental and social health.

When asked *'what were the good aspects of the Lake Wellbeing Group?'* the main themes that came out were:

- Meeting and making friends with people – for many it was the only time they socialised
- The opportunity to sit and relax – escaping from negative internal thoughts in a peaceful environment
- Stepping outside of normal (and often entrenched and negative) activities
- The positive impact attending the group had on instigating change in participants' lives

After attendance at the Lake Wellbeing Group sessions, 100% of participants who responded felt that they had done things differently to take control of their own health and wellbeing since referral to the group, and 100% of these participants felt that they would continue to do these things.

Associations between participation in the service and client outcomes

Overall, the data collected from baseline and exit suggest a positive set of client outcomes – particularly relating to wellbeing and self-care.

Using well-established measures for life satisfaction, happiness, life worth and anxiety (using the ONS Wellbeing Scale), there was a significant positive change in all, with an average positive change of 1.6 for each category.

Clients' wellbeing (using the Short Warwick-Edinburgh Mental Wellbeing Scale) also increased from baseline, from an average of 17.8 to 21.

Using the EQ-5D- scale to measure self-reported health status, there were again positive changes in all categories, in addition to a 10 point increase in participants' VAS scores.

There was no statistically significant difference in changes across wellbeing measures for participants linked to whether

they actually swam in the lake during the sessions or not, however those who swam had a significantly greater increase in their VAS health scores (15 compared to 7.3).

Learning and recommendations

Key recommendations for future, similar groups (as a result of learning from this pilot) are summarised below:

- Include a lead-in time of 2 months to allow for relationship building and recruitment of suitable participants
- Promote the group and its specific benefits clearly to GPs and link workers so they can refer suitable clients who are ready to engage and commit to weekly sessions
- Ground rules to be established by group from outset, and repeated at the start of each session
- Ensure that a minimum of 2 facilitators are present at each session
- Explore ways of increasing involvement from members of Henleaze Lake – if not as swim buddies then perhaps they may be able to offer other things (e.g. a lake history session or plant identifications session) to engage the group members who do not swim
- To hold additional sessions each week to increase the sample size for future evaluation of outcomes, to ensure that strong conclusions can be drawn
- Increase project length to enable sufficient time for the group to embed, to be seen as a longer-term option and for evaluation of long-term outcomes.
- health for project staff and staff from community organisations

Introduction

This report presents an evaluation of the Henleaze Lake Wellbeing Group (incorporated as part of Southmead Development Trust's social prescribing model, Healthy Alternatives) at the final stage of the pilot. It gives an overview of the origins, development and key characteristics of the project alongside an account of the current research context. Drawing upon multiple research methods the findings are framed in relation to the main objectives of the report. The final sections discuss the implication and limitations of the evaluation, then set out key conclusions and recommendations for further development.

Overview and background of the Henleaze Lake Wellbeing Group and social prescribing

Southmead Development Trust's social prescribing model (Healthy Alternatives) was developed with the desire to strive to empower residents in North Bristol (with a focus on areas of multiple deprivation) and equip them with increased confidence and opportunities to take control of their own health and wellbeing. This is primarily done by our social prescribing link workers promoting, and supporting patients to access, non-medical sources of support within the community and offering increased choices – including a supported pathway for residents' own self-care whilst strengthening the relationship between primary care and the VCSE. Our social prescribing link workers support, enable and equip these patients to access social activities and non-medical support services available in their local community.

This supported pathway includes in-house structured programmes (kitchen on prescription, exercise on referral, art on referral) which enable people to feel more 'held' and supported, whilst also addressing behaviour change and providing a welcome distraction from their physical and mental health struggles. We focus on the following objectives:

1. Improve individuals' self-reported wellbeing
2. Support individuals holistically
3. Reduce social isolation
4. Increase individuals' awareness of how to take responsibility for their own health and wellbeing – including self-care and self-management of long-term conditions
5. Reduce number of inappropriate visits to primary care, especially to GPs
6. Reduce number of inappropriate/unnecessary prescriptions
7. Reduce costs in various areas (particularly for primary care)
8. Increase life expectancy and quality of life
9. Reduce the prevalence and inappropriate diagnosing of mental health problems by addressing psychosocial needs
10. Reduce medical wastage

Projects like Healthy Alternatives (with their associated activities like the Lake Wellbeing Group) fit into a genre of projects that are commonly referred to as social prescribing. There are currently, many, varied social prescribing interventions being commissioned around the UK and beyond. In many ways they are seen as a non-medicalised response to the exponential rise in demand for NHS services.¹ This rise is partly due to the fact that one in five presentations in primary care have no

¹ Kimberlee, R. (2015) What is social prescribing? Advances in Social Sciences Research Journal, Volume 2, No1.

medical condition for GPs to address.² Social prescribing provision include universal provision in every GP practice across a Clinical Commission Group's (CCG) area: including Gloucestershire, Rotherham and Bradford. Social prescribing is becoming increasingly accepted as a 'tried and tested' solution to improve patient flow in the NHS according to the 'General Practice Forward View'. In fact the development of social prescribing is one of the ten key outcomes specified in the five year *General Practice Forward View*.³ In a recent review undertaken by the Social Prescribing Network (SPN) (2017)⁴ for the Department of Health the SPN identified that 74% of local Sustainability and Transformation Plans (STP) have identified social prescribing as a key outcome in their forward plans.

The idea for the Lake Wellbeing Group was originally proposed to the club by an organisation called 'Supernatured', whose aim is to develop and deliver local projects that bring nature (with all its benefits for physical and mental health) into peoples' lives. Henleaze Lake committee considered the proposal but delayed a decision. Subsequently, the idea was picked up by a club member – a GP - who cited research into the beneficial effects of cold water swimming for people with mental health problems like depression and anxiety. She suggested that – as part of its charitable mission - the club might like to work with the local health services and offer people with mental health problems, health conditions or social issues affecting their welfare the opportunity to swim in the lake.



After some meetings and discussion, the club agreed to try out the idea in partnership with the Southmead Development Trust. Planning for the project began in spring 2018 and it was implemented between June and September 2018.

