

# **Evaluation of a Chill CIC Outdoor swimming course for children aged 11-16**

## **Authors:**

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## **Introduction**

Outdoor swimming is increasingly used by people to improve their well-being, although formal evidence is still emerging. Chill Therapy CIC has been providing sea swimming courses for adults suffering from anxiety and depression since 2020. They have established hubs around the UK and have also participated into research in this area. In 2025 Chill Therapy received a grant from Chimo Trust to deliver courses to young people aged between 11-16. Chimo Trust is a highly engaged grant giving charity investing in sport, nature and art-based interventions to provide mental health support to young people (aged 11-25). This evaluation was undertaken to understand how the service was delivered and experienced in this new context.

## **Aims**

The aim of this service evaluation was to gather feedback from participants (aged 11-16), parents, and teachers to understand experiences of a supervised outdoor swimming course, including perceived benefits, challenges, engagement, and safety considerations, in order to inform future delivery.

## **Method**

**Recruitment:** Chimo Trust was interested in how Chill CIC would be able to recruit for the course. Two methods were employed: Advertising to the existing Chill Therapy database and through its social media channels to recruit from the general public; the second method was to approach local schools directly. All participants needed to be able to swim 50metres and walk half a mile unaided.

**The Chill course:** This is run over 6-8 weeks, with groups of 8-10 people, one hour per week taking place at the same time at the same beach (weather permitting). It is fully insured and there is a risk assessment at each location as well as a dynamic risk assessment carried out before the sessions. There is a Chill coach and a beach lifeguard, (DBS checked and level 2 safeguarding certificate) attached to each group, with a rescue board and tube rescue. While the session in the first week is a warmup on the beach stretching and breath work before a quick dip, the rest of the sessions also include a theory session, dealing with safety in the sea with topics including: Personal risk assessments, ingress and egress points, rip currents, hypothermia, tides, weather forecast, potential benefits of sea swimming and wave formation.

**Feedback and monitoring:** Each participant of the course will have filled in a disclaimer and will have given relevant medical information to ensure safety in the water. Before the start of the course, they will have filled out two self-reported questionnaires for monitoring: Patient Health Questionnaire PHQ-9 (depression) and Generalised Anxiety Disorder GAD-7 (anxiety), and also a life satisfaction question, which asked “overall how satisfied are you with your life nowadays out of 10?” All participants will be asked to fill in these forms post course to see the trend. Participants will also be sent course evaluations. Teachers will be asked to document any perceived changes in their pupils as a result of the course. Feedback was collected anonymously, and no identifiable data were recorded. As a service evaluation, formal research ethics approval was not required.

### Findings:

Findings are presented descriptively and focus on participation, engagement, and feedback on the experience of the course. Questionnaire scores are included to illustrate patterns reported by participants over the duration of the programme.

38 were recruited in total, 5 dropped out and did not take part in the course, 33 attended at least 1 session, 7 attended all sessions run and 17 completed all the questionnaires.

Table 1: Attendance, Mean scores and data completion of the swim groups

	<b>General Public Group</b>	<b>School Group</b>	<b>Overall</b>
<b>Attendance rate (no. sessions attended/total number sessions)</b>	59/121 49%	52/85 61%	111/206 54%
<b>GAD-7</b>			
Mean pre-course	9.3/21	16.1/21	13.1/21
Mean post-course	5.4/21	10.4/21	7.8/21
Observed decrease in score	42%	35%	40%
<b>PHQ-9</b>			
Mean pre-course	10/27	20.1/27	13.7/27
Mean post-course	7.8/27	11/27	8.9/27
Observed decrease in score	22%	45%	35%
<b>Life Satisfaction Question</b>			
Mean pre-course	6.7/10	4.1/10	5.4/10
Mean post-course	7.8/10	6.1/10	7.1/10
Increase in life satisfaction	16%	49%	31%
<b>Data completion ( All 3 questionnaires)</b>	9/16 56%	8/17 47%	17/33 52%

Overall, out of 33 that attended the courses, of the 12 who replied, 5 are carrying on with cold water dipping.

### **Discussion:**

The questionnaires and general feedback collected was to inform local service evaluation and service development and were not intended to assess clinical outcomes or effectiveness. Descriptive analysis of PHQ-9, GAD-7 and life satisfaction scores suggested changes in self-reported wellbeing over the course of the programme. Responses reflected a range of views, with most comments relating to enjoyment, perceived wellbeing, and practical aspects of delivery.

The general public was an easy source for sign-ups. The initial post on social media was shared over 60 times and the email to the Chill database was warmly received; the 20 places were taken within 7 days. The main reason for this is that Chill Therapy CIC has been established for 5 years and is a well-known brand within North Devon. There were also 5 no shows from the beginning of the general public. Feedback from those who withdrew was that the adults were keen but the children were not. The weather was poor and the sea conditions were often rough, some sessions as a result had to be cancelled. Unlike the school group, the parents had to be present, which could have been a reason for the lower turn out.

The school recruitment was a much harder process. Generally, teachers were keen at first, but there were concerns that this would increase their workload. The amount of administrative requirements involved to process this activity was large and transport seemed to be an issue as it came out of their budget. Quite a few local schools were keen and then dropped out. The school that eventually agreed to recruit was initially hesitant to proceed but then were fully onboard by the end. There were zero no shows from the beginning of the school group. This could be explained by the fact that the children were at school and preferred to come (it was voluntary) as they missed classes. An additional factor was the teachers who brought the children, not the parents / guardians.

Many participants in the general public group described the sessions as enjoyable and engaging, using terms such as “relaxing”, “fun”. *“I liked the rush and sense of being alive, I felt invincible...”*

The social aspects of the course were also highlighted, including meeting new people and sharing refreshments at the end of sessions. *“I loved meeting new people and getting out in the morning”*.

