



CoedLleol  
SmallWoods

# Connecting Nature and Place through Skills and Training Project, Pembrokeshire

## Final Report

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**Date: February 2025**



**Funded by  
UK Government**

## Executive Summary

The Connecting People, Nature, and Skills Project, delivered by Coed Lleol Small Woods (CLSW) in collaboration with Pembrokeshire Coastal Forum (PCF), ran from December 2023 to February 2025. The project engaged individuals from underserved communities, focusing on those facing mental health challenges, social exclusion, or barriers to employment. Using nature-based interventions in woodlands and coastal spaces, it aimed to improve participants' physical and mental health while enhancing their confidence, skills, and community connection. The key aims were:

- **Health and Wellbeing:** Participants showed improvements in their physical and mental health. Additionally, 52% reported improved health perceptions, and 90% planned to continue engaging with green spaces for their well-being.
- **Skills Development:** Participants gained practical skills with 87 attendances at Agored accredited courses, and 67 attending unaccredited online courses.
- **Community Engagement:** In the post evaluation survey, 88% of participants expressed interest in continued volunteering, and 68% made new social connections, indicating strong community engagement.
- **Sustainability:** The project encouraged long-term engagement, with 90% of participants intending to continue using green spaces. Over 700m<sup>2</sup> of wheelchair accessible pathways were created or maintained on sites for future users.

The programme was delivered through a variety of programmes focusing on woodlands (green) and coastal (blue programme) sessions.

- **Green Programme:** 580 adults participated in woodland activities across 109 sessions, with 54 child-focused sessions involving 349 children and 129 staff.
- **Blue Programme:** 231 adults engaged in water-based activities over 30 sessions.

The project reached a diverse group, with 30% from urban areas and 24% from deprived regions of Wales. Prior to attending the programme over one third of participants has health limitations (38%). Feedback was overwhelmingly positive, with 92% enjoying the programme and 68% forming new social connections, participants gave the project an average 4.96 stars out of 5. Many noted reduced anxiety, increased confidence, and a deeper connection to nature, with interest in further education and volunteering opportunities. Suggestions for improvement included more frequent sessions, flexible scheduling, and expanding to additional locations. Expanding its reach and increasing accessibility will help ensure continued success and broaden its positive effects.

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# 1. Introduction

## 1.1. Connecting People, Nature, and Skills Project

The **Connecting People, Nature, and Skills Project**, running from December 2023 to February 2025, aimed to deliver green skills courses and nature-based wellbeing programmes in Pembrokeshire, focusing on individuals who were furthest from the employment market, including those facing significant disadvantage, isolation, or mental health challenges. The project sought to engage participants with nature, building confidence, fostering green skills, and enhancing overall wellbeing through connection to local woodlands and green spaces.

Key objectives of the project included:

- **Improving Confidence, Skills, and Wellbeing:** Offering outdoor health and wellbeing programmes targeting individuals who are hardest to reach, particularly those experiencing social exclusion. The programmes were designed to build green skills, promote mental and physical health, and help participants reconnect with nature.
- **Providing Training and Volunteering Opportunities:** Increasing green skills and knowledge through accessible training and volunteering.
- **Creating Networks and Infrastructure:** Connecting communities by creating outdoor health and learning networks

The project also incorporated 'green' (woodlands) and 'blue' (swimming, paddleboarding) social prescribing programmes, promoting physical and mental health while fostering a strong sense of community. These programmes further contributed to the overall health and wellbeing of participants. Through a partnership with the Pembrokeshire Outdoor Health Cluster, led by Pembrokeshire Coastal Forum (PCF) and Coed Lleol/Small Woods (CLSW), the project built upon existing relationships with local health providers, social prescribers, and community organisations. These partnerships played a vital role in enhancing the delivery of outdoor health and wellbeing activities and providing measurable benefits to over 80 local people throughout the year.

The project ultimately aimed to create long-term sustainability by improving access to green spaces, fostering community engagement, and developing green skills, all of which contributed to the personal resilience of individuals and the wider community's connection to nature and the environment.