Southmead Development Trust proposed that accessing Henleaze Lake would be incorporated into their social prescribing offer in the following ways:

- Primary care patients that link workers have met 1:1 through SDT's GP-referral, holistic social prescribing service would be offered the option to attend the Lake Wellbeing Group. This offer would be open to all, but with a particular focus on those with long term conditions, chronic pain, depression/anxiety and caring responsibilities
- Sessions would be weekly from 12am-2pm, between June-September (17 sessions total)
- Participants (who we will have risk assessed and are able to pass a 50metre swimming test) would meet our facilitator at The Greenway Centre and walk together through Badock's Wood to Henleaze Lake
- As well as open water swimming, participants would be able to just sit and enjoy the environment, whilst engaging in peer-led discussions with other participants and enjoying

² Citizen's Advice (2016) A very general practice: How much time do GPs spend on issues other than health?https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf

³ NHS England (2016) General Practice Forward View, <https://www.england.nhs.uk/publication/general-practice-forward-view-gpfov/> Accessed October 2018

⁴ Polley, M.,¹ Bertotti, M.,² Kimberlee, R.,⁴ Pilkington, K.⁴ and Refsum, (2017) A review of the evidence of social prescribing and demand reduction. <http://westminsterresearch.wmin.ac.uk/19223/1/Simon%20Stevens%20approved%20v1%20%20Evidence%20summary%20of%20SP%20on%20healthcare%20demand%20and....pdf>

the tea/coffee provided by Henleaze Lake. The facilitator would also host structured sessions around the 5 ways to wellbeing, provide board games and encourage participants to bring their own activities to share

- The facilitator would take the opportunity to signpost participants to different activities, groups and support locally - including debt/benefit support and other Information, Advice and Guidance
- Participants would be free to bring a picnic should they wish

It had been identified that for many people 'traditional' forms of indoor exercise do not appeal and, in particular, patients who are struggling with chronic pain would benefit from an alternative approach. The appeal of being outside in nature was also cited as an important potential benefit, as this is known to help to alleviate depression and improve wellbeing. Being able to make use of the open space and just be immersed in nature, rather than solely using the time to swim, was thought to be of particular potential benefit for patients who need some 'time out' and something different in their week to look forward to – as a welcome distraction from their mental and physical health struggles. Visiting the Lake is not something that many of our clients would be able to ordinarily do, and a luxury that would otherwise not be available to them.

Cold water swimming has massively increased in popularity over the past 10 years. The positive effects of cold water immersion, and therefore cold water swimming, have been widely reported both anecdotally and scientifically, though the latter is still in the early stages of study:

- It has shown to improve and stimulate the immune system
- It triggers the release of endorphins which lead to a feeling of happiness and contentment
- It increases and stimulates circulation
- It is a good all-round exercise
- It provides a connexion with nature, reducing stress and anxiety

The first case report on cold water swimming published in the British Medical Journal Case Reports shows that it may be an effective treatment for depression.⁵ This case report looks into the anti-inflammatory effect and of cold water swimming and therefore its potential as a treatment for depression - depression being linked to high levels of inflammation in the brain.

Studies have shown that cold water immersion can also increase levels of dopamine, serotonin and beta-endorphins – the latter chemicals being central to pain management. This is in addition to a wider range of benefits – both physically and mentally.⁶

Aim and objectives of the evaluation

The aim of this evaluation is to assess the short term outcomes for participants and to examine the process of implementing the project. The objectives are as follows:

1. To assess how the project has been implemented
2. To gain an indication of how the project is viewed by participants and its impact
3. To gain an indication of how the project is viewed by staff and key stakeholders
4. To assess the impact of attending the group on clients' physical and mental wellbeing
5. To identify any issues with the delivery of the project which may affect outcomes and suggest changes for improvement.

⁵ Van Tulleken, C., Tipton, M., Massey, H., Harper, M., Open water swimming as a treatment for major depressive disorder, 2018 <http://casereports.bmj.com/content/2018/bcr-2018-225007.abstract>

⁶ Shramek, P., Simeckova, M., Jansky, L., Savlikova, J., Vybiral, S. (2000) Human physiological responses to immersion into water of different temperatures <https://www.ncbi.nlm.nih.gov/pubmed/10751106>

Evaluation methodology and data collection

This evaluation uses both qualitative and quantitative methods. Southmead Development Trust devised client forms for data collection – including a participant satisfaction questionnaire which was completed during attendees’ final week and evaluation forms which were completed bi-weekly by attendees to ensure maximum data collection. These evaluation forms included the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), the ONS Wellbeing Scale and EQ-5D-5L (which measures health status). All of these are validated scales. Collected data was inputted into an Excel spreadsheet and analysed by SDT staff. The two furthest apart data sets for each clients were reported on.

Qualitative data was collected from interviews with participants and satisfaction questionnaires. Interviewees were selected on a purposive basis based on those who had attended the most sessions and to ensure representation across different demographics. Qualitative findings were analysed thematically.

In the quotes included in this report, interviewer comments, pauses and non-verbal responses have been removed and some text has been condensed for ease of reading. Some respondents amended wording for clarity before inclusion in the report. In this report we use the terms ‘participants’, ‘attendees’ and ‘clients’ interchangeable to refer to social prescribing clients who participated in the lake group.

Findings

Demographic data of participants, reason for referral and sessions attended

Participants were supported to access the lake through Southmead Development Trust's social prescribing service. This service sees primary care patients referred to a social prescribing link worker by their GP. This link worker then works holistically with the patient for up to 6 sessions to support, enable and equip them to access non-medical sources of support within the community.

Over the 17 sessions that were held at Henleaze Lake, 14 clients attended.