Participants reported perceived benefits to mood and wellbeing, including feeling calmer, more alert, or less anxious following sessions. *“I definitely feel less anxious nervous and on edge”*. Breathing techniques taught during the course were reported as particularly helpful, with some participants reporting continued use of these techniques in daily life or during other physical activities. *“I use the box breathing every day to help me calm down, especially when something is annoying me...”* and *“breathing exercises were great”*.

Support from instructors was noted as a positive feature, with participants and parents describing instructors as enthusiastic and supportive. *“The instructors were amazing ...and they were super supporting”*. Parents and teachers commented on the children’s sense of achievement, particularly where initial apprehension about cold water was overcome. *“X struggled getting in the cold but X has made an achievement which is a positive! X always*

*came out of the water smiling” and “It was a very valuable lesson for X to see something through, and benefit as a result”.*

For the school course, teachers noted the children’s keenness to do the course again. Overall, the pupils were very open-minded and willing to have a go at the course. The ones who said they wouldn't still wanted to when their peers were and once they were at the beach. So it did help to always have a member of school staff willing to stay on the beach with the hesitant ones. Teachers also feedback that they noticed the general wellbeing of pupils appeared better by giving them something outside the classroom to be successful at. It also allowed pupils to experience fun, something most of them have forgotten with adolescence. It provided a safe level of challenge for each individual and yet a supportive group experience. It also allowed relationships to form across a huge secondary college and helped the relationship with staff, particularly over a hot chocolate afterwards and sharing a huge sense of achievement together.

Teachers identified that the language, supportive and consistently positive approach used by instructors was different from participants’ usual school experiences and was perceived as beneficial for confidence and self-esteem. Participants appeared proud of their achievements and were keen to share these experiences with peers, which fostered mutual respect. Engagement with teachers and instructors was positive throughout, and the activity provided opportunities for participants to experience outdoor environments that were not routinely accessible to them. Teachers observed increased confidence among some quieter participants, as well as calmer behaviour and greater cooperation following sessions, including willingness to assist after such as with cleaning and moving of equipment. The teachers felt the shared experience appeared to strengthen social bonding within the group.

It was identified for the school group that things that helped included having staff from the school that were confident to get in as well and role model to the pupils. Having senior leadership support made it possible and they agreed to pay for the 2 x minibus required otherwise it wouldn't have happened. The school were keen to make this a rolling programme.

Challenges and areas for improvement focused primarily on the discomfort of feeling “cold”, numbness in feet, and difficulty regulating body temperature after sessions. Where children reported sensory changes, reasonable adjustments were implemented to support participation. The lower level of those carrying on with swimming could be because of the time of year (water and air temperature was getting colder) and also because children were not able to access the sea without their parents. Changing facilities were also highlighted as a challenge, particularly in poor weather conditions. The course is also only open to those who are able bodied and able to swim.

Preferences for location varied, with some participants expressing a dislike for lake swimming compared to the sea – “*Didn't like the lake*”. Practical barriers were also noted, including travel distance and session timing, with some participants indicating a preference for afternoon sessions and a small number of participants reported no perceived change in wellbeing, or that cold water swimming was not an activity they wished to continue, despite completing the course.

One parent provided feedback that “*I think personally the parents should have encouraged their children to attend and then they would have got as much from the course as X did*”. To

improve recruitment, the option of giving more information to parents about the reported benefits and safety will be considered, as some parents were reluctant to allow their children to participate. This may help encourage parents to consider participation and provide the right clothing and footwear where this is possible. Chill CIC were able to provide the buckets and dry robes, as some of the families were unable to afford them.

Separate changing rooms would be helpful as it provides dignity and takes away the worry of changing in front of peers. Suggesting the wearing of T-shirts or providing rash vests over swimwear may also help those worried about body image.

## **Conclusion**

This service evaluation suggests that a supervised outdoor swimming programme was generally acceptable and engaging for participants within this local setting. Most children reported that the activity was enjoyable and valued the opportunity to participate.

Practical challenges included completion of questionnaires, cold temperatures, and adverse weather conditions associated with the time of year. Some children were more reticent in changing and wearing just swimwear.

While the findings cannot be interpreted as evidence of clinical effectiveness, descriptive outcomes and participant feedback indicate perceived benefits to wellbeing. The programme may therefore represent a feasible and acceptable approach to supporting young people's wellbeing within the community.

Future delivery may benefit from continued collaboration with schools, provision of appropriate equipment such as changing robes and buckets, and strategies to improve accessibility for children from lower-income families.

## **Recommendations**

- The findings suggest the course should continue, however, a warmer time of year may be more suitable when the sea temperature and the air temperature are higher.
- The protocol of not telling the children the possible benefits of the cold water could be removed. This was initially in place to take the pressure off and focus on having fun, rather than the educational side. However, a lot of the children wanted to learn about the benefits during the course.
- The beach location should be changed to Putsborough Beach where there are changing rooms for males and females and where the sea is generally more protected from the wind.
- The attendance level was better when recruitment took place within the school, however the General Public cohort was still overall successful and should be continued, providing access for more children.
- Swim hats should be given, and access to changing buckets and changing robes should continue.
- Footwear should be researched as a possibility, together with rash guards or equivalent for females. Chill will be looking into providing easily cleaned and disinfected sandals
- Providing reading material to parents on the benefits of this intervention whereby they will be more in favour of their children participating in these courses.
- Chill badges could be handed out at the end to those that completed the course.
- Course not to start before midday due to reluctance to get out of bed
- Playing with equipment (rescue boards tube rescue) + games in warm up.