## 1.2. UK Government's Shared Prosperity Fund

The overarching objective of the UK's Shared Prosperity Fund (UKSPF) is Building pride in place and increasing life chances. The UKSPF aims to achieve this through three investment priorities:

- Community & Place.
- Supporting Local Business; and,
- People & Skills (including adult numeracy)

The UK Shared Prosperity Fund (UKSPF) is an initiative aimed at addressing inequalities and supporting local investment with £2.6 billion allocated by March 2025. The Fund focuses on domestic priorities, such as fostering pride in place, delivering high-quality skills training, and promoting pay, employment, and productivity growth to improve life chances nationwide.

The Fund encourages local places to build on their strengths and address specific needs, emphasizing pride in place and improved life opportunities. It complements other funding streams and integrates with mainstream employment and skills programs to enhance impact and streamline delivery. Councils and mayoral authorities in England, Scotland, and Wales will lead the planning and implementation of the Fund's interventions, working collaboratively with local partners and the devolved governments of Scotland and Wales. This approach aimed to ensure targeted investments that lead to visible, tangible improvements in both infrastructure and human capital, giving communities more reasons to take pride in their local areas.

### **1.3. About Coed Lleol/Small Woods**

Coed Lleol/Small Woods was established as Coed Lleol (Small Woods Wales) in 2002, the Welsh branch of the Small Woods Association, an organisation supporting woodland practitioners in sustainable woodland management since 1988 (originally as National Small Woods Association). In 2010, Coed Lleol/Small Woods launched a successful woodland health and wellbeing programme, known as Actif Woods Wales. The programme ran for a decade and established the charity's expertise in social forestry, connecting people with their local woodlands and natural spaces, whilst promoting healthy and sustainably managed woodlands. Since that time, Coed Lleol/Small Woods has expanded to deliver woodland wellbeing sessions in most counties of Wales. At time of writing, Coed Lleol/Small Woods is working on the Isle of Anglesey, and in Conwy, Pembrokeshire, Powys, Swansea, Carmarthenshire, Neath Port Talbot, Blaenau Gwent, and Rhondda Cynon Taff. Small Woods also delivers social forestry work over the border, in Shropshire.

The woodland wellbeing programmes predominantly engage adults and children who live in areas with high health needs, low employment rates and poor access to services. Additionally, it encourages and supports social prescribing by working in partnership with health services and general practice surgeries, which refer people to programmes. Coed Lleol/Small Woods has actively professionalised and promoted social prescribing to outdoor health activities through the development of outdoor health clusters in four areas in Wales: The Dyfi Valley; Pembrokeshire; Gwynedd; and Rhondda Cynon Taff. Coed Lleol/Small Woods also has an established and well-respected training programme for staff, leaders, providers, and health professionals to up-skill and embed wellbeing in nature into their everyday practice.

Coed Lleol/Small Woods aims to protect and develop woodlands for current and future generations by encouraging the use of woodland resources for the long-term health and wellbeing of people and the environment – creating healthy woodlands and healthy people.

## 1.4. Wellbeing in nature and social prescribing

Evidence demonstrates that outdoor, nature-based activity can improve mental health, increase lifespan, and reduce the incidence of chronic disease<sup>1;2;3;4</sup>. Even a view or suggestion of nature via another sense (e.g. hearing birdsong or other natural soundscapes, smelling natural oils secreted by plants) can have potent effects in indoor environments, reducing stress and anxiety and boosting immune function<sup>5;6;7;8</sup>. The health and wellbeing benefits of time spent in – and connection with – nature is an area of research that has gained momentum in recent decades, reinforced by many studies in response to the COVID-19 pandemic.

People who live in greener neighbourhoods, or those close to the sea, report higher positive wellbeing, but only in response to recreational visits<sup>9</sup>. Frequency of visits to green spaces, inland waters and coastal areas has been shown to be associated with higher wellbeing and lower mental distress. During the COVID-19 pandemic, greater greenness within a 250m radius of a person's post code was a good predictor of higher levels of mental wellbeing<sup>10</sup>, suggesting that proximity to nature is an important factor in accessing it. A longitudinal study of 2.3 million adults in Wales showed that greater exposure to green spaces was associated with reduced risk of future common mental health disorders, especially for those living in deprived communities<sup>11</sup>. While further research is needed into the causative pathways for the links between nature and wellbeing<sup>3</sup>, additional health benefits associated with undertaking nature-based activities include statistically significant reductions in diastolic

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<sup>1</sup> Lovell, R., Depledge, M. and Maxwell, S., 2018, Health and the natural environment: A review of evidence, policy, practice and opportunities for the future, Defra Project Code BE0109.