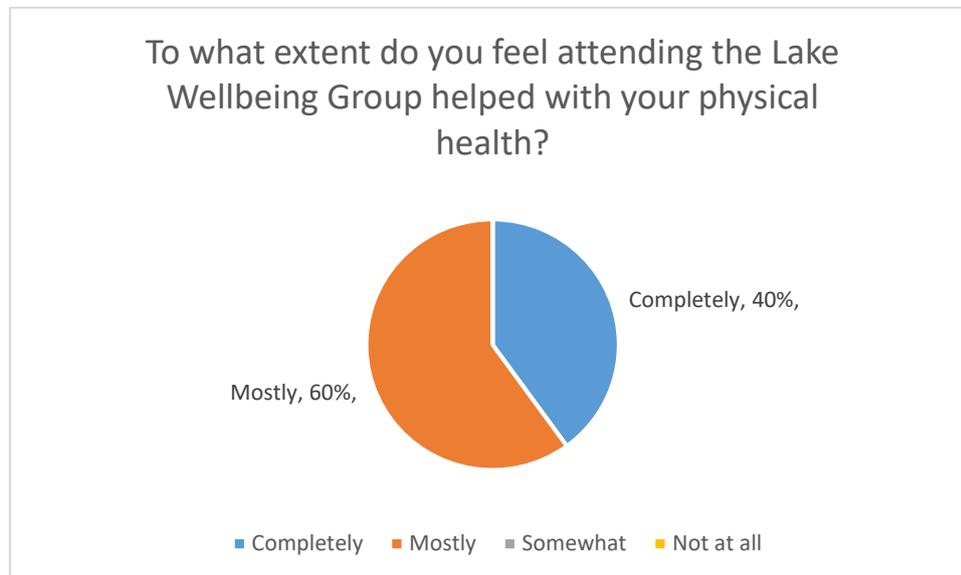
	Age	Sex	Reason for referral	Number of sessions	Area lived
Participant 1	45	Female	Chronic pain, depression, social isolation	12	Southmead
Participant 2	45	Female	Social isolation, carer	10	Southmead
Participant 3	56	Female	Chronic pain, depression, anxiety	3	Lawrence Weston
Participant 4	57	Male	Depression, social isolation, lack of motivation	2	Henbury
Participant 5	42	Male	PTSD	6	Southmead
Participant 6	37	Female	Addiction, PTSD, eating disorder, social isolation, depression, anxiety	10	Henbury
Participant 7	49	Female	Depression, anxiety, lack of confidence	12	Henbury
Participant 8	59	Female	Depression, social isolation, lack of confidence, financial worries, family worries	15	Henbury
Participant 9	61	Male	Depression, social isolation, anger problems	15	Southmead
Participant 10	44	Female	Bereavement	4	Southmead
Participant 11	54	Female	Health anxiety, social isolation, financial worries	2	Brentry
Participant 12	65	Female	Depression, social isolation, stressful family relationships	15	Southmead
Participant 13	78	Female	Past member of Lake	5	N/K
Participant 14	42	Female	Weight problems, lack of motivation	2	N/K

Participant experiences of participation in the Lake Wellbeing Group (Objective 2)

This section refers to Objective 2 of the evaluation:

To gain an indication of how the project is viewed by participants and its impact

The charts below show the breakdown of how participants felt that attending the group impacted on their physical, mental and social health.



100% of respondents felt that attending the Lake Wellbeing Group helped with their physical health, which is really encouraging as some clients were a little wary of participating due to their complex health needs and long term conditions.

One of the key benefits to participants' physical health was engaging in exercise. The group of people who accessed the lake sessions were predominantly sedentary – mainly as a result of their anxiety of going to different places and their long-term physical health conditions, such as chronic pain. One participant noted that she felt able to swim without pain, feeling like the water was 'holding' her and another that the cold water in particular helped her tendonitis.

It is worth noting that swimming outdoors burns more calories than swimming in an indoor pool as it makes you work every single muscle whilst your body is also trying to keep you warm. Heart and lung function, muscle toning and endurance are all improved by regular outdoor swimming. In addition, the heart reacts to extremes of temperature by pumping more blood to organs – improving circulation and flushing away impurities. One participant notes this feeling by noting *"when you got out it's almost like you felt cleansed"*.

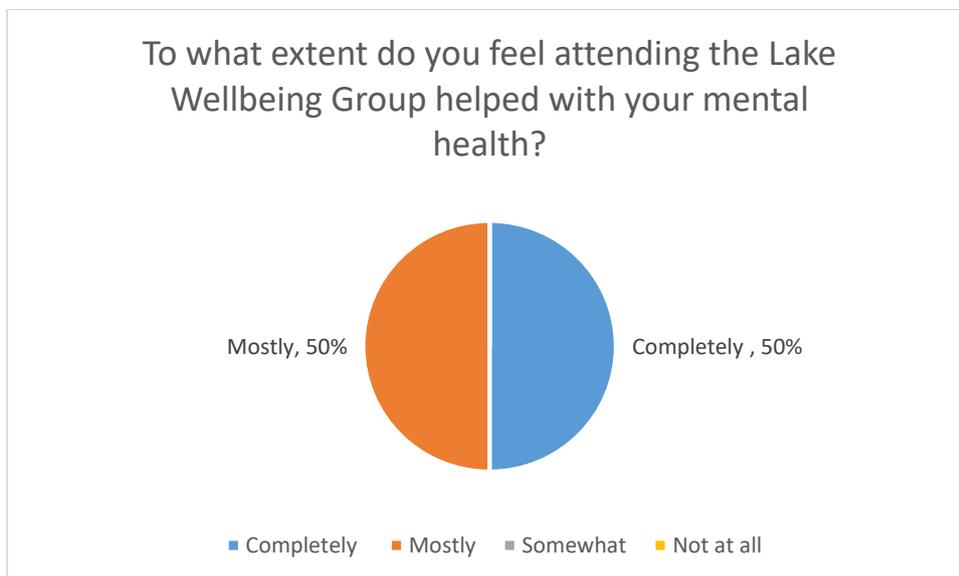
A 2000 study from Prague scientists⁷ found that cold water immersion boosts dopamine levels by 530%. This neurotransmitter is key to our experience of pleasure. In addition, cold water stress has been linked to an increase in both the "happy hormone" serotonin and beta-endorphins⁸ – a

⁷ Shramek, P., Simeckova, M., Jansky, L., Savlikova, J., Vybiral, S. (2000) Human physiological responses to immersion into water of different temperatures <https://www.ncbi.nlm.nih.gov/pubmed/10751106>

⁸ Shevchuk, N, (2007) Possible use of repeated cold stress for reducing fatigue in chronic fatigue syndrome: a hypothesis <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2164952/>

chemical with a morphine-like effect that's central to pain management. In a key study on the impact of cold water immersion⁹, molecular biologist Nikolai Shevchuk states that 'the immediate mood-lifting effect of immersion in cold water is probably a result of the stimulation of these dopaminergic pathways'. He notes that 'there is a lot of wellness research linking these brain areas to depression.'

The study by Prague scientists also revealed that regular open water swimming can boost your immune system. When you jump into cold water, this acts as a shock to your body. In response to this shock, your immune system produces more white blood cells to counteract the attack. The subjects of the study were asked to bathe in cold water three times per week, and the change to their immune systems were studied. As well as finding an increased white blood cell count, the scientists discovered that other immune functions were improved by the cold water. In addition, breathing and heart rates increased when subjects experienced stress, however the rate of increase can be cut in half using short periods of immersion in cold water.