<sup>2</sup> Cervinka, R., Hölte, J., Pirgie, L., Schwab, M., Sudkamp, J., Haluza, D., Arnberger, A., Eder, R. and Ebenberger, M., 2014. Green public Health – Benefits of Woodlands on Human Health and Well-being. [Zur Gesundheitswirkung von Waldlandschaften]. Vienna, Austria: Bundesforschungszentrum für Wald (BFW).

<sup>3</sup> Pretty, J., Peacock, J., Sellens, M. and Griffin, M., 2005. The mental and physical health outcomes of green exercise, *International Journal of Environmental Health Research*, 15 (5) 319-337.

<sup>4</sup> Park, B., Tsunetsugu, Y., Kasetani, T., Kagawa, T and Miyazaki, Y., 2010. The physiological effects of Shinrin-yoku (taking in the forest atmosphere or forest bathing): evidence from field experiments in 24 forests across Japan, *Environmental Health and Preventative Medicine*, 15 (1) 18-26.

<sup>5</sup> Ulrich, R. S., 1984. View through a window may influence recovery from surgery, *Science*, 224, 420-421.

<sup>6</sup> Ratcliffe, E., Gatersleben, B. and Sowden, P. T., 2013. Bird sounds and their contributions to perceived attention restoration and stress recovery, *Journal of Experimental Psychology*, 36, 221-228.

<sup>7</sup> Gould van Praag, C., Garfinkel, S., Sparasci, O., Mees, A., Philippides, A., Ware, M., Ottaviani, C., and Critchley, H., 2017. Mind-wandering and alterations to default mode network connectivity when listening to naturalistic versus artificial sounds, *Scientific Reports*, 7.

<sup>8</sup> Li, Q., Kobayashi, M., Wakayama, Y., Inagaki, H., Katsumata, M., Hirata, Y., and Miyazaki, Y., 2009. Effect of phytoncide from trees on human natural killer cell function, *International Journal of Immunopathology and Pharmacology*, 951–959.

<sup>9</sup> White et al., 2021, Associations between green/blue spaces and mental health across 18 countries, available at: <https://www.nature.com/articles/s41598-021-87675-0>

<sup>10</sup> Robinson et al., 2021, Nature's role in supporting health during the COVID-19 pandemic: a geospatial and socioecological study, available at: <https://www.mdpi.com/1660-4601/18/5/2227>

<sup>11</sup> Geary et al., 2023, Ambient greenness, access to local green spaces, and subsequent mental health: a 10-year longitudinal dynamic panel study of 2.3 million adults in Wales, *The Lancet – Planetary Health*, available at: [https://www.thelancet.com/journals/lanph/article/PIIS2542-5196\(23\)00212-7/fulltext](https://www.thelancet.com/journals/lanph/article/PIIS2542-5196(23)00212-7/fulltext)



blood pressure, salivary cortisol and heart rate, and statistically significant reductions in the incidence of diabetes and cardiovascular mortality<sup>12</sup>.

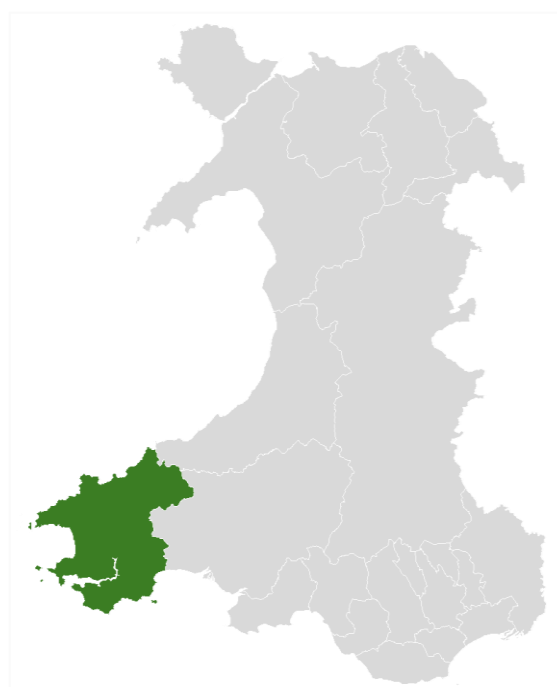
Following a consultation period, where over 1,000 stakeholders were engaged, a National Framework for Social Prescribing was released by Welsh Government in December 2023<sup>13</sup>. In it, social prescribing is defined as being ‘an umbrella term that describes a person-centred approach to connecting people to local community assets. Community assets include community groups, interventions and services which could be delivered online or in person, as well as buildings, land or even a person within a community.’ The intention of social prescribing is to connect people with their community to improve their health and wellbeing.

## 2. Approach

Between December 2023 and February 2025, the UKSPF Pembrokeshire Project, delivered by Coed Lleol Small Woods (CLSW) in collaboration with Pembrokeshire Coastal Forum (PCF), provided a variety of outdoor health and wellbeing programmes aimed at improving both the physical and mental health of local communities. The project incorporated ‘green’ (woodlands) and ‘blue’ (swimming, paddleboarding) social prescribing programmes.

The blue programmes focused on water-based activities to help participants build confidence in and around the ocean, with a total of 30 sessions engaging 231 adults. These included Paddle and Connect with Windswept Water sports (June–July), where participants learned paddleboarding and explored seagrass restoration; Blue Spaces with Blue Horizons (July–August), an adaptive surf school; Wildlife on One Breath with Celtic Deep (September–October), combining freediving and marine biology; and Cold Water Immersion & Beach-Based Wellbeing with Wild swim Wales (October–November), which explored the mental health benefits of cold water immersion.

The green programme, focusing on woodland activities, aimed to build skills, foster a connection with nature, and improve wellbeing. The drop-in sessions engaged 101 adults



*Figure 1 The project ran programmes in Pembrokeshire, between December 2023 and February 2025*

<sup>12</sup> Twohig-Bennett & Jones, 2018, The health benefits of the great outdoors: a systematic review and meta-analysis of greenspace exposure and health outcomes, available at:

<https://www.sciencedirect.com/science/article/pii/S0013935118303323>

<sup>13</sup> Welsh Government, 2023, National framework for social prescribing, available at:

<https://www.gov.wales/sites/default/files/publications/2024-02/national-framework-for-social-prescribing.pdf>

across 33 sessions. The multi-date programmes, running from February to October, reached 329 adults in 45 sessions. Online training courses reached 63 adults and Agored courses on engaged 87 adults. In total, the green programme reached 580 adults across 109 sessions. Additionally, 5 events were held reaching an additional 421 participants.

The green programme also offered family-friendly and school-focused sessions for children. These included 22 family sessions engaging 125 children, and 6 Flying Start sessions, reaching 224 children with an additional 129 teaching and support staff. In total, the project's child-focused activities accounted for 54 sessions, reaching 349 children and an additional 129 staff participants. In total, the project successfully delivered a wide range of both green and blue outdoor wellbeing sessions, with 1710 adult and child participants across Pembrokeshire.

*Table 1 Summary of all adult courses and events, dates, and number of registered adult participants*

Course Name	Number of Sessions	Dates (From - To)	Total number of adult individual attendees over the programme
Drop-in sessions	33	03/05/2024 – 28/08/2024	101
Multi-date programmes	45	23/02/2024 – 14/10/2024	329
5 x 6-week coastal wellbeing programmes with PCF	30	22/6/24 – 26/11/2024	231
Online training courses	12	07/11/2024-13/12/2024	63
Agored courses	14	04/06/2024 – 10/12/2024	87
Stakeholder events	1	08/07/2024	1
Additional events	4	07/08/2024 – 31/08/2024	421
<b>Total Adult Sessions</b>	139		<b>811</b> (1,232 including additional events)
*Note this is total individual adults per course, in some cases some individuals will have participated across multiple programmes			

*Table 2 Summary of all child courses and events, dates, and number of registered child participants*

Course Name	Number of Sessions	Dates (From - To)	Total number of attendees over the programme
Family sessions	22	07/06/2024 – 15/10/2025	125
Flying start sessions	6	23/07/2024 – 08/08/2024	224
Teaching/ support staff	6	23/07/2024 – 08/08/2024	129
<b>Total Child sessions</b>	54		<b>349</b> (and an additional 129 staff)

## 3. Evaluation Methodology

The majority of demographic responses were completed online, using Microsoft forms, however a paper version was also available for those that requested it. Informed consent was collected, as well as a GDPR statement. Where respondents did not want, or could not complete the questionnaire, a member of staff or carer was able to read and gain assent.