100% of respondents felt that attending the Henleaze Lake Wellbeing Group helped with their mental health completely or mostly. The majority of responses related to having time to relax in nature:

'Being out in the open air has been really beneficial. The physical contact with earth and lake water is amazing.' (Participant 7)

'It's so relaxing and it's just like a little bit of paradise there. Living in the city, when you went there it was... I don't know how to explain it, it was a little bit of paradise. The lake was lovely, it was very peaceful there, the group of people were really lovely, so it just yeh, it was just a nice experience each week.' (Participant 1)

The way in which attending the lake sessions enabled people to break from their usual routines and negative, chaotic thought patterns was also highlighted by participants:

⁹ Shevchuk, NA. (2007) Adapted cold shower as a potential treatment for depression <https://www.ncbi.nlm.nih.gov/pubmed/17993252>

'It gives me time to slow down.' (Participant 6)

'It gave me something to look forward to which is hard when you're really depressed. And because I felt it was so amazing and I really loved to do it, you knew you were going to have that little bit of happiness in that week, so it was nice.' (Participant 1)

'It's helped with my mental health immensely. It's been a light [in the darkness of depression] more than words can say.' (Participant 7)

As noted above, open water swimming is believed to reduce stress levels. Cold water also stimulates the parasympathetic system, which helps your body rest and repair itself and open water swimming is associated with the release of the neurotransmitters dopamine and serotonin. Low levels of dopamine and serotonin are found in people with depression, whereas higher levels help to keep you in a good mood.

This was highlighted by a participant who struggled with managing his anger prior to attending the sessions:

'Only good comments. Best thing to ever happen. Anybody like me feeling down all the time and waiting for someone to say something nasty to me, it gets it right out your head like. Yeh, it just relaxes you. Brilliant.' (Participant 9)



Many participants noted that attending the Lake Wellbeing Group enabled them to expand their social circles:

'I have interacted with people who would have never crossed my path otherwise.' (Participant 7)

'It was a good group, it was nice there were different people in the group. It worked well in the respect that I've made friends with people like [name of lake participant] and [name of lake participant] – I wouldn't have met them otherwise.' (Participant 1)

It must also be noted that the vast majority of those who attended the Lake Wellbeing Group didn't have any social circle at all prior to attending – mainly as a result of their physical and mental health struggles.

'It's the only time I meet or talk to other people. I spend the rest of the time on my own.' (Participant 9)

'I am slowly getting better at socialising.' (Participant 6)

All participants noted that there had been changes in their lives as a result of attending the lake group – the majority of which were in relation to mood, resilience and stress levels:

'I feel I'm getting happier. I'm always happy when I'm at the lake.' (Participant 9)

'Coming to the lake has really benefitted me. In general my health has improved. My anxiety and stress levels have reduced. I have engaged with the group and met some nice people and made friends. I have enjoyed the structure.' (Participant 12)

Box 1: The power of the Lake Wellbeing Group – A participant's perspective

"Oh, I loved it. Absolutely loved it. Shame we couldn't go more often. And [name of lake participant] felt that same as well. We were the ones that mainly got in, and would swim for ages. And lots of people enjoyed the sauna as well...It was so nice to chat to people that are not in your circle, and listening to their experiences... Like, [name of lake participant] was a traveller and it's something I wanna do, you know, so she's told me all about these different things and different stories, and I wouldn't have had that if I hadn't come to the group.

It actually brings tears to me. You have widened my circle. I'm so, so lonely – I've been single for 6 years and you feel trapped. When you suffer with depression it's so hard to get out. And when you have to initiate doing something, you don't. You just don't do it. Whereas if someone says, right, you can do this... to start with it's scary, it's like 'oh my god I don't think I can do that', but when you go in, everybody else has the same kind of issues as you, and I think because they've got issues you relate better, because they sort of understand where you're coming from. I back away from things because I feel like I'm going to fail, but here, everybody's feeling it, so it doesn't matter and if you have a bad day or you burst into tears, it doesn't matter. You're not being judged, and that's what I really like about it – that people aren't judging you because we all know that we are all having struggles. And if you don't come to groups like this you wouldn't know that.

So I'm really grateful to you and to Henleaze Lake. I can't wait for it to start again. I'd have gone in the winter. But, that's it, we won't get on that list, you know, and I knew that before. Southmeaders...it's like, Henleaze Lake? You've got no chance. So to have that experience, we were all like 'yeah!' because it's something we may never be able to do. It's very exclusive. It's a nice opportunity that we wouldn't have ever got, and you'll remember that for life I think as well. It's something you can say to your children - 'oh I went swimming in there'."

Staff and key stakeholder perceptions of the group (Objective 3)

This section addresses Objective 3 of the evaluation:

To gain an indication of how the project is viewed by staff and key stakeholders.

The overall view of the Henleaze Lake Group was positive. It was considered by staff and key stakeholders to be a highly beneficial and well-run project, which had a positive impact on participants' physical, mental and social wellbeing.

Something that was seen as essential to the success of the Lake Wellbeing Group, and which would need to be considered for similar future groups, is the time taken to ensure that the project was well planned and that strong relationships were built early on:

'The organisers were professional and experienced within their field of Social Prescribing, something that I hadn't come across before. Every session was planned and a list of those attending was provided ahead of time so that visiting the Lake was a positive and beneficial experience for the attendees and that they would always feel welcomed.' (Key Stakeholder)

The importance of ensuring 2 facilitator were present at each session (due to the complex needs of those who were referred) and that clear ground rules were set early on (and repeated each week) was also highlighted.

'I would advise to make sure there are enough facilitators per number of clients as this is something that felt necessary throughout the season. Set ground rules with the group and back them up when needed, particularly around communication so members understand how their words may affect others.' (Project Staff)

It was also clear through interviewing key stakeholders and staff that the number of participants who fully embraced the swimming aspect of the Lake Wellbeing Group was surprising. The team had taken great care to ensure that all who attended the sessions felt comfortable – whether they felt able to swim or not. This included the lake's Deputy General Manager ensuring that a secluded part of the site was set aside each week for the group. However it wasn't long before the group felt comfortable to move around the site and become fully immersed in the lake experience:

'From my side in that I 'presumed' that they would want to stay within a certain area, and didn't think many would swim, but in fact the opposite happened with the group natural finding their own space and many took advantage of swimming.' (Key Stakeholder)

Indeed, the uptake of the swimming in particular and its clear benefits led the facilitator to reflect that, should future sessions be run, the spaces in the group should perhaps be reserved for those who are keen/able to swim.

'In my opinion, I would prioritise identifying clients who can make maximum use of the facilities i.e. ones that are able and keen to swim seeing as there is such a huge benefit from cold water swimming to be capitalised upon.' (Project Staff)

This would also enable the group to take full advantage of the kind offer for members to be 'swim buddies' for the group:

'There were some lake members who kindly offered to be swim buddies for our clients which I think is a great idea. Unfortunately there was no apparent need for this as our members were either 100% keen to jump in the lake or couldn't swim at all.' (Project Staff)

We did not make the group exclusive to those willing/able to swim as in the planning stages, and through discussion with clients, it was felt that it was unlikely that many would feel comfortable swimming. Despite not all swimming it is clear however that all those who attended benefitted in some way from just being in the lake environment:

'Many of our clients who are referred into this group are vulnerable, suffering with mental health problems or other health or social problems. For these people at this stage in their lives, the impact of being at the Henleaze lake group is enormous. It improves dramatically the very fabric of their lives for the time they are there. People have developed friendships from the group and said that the benefits of going for a swim outside and being at the lake have sometimes lasted most of the week and improved their mood until they can look forward to the next session. I think because the lake environment is, for many, so contrasting to their day to day environments, the impact of spending time there is more significant.'
(Project Staff)

Therefore, although the swimming itself is beneficial, it is important not to discount the benefits that all who attended gained from the experience – whether they swam or not.

Project staff and key stakeholders all expressed a strong desire for the group to take place again at the lake, in addition to citing it as mutually beneficial:

'This is an excellent and worthwhile project which benefits the participants but also the host.'
(Key Stakeholder)

'The sessions should definitely take place again. The lake group provides so much for people referred to us by their GP with genuine health needs. It has proved to be a success and if it works for all stakeholders with relative ease, why not!?' (Project Staff)

Associations between the service participation and client outcomes (Objective 4)

This section addresses Objective 4 of the evaluation:

To assess the impact of attending the group on clients' physical and mental wellbeing

The client questionnaire used two scales to measure wellbeing: the Short Warwick-Edinburgh Mental Well-being scale (SWEMWBS) and the ONS Wellbeing Scale. These scales were developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

At baseline the mean score for those completing the SWEMWBS was 17.8 which is lower than the UK average 23.6; suggesting that those referred to the Lake Wellbeing Group were likely to report lower rates of wellbeing than the adult population as a whole.

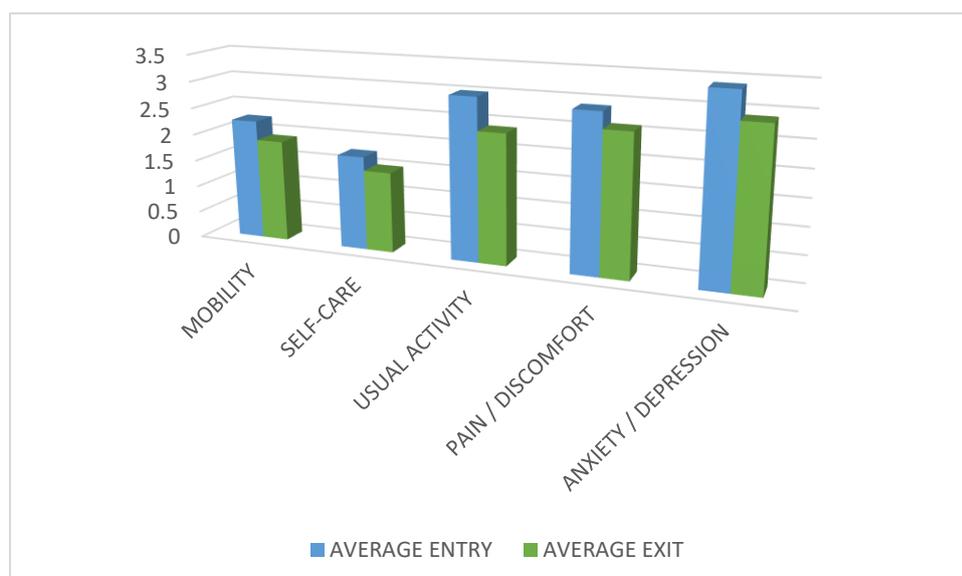
In terms of measuring the impact of attending the Lake Wellbeing Group on physical health, long-term conditions and self-care, we invited participants to complete the EQ-5D-5L scale bi-weekly. This invites respondents to self-report on: mobility; self-care; ability to carry out their usual activities; pain/discomfort and anxiety/depression. This is in addition to 'scoring' how good or bad their health is that day (according to them) out of 100 (VAS score), with 100 being the best it could possibly be.

Participants' average scores at their first and last data point collected (along with the change in score) can be seen below:

Entry and Exit EQ-5D-5L

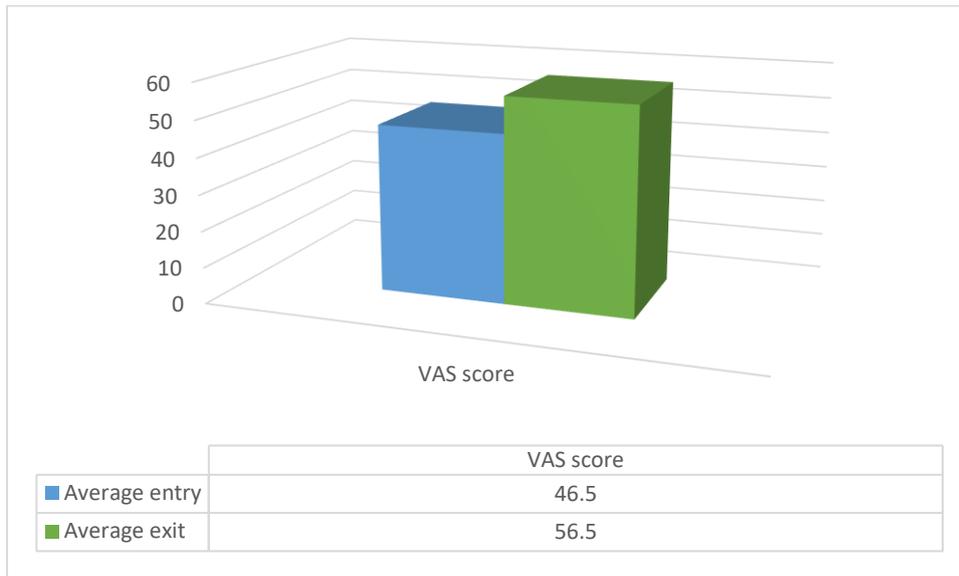
Variable Name	MOBILITY	SELF-CARE	USUAL ACTIVITY	PAIN / DISCOMFORT	ANXIETY / DEPRESSION	VAS score
Variable Description	1 = no problems 2 = slight problems 3 = moderate problems 4 = severe problems 5 = unable to	1= no problems 2 = slight problems 3 = moderate problems 4 = severe problems 5 = unable to	1= no problems 2 = slight problems 3 = moderate problems 4 = severe problems 5 = unable to	1= no pain/discomfort 2 = slight pain/discomfort 3 = moderate pain/discomfort 4 = severe pain/discomfort 5 = extreme pain/discomfort	1= not anxious/depressed 2 = slightly anxious/depressed 3 = moderately anxious/depressed 4 = severely anxious/depressed 5 = extremely anxious/depressed	100 = best health, 0 = worst health
AVERAGE ENTRY	2.25	1.75	3	2.9	3.4	46.5
AVERAGE EXIT	1.9	1.5	2.4	2.6	2.9	56.5
AVERAGE CHANGE	-0.35	-0.25	-0.6	-0.3	-0.5	10