### 3.1. Demographics

The adult registration process included the collection of demographic data to ensure a clear understanding of participants' backgrounds. This data captured key details such as gender, age, and ethnicity, alongside information about employment status and socioeconomic circumstances. Additionally, health-related information was gathered to help tailor the program's delivery to meet the specific needs and challenges of participants. This approach ensured that the project could effectively support a diverse range of individuals while enabling accurate monitoring and evaluation of its impact. Only the health questions were required to be completed, other elements such as gender and ethnicity were optional to respond to.

### 3.2. Standardised tools for measuring health and wellbeing.

A pre-and post-survey method was utilised to measure changes in adult participants' physical health and mental wellbeing. Surveys were completed with an online link, on paper or over the phone, during the registration process and upon completion of courses.

The validated measures that were used in the pre-and post-surveys were:

1. the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS<sup>14</sup>), to measure the impact on wellbeing.
2. the EQ-5D-5L health thermometer<sup>15</sup>, to measure self-perceived changes in overall health.

### 3.3. Other measurement tools

A non-validated short measure on nature connection was used to collect pre- and post-course scores, as well as an evaluative questionnaire relating to the Five Ways to Wellbeing. A post-activity survey established the participants' views about the programme and gathered participant ideas on what improvements could be made.

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<sup>14</sup> <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>

<sup>15</sup> <https://euroqol.org/>

## 4. Results

In this section we present results from participants that registered on the courses, in addition, further sections use qualitative measures to describe the impact from participants and volunteers.

### 4.1. Registration, attendance, and referrals

In total non-attendance included 84 adults (n=49 green programme; n=35 blue programme) who registered an interest in the project but could not attend. In total 183 individuals (n=141 green programme; n=42 blue programme) attended one event or more with an average of 5 sessions attended per individual (mean = 4.3 green programme; mean=6 blue programme) and a total of 831 engagements across all adult sessions. In total 36% of participants attended two or more sessions (91% in the blue programme and 19% in the green programme) which includes attending two or more sessions in a multi-day programme. The green programme had a total of 18 referrals from Value independence (VI). The majority of these participants attended regular sessions in Myrtle woods, Pembrokeshire, with two going on to complete Agored courses.

### 4.2. Demographics

#### 4.2.1. Gender, age, ethnicity

The statistics below are given for those who attended at least one session of any adult course (n=183); those who registered but did not attend are not included. The majority of participants were female, making up 68.85% (n=126) of the total, 0.55% identified as non-binary, 30.05% identified as male, and 0.55% preferred not to disclose their gender (Figure 3a). Age of participants ranged from the under 19 category to the 80-89 category. The largest age group was 50-59 (25%, n=46), followed by 40-49 (18.6%, n=34) and 30-39 (14.2%, n=26). Additionally, 1% of participants preferred not to disclose their age (Figure 3b). The majority of participants classed themselves as white British or Welsh (92%) see table 8 for all ethnicities of participants.