These results indicate that attending the sessions contributed to a positive change in participants' mobility, ability to self-care, ability to participate in normal activities and feelings of pain/discomfort.



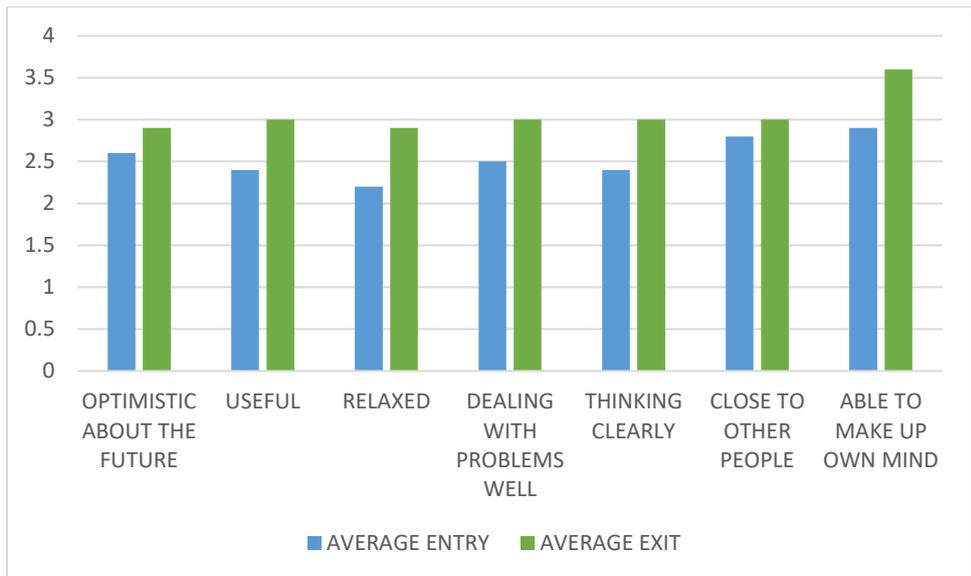
The large change in participants' VAS score (whereby they were asked to rate their overall health that day out of 100) is particularly encouraging, suggesting that the positive impact on the sessions

had a much more noticeable holistic effect on participants rather than just having an impact on particular parts of their health.



Entry and Exit Short Warwick-Edinburgh Mental Wellbeing Scale

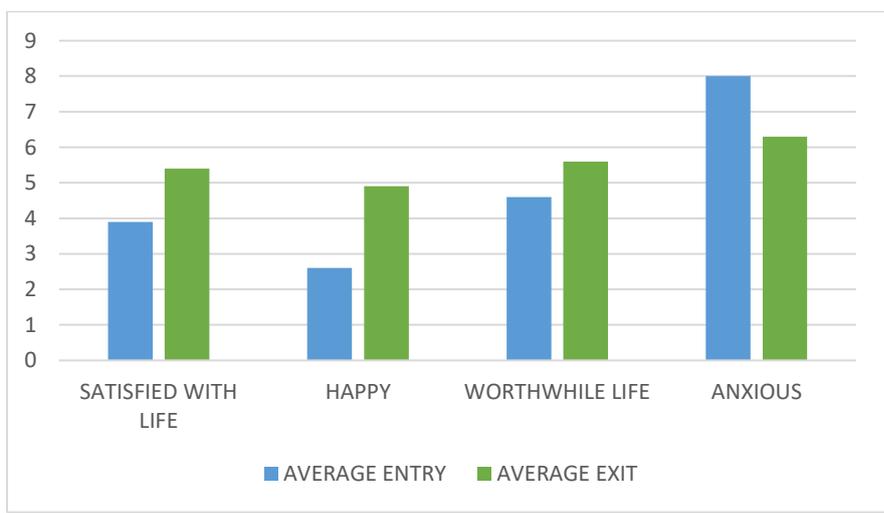
Variable Name	OPTIMISTIC ABOUT THE FUTURE	USEFUL	RELAXED	DEALING WITH PROBLEMS WELL	THINKING CLEARLY	CLOSE TO OTHER PEOPLE	ABLE TO MAKE UP OWN MIND	TOTAL
Variable Description	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	1 = none of the time 2 = rarely 3 = some of the time 4 = often 5 = all of the time	
AVERAGE ENTRY	2.6	2.4	2.2	2.5	2.4	2.8	2.9	17.8
AVERAGE EXIT	2.9	3	2.9	3	3	3	3.6	21
AVERAGE CHANGE	0.3	0.6	0.7	0.5	0.6	0.2	0.7	3.2



The results of participants' SWEMWBS scores are equally encouraging – noting a positive change in all aspects of participants' wellbeing. Examining the ONS Wellbeing scores, we see a similar change:

Entry and Exit ONS Wellbeing Scale

Variable Name	SATISFIED WITH LIFE	HAPPY	WORTHWHILE LIFE	ANXIOUS
Variable Description	0 = not satisfied at all 10 = completely satisfied	0 = not at all 10 = completely	0 = not at all worthwhile 10 = completely worthwhile	0 = not at all 10 = completely anxious
AVERAGE ENTRY	3.9	2.6	4.6	8
AVERAGE EXIT	5.4	4.9	5.6	6.3
AVERAGE CHANGE	1.5	2.3	1	-1.7



This data correlates strongly with the qualitative data collected around participants' experiences of the Lake Wellbeing Group. When looking back at the themes that emerged from the thematic analysis of participant questionnaires and interviews, we can see that the main themes

Difference in outcomes between swimmers and non-swimmers

There was no statistically significant difference between the improvements in wellbeing scores of those who swam and those who did not – potentially not aided by the small sample size (n=14). However what is interesting is that the EQ-5D-5L VAS score (which measures self-reported health) increased far more for those who swam than for those who did not (an average increase of 7.3 compared to an average increase of 15). This correlates with the larger studies identified throughout this report. Again, the small sample size means that this has less significance, but it must not be discounted.

The fact that participants' wellbeing increased regardless of if they swam or not certainly supports the qualitative data that we collated from all participants – highlighting the benefits of being in nature, having time to relax, being part of a group and having purpose.

Limitations

A few limitations of this evaluation need to be recognised:

- The Lake Wellbeing Sessions were undertaken in the context of our wider social prescribing offer, so it is possible that some changes reported in clients' health and wellbeing could be linked to other interventions.
- Purposive sampling was used for the evaluation to include those who had attended the Lake Wellbeing Sessions frequently and to represent different demographics, so it is possible that those who did not engage with the service would have had different opinions about the project.
- Interviews were conducted by SDT's social prescribing coordinator, which could be seen to have created a positive bias to subsequent analysis and evaluation. We have mitigated this by transposing the interviews and recording all responses as given, with all documentation kept should questions arise.
- The sample size is very small (n=14), so a larger study would be needed to add weight to findings.

Conclusions

The Henleaze Lake Wellbeing Group was an overwhelming success. From our findings, all aspects of the sessions were beneficial to participants, with those who swam experiencing significantly higher increases in their self-reported health than those who didn't swim. All participants saw significant increases in their wellbeing scores – regardless of whether they swam or not. The group has helped to show participants that there are other options out there for managing their health and wellbeing. These options, like the Lake Wellbeing Group, do not need a diagnosis, do not need costly medication and, if individuals are willing to engage in them and take a risk on, can have a profound positive effect on their quality of life.

In November 1782 (at a time when doctors thought cold water immersion was good for your health), the diarist Fanny Burney wrote the following about her 6am sea swim:

‘It was cold but pleasant. I have bathed so often as to lose my dread of the operation which now gives me nothing but animation and vigour.’¹⁰

It seems Fanny’s doctors may have been right. But what this evaluation also shows is that the cold water swimming is just one part of the Henleaze Lake experience. People can experience similar positive changes in their physical and mental health by just being in the natural environment, having a sense of purpose each week, being social with others and trying new things. It is the unique mixture of all of these things that made this project so incredibly valuable.

When conducting a thematic analysis of participants’ questionnaires and interviews, the main themes that emerged were around:

- Being able to connect with nature
- Being able to escape negative thought patterns and stressful life events
- Being able to connect with others
- The ‘cleansing’ effect of the cold water, and its physical impact
- Having a sense of purpose and something to look forward to
- The knock-on effect of attending the group (leading onto attending other groups)

One of the biggest challenges I often find with evaluations is following up with participants to include them in interviews, case studies and questionnaires. However I was really struck by how keen the participants of this group were to share their experiences – participants who struggled with severe social anxiety but who came alive when talking about their time at the lake. It’s wonderful to look at the quantitative data and see the improvements in participants’ scores, but this is only part of the story. To hear first-hand the ways in which individuals have benefited from the group has been truly humbling. Something that comes across more strongly than anything else is the power of community and relationships. Finding people with whom one can talk to, build relationships with and share experiences with is essential for our wellbeing. Life is about relationships and shared experiences, and when this is not an option for people their wellbeing will inevitably be negatively affected.

It soon became evident when conducting interviews for this evaluation was that the value and benefits of the Lake Wellbeing Group couldn’t be attributed to one thing. Yes, there is medical research backing up the benefits of cold water, but simply being in nature, connecting with others, having permission to relax and escape negative thought patterns all came together give participants something to look forward to each week. Something that made getting out of bed seem possible. A community which enabled them to feel a part of something bigger.

Learning and recommendations

Areas of learning to arise from the Henleaze Lake Wellbeing group, and recommendations for future, similar groups are summarised below:

- Include a lead-in time of 2 months to allow for relationship building and recruitment of suitable participants

¹⁰ *The Diary of Fanny Burney*, ed. Lewis Gibbs. Everyman, Dent, 1971

- Promote the group and its specific benefits clearly to GPs and link workers so they can refer suitable clients who are ready to engage and commit to weekly sessions
- Ground rules to be established by group from outset, and repeated at the start of each session
- Ensure that a minimum of 2 facilitators are present at each session
- Explore ways of increasing involvement from members of Henleaze Lake – if not as swim buddies then perhaps they may be able to offer other things (e.g. a lake history session or plant identifications session) to engage the group members who do not swim
- To hold additional sessions each week to increase the sample size for future evaluation of outcomes, to ensure that strong conclusions can be drawn
- Increase project length to enable sufficient time for the group to embed, to be seen as a longer-term option and for evaluation of long-term outcomes.

Appendices

Appendix 1: Outcome forms

Appendix 2: Case studies

Appendix 1: Outcome forms

Short Warwick-Edinburgh Mental Wellbeing Scale

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

ONS Wellbeing Scale

Overall, how satisfied are you with your life nowadays? Where 0 is not satisfied at all and 10 is completely satisfied.

0 1 2 3 4 5 6 7 8 9 10

Overall, how happy did you feel yesterday? Where 0 is not at all and 10 is completely.

0 1 2 3 4 5 6 7 8 9 10

Overall, to what extent do you feel the things you do in your life are worthwhile? Where 0 is not at all worthwhile and 10 is completely worthwhile.

0 1 2 3 4 5 6 7 8 9 10

Overall, how anxious did you feel yesterday? Where 0 is not at all and 10 is completely anxious.