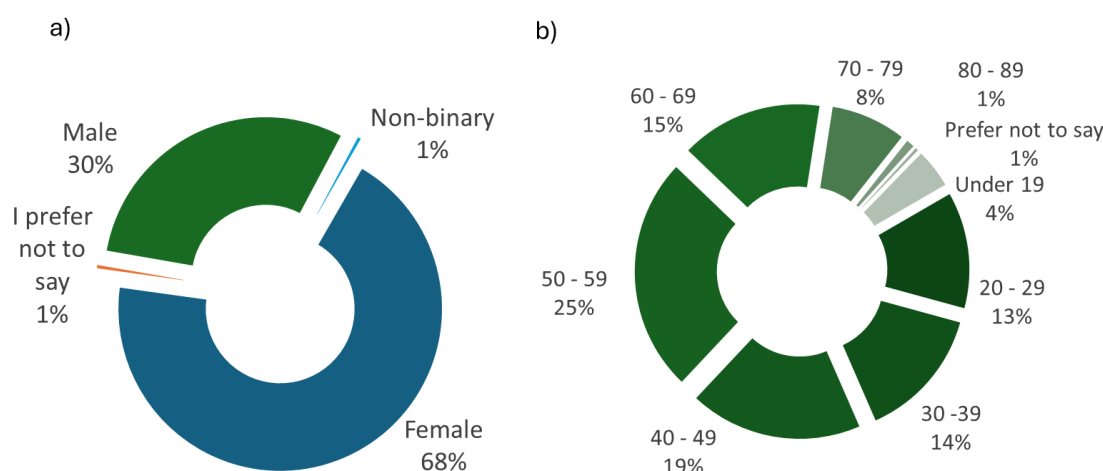


Figure 2 Pie charts showing the a) gender and b) age groups of registered participants.

#### 4.2.2. Socio economics

The statistics below are given for those who attended at least one session of any adult course (n=73); those who registered but did not attend are not included. The majority of participants were in paid employment or self-employed, making up 41.5% (n=76) of the 183 total responses. Additionally, 0.5% (n=1) were disabled and unable to work, 3.3% (n=6) were full-time students, 6.6% (n=12) preferred not to disclose their employment status, 7.1% (n=13) were not in paid employment but looking for work, 20.2% (n=37) were not in paid employment and not looking for work, and 20.2% (n=37) were retired.

In terms of geographic location, 24% of participants (n=44) were from urban areas, while 70% (n=128) were from rural areas. Regarding rural classification, 24% (n=42) were from cities and towns, 1.2% (n=2) were from cities and towns in sparse settings, 21.4% (n=37) were from towns and fringes, 12.8% (n=22) were from rural towns and fringes in sparse settings, 19.2% (n=33) were from rural villages, and 20.9% (n=36) were from rural villages in sparse settings. In terms of deprivation, 43.6% (n=75) were from deprived areas, while 56.4% (n=97) were from non-deprived areas. Of the 172 participants who provided postcodes, the WIMD classification was as follows: 4.1% (n=7) were classified as level 1, 2.3% (n=4) as level 2, 14.5% (n=25) as level 3, 10.5% (n=18) as level 4, 12.2% (n=21) as level 5, 14.5% (n=25) as level 6, 18.6% (n=32) as level 7, 18.6% (n=32) as level 8, 4.1% (n=7) as level 9, and 0.6% (n=1) as level 10.

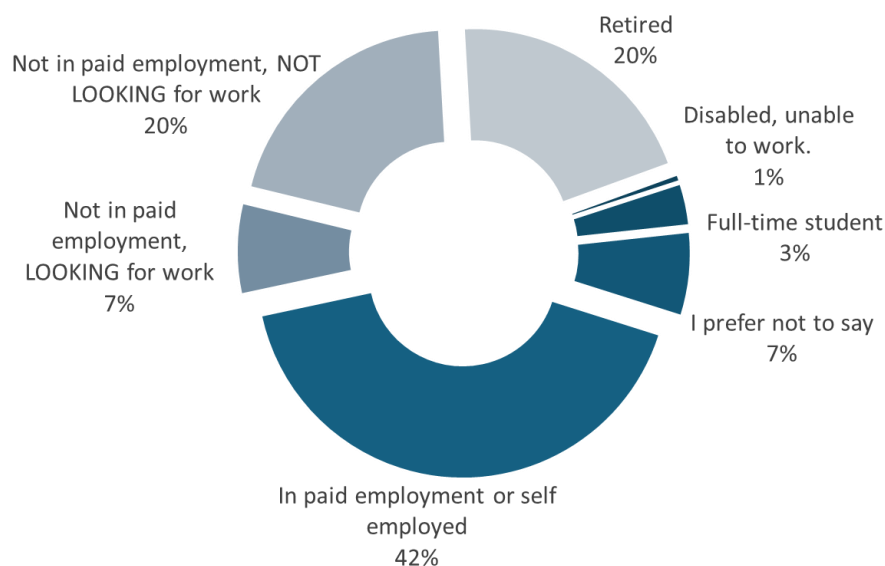


Figure 3 Employment status of registered participants as part of the project.