0 1 2 3 4 5 6 7 8 9 10

EQ-5D-5L

<p>Under each heading, please tick the ONE box that best describes your health TODAY.</p> <p>MOBILITY</p> <p>I have no problems in walking about <input type="checkbox"/></p> <p>I have slight problems in walking about <input type="checkbox"/></p> <p>I have moderate problems in walking about <input type="checkbox"/></p> <p>I have severe problems in walking about <input type="checkbox"/></p> <p>I am unable to walk about <input type="checkbox"/></p> <p>SELF-CARE</p> <p>I have no problems washing or dressing myself <input type="checkbox"/></p> <p>I have slight problems washing or dressing myself <input type="checkbox"/></p> <p>I have moderate problems washing or dressing myself <input type="checkbox"/></p> <p>I have severe problems washing or dressing myself <input type="checkbox"/></p> <p>I am unable to wash or dress myself <input type="checkbox"/></p> <p>USUAL ACTIVITIES (e.g., work, study, housework, family or leisure activities)</p> <p>I have no problems doing my usual activities <input type="checkbox"/></p> <p>I have slight problems doing my usual activities <input type="checkbox"/></p> <p>I have moderate problems doing my usual activities <input type="checkbox"/></p> <p>I have severe problems doing my usual activities <input type="checkbox"/></p> <p>I am unable to do my usual activities <input type="checkbox"/></p> <p>PAIN/DISCOMFORT</p> <p>I have no pain or discomfort <input type="checkbox"/></p> <p>I have slight pain or discomfort <input type="checkbox"/></p> <p>I have moderate pain or discomfort <input type="checkbox"/></p> <p>I have severe pain or discomfort <input type="checkbox"/></p> <p>I have extreme pain or discomfort <input type="checkbox"/></p> <p>ANXIETY/DEPRESSION</p> <p>I am not anxious or depressed <input type="checkbox"/></p> <p>I am slightly anxious or depressed <input type="checkbox"/></p> <p>I am moderately anxious or depressed <input type="checkbox"/></p> <p>I am very anxious or depressed <input type="checkbox"/></p> <p>I am extremely anxious or depressed <input type="checkbox"/></p>	<p>The best health you can imagine</p> <p>1. We like to know how is your health today.</p> <p>2. This scale is marked from 0 to 100.</p> <p>3. 100 means the best health you can imagine. 0 means the worst health you can imagine.</p> <p>4. Mark an X on the scale to indicate how is your health today.</p> <p>5. Now, please note the number you marked on the scale in the box below.</p> <p style="text-align: center;">Your Health Today = <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: right;">100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0 The worst health you can imagine</p>
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Appendix 2: Case studies

These case studies show how the Lake Wellbeing Group fitted into clients' social prescribing journey.

Participant 1

Since being referred to our social prescribing service, participant 1 has made significant changes in her life by joining groups and activities and beginning longer-term counselling.

Participant 1 came to her initial 1:1 session having just had gastric bypass surgery, hoping the resulting weight loss would rebuild her self-esteem, but struggling with how she was feeling since the operation. She described being a single parent and feeling extremely lonely.

Participant 1 described wanting some purpose in life, and the Link Worker helped her identify the things she enjoys or has enjoyed in the past, including a strong creative streak and desire to help others. Participant 1 also wanted to start exercising again, as she had stopped several years ago after the accident. Jane enrolled at a local gym, under the exercise on referral programme, where she bumped into an old acquaintance who has become her 'gym buddy' as they encourage each other to exercise regularly.

Participant 1 joined the Lake Wellbeing Group sessions, and loved the freedom swimming gives her from back pain, and the tranquil setting of the site. She enjoyed socialising with the group and has arranged to attend a sewing course with another group member. The other participant was nervous of attending the sewing group by herself as it is in the evening, and participant 1 encouraged her by arranging to go together.

Following a building of confidence through the Lake Wellbeing Group, the Link Worker helped participant 1 to investigate volunteering opportunities that she could manage with her limited mobility, and participant 1 has contacted a local elderly buddying/home support organisation with whom she hopes to volunteer.

The link worker supported participant 1 to fill in a PIP reassessment form, and to subsequently contact DWP to check its status, as participant 1 was very fearful of the assessment process. After several sessions participant 1 described how helpful she found having someone to discuss her difficulties, and they reconsidered the idea of counselling. Participant 1 agreed she would like to try it, and the Link Worker referred her to a local low-cost counselling service. After benefiting from the group environment of the Lake Wellbeing Group, participant 1 also joined the Wellbeing Arts sessions at the Greenway Centre, and is really enjoying these sessions.

Following on from meeting people at the Lake, participant 1 has joined the Pilates group and a peer-support group at Greenway, and is attending a weekly soup club. She now also regularly attends a church social group and has gone on a couple of residential trips where she gained a lot of social support.

Participant 9

Participant 9 initially found it difficult to engage with the social prescribing service. The link worker phoned and left messages several times before the participant answered, saying it was unusual for him to answer as he wasn't speaking to anyone at the moment. Participant 9 described feeling very stuck and low, and unable to motivate himself, however after the phone call with the link worker he agreed to meet at the Greenway Centre for a 1-1.

At participant 9's first session he described feeling very depressed (and suicidal during the winter months). He described anger issues and debt problems, for which he'd had several spells in prison. He wasn't sleeping well due to a noisy neighbour, was unhappy with the state of his flat, and mentioned that bad things had happened to him as a child but that he couldn't talk about them. He also had a recent diagnosis of diabetes which scared him as a family member lost limbs due to diabetes.

With the link worker's encouragement, participant 9 considered the things he was appreciative of in life: his dogs, being outdoors, and his skill at darts playing. He was very keen to get out of his flat, and agreed to try the weekly gardening group, and attend a community cooking workshop. C He attended these and really enjoyed the gardening group, committing to weekly attendance and building a good relationship with the facilitator and helping her at other gardening projects in the area.

In further sessions the link worker supported participant 9 to address the practical issues of his debt and housing, alongside establishing more social activities. The link worker helped him to apply for a charity grant for household refurbishment (new flooring, bed, cooker); fill in forms to have an OT assessment for bathroom adaptations; engage with a financial advice agency to make a Debt Relief Order; and organise his utility and household bills so that he makes regular, manageable payments. The link worker gradually encouraged participant 9 to make phone calls himself (initially he was worried about becoming angry/abusive with call-staff, his reaction when stressed) through practicing anxiety management skills. The link worker was also able to provide food bank vouchers when his finances were tight.

Participant 9 was keen to do more outdoor activities, and joined the supported Lake Wellbeing Group run by Healthy Alternatives. There he met a local fisherman who encouraged him to get a license, and offered to share kit and advice with him. Participant 9 expressed how encouraged and grateful he felt for the kindness and welcome of the people he met at the activities. Building on these successes the Link Worker encouraged participant 9 to think about volunteering, and he began voluntary work at the Greenway Centre, and has become involved with a local group setting up a new city farm.

As participant 9 became more confident with the link worker, he spoke about the childhood trauma which he saw as the root of his mood problems. Despite stating that he didn't want counselling or support for this, over subsequent sessions he reflected how helpful he found it to 'open up' to someone, and the Link Worker discussed options for ongoing support for him to continue 'opening up'. Participant 9 engaged with a local substance-abuse charity, and is currently on their waiting list for counselling.