Figure 4 Showing a) Proportion of participants from both urban (red) and rural areas (green), according to the UK Government Rural Urban Classification system and b) Showing proportion of participants living in the most deprived areas of the UK (red) based on the Welsh Index of Multiple Deprivation.

### 4.2.3. Health and wellbeing

Registrants were asked if their day-to-day activities were limited due to health problems or disabilities expected to last at least 12 months. Of the 183 participants, 56% (n=103) reported that their activities were not limited, while 21.3% (n=39) indicated that their activities were limited a little, 16.4% (n=30) felt their activities were limited a lot, and 6% (n=11) preferred not to answer this question (See Figure 5a).

Regarding health concerns, 46.5% of participants (n=85) listed at least one health issue or concern during registration, with some mentioning multiple issues (See Figure 5b). The most

common concerns included mental health conditions (26.8%, n=49), followed by long-term or chronic conditions such as heart, kidney, or thyroid problems (34.4%, n=63), and neurodiversity (9.8%, n=18). Conditions relating to activity levels, mobility, coordination, and joints affected 3.8% (n=7) of participants, while 4.9% (n=9) experienced airway or fatigue-related conditions such as asthma, long COVID-19, fibromyalgia, breathlessness, and fatigue.

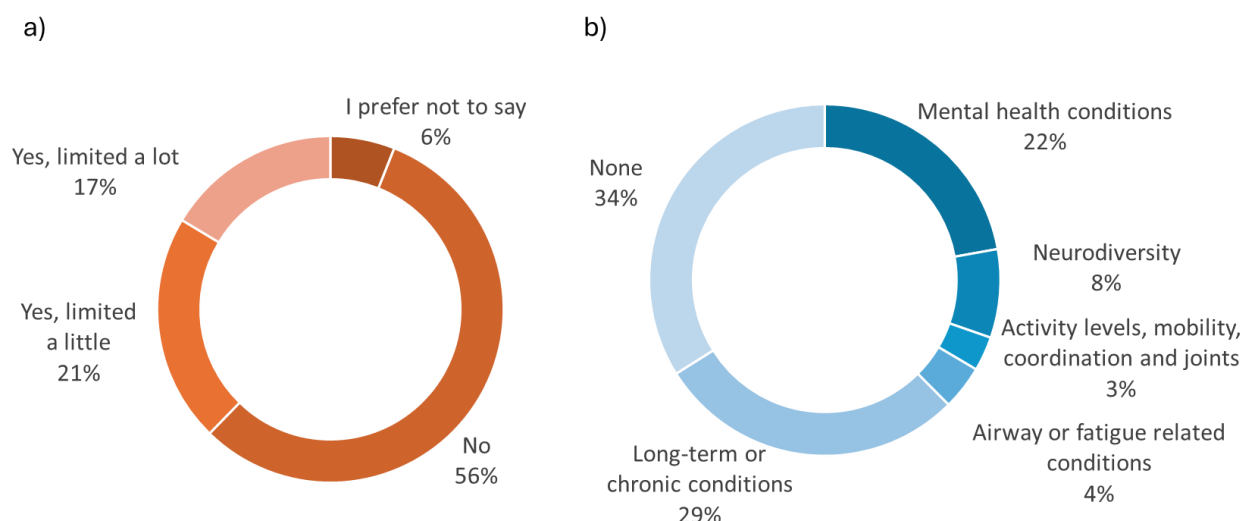


Figure 5 Showing a) How much participants felt their lives were limited because of health concerns, and b) What conditions were their key health concerns.

### 4.3. Evaluation responses

Of the 183 registered participants, 77 (42%) completed both the pre and post questionnaires. The pre and post questionnaires included non-compulsory questions, which resulted in fewer scores that could be compared across the time frames.

#### 4.3.1. Short Warwick Edinburgh Mental Wellbeing Scale (SWEWMS)

Across the group that completed the pre-scores, (n=128), the mean SWEWMS score was 23.9 while across the group the post scores, (n=66), the mean SWEWMS score was 26.8, showing just under an average of greater than a three-point rise in wellbeing, which shows positive change at the group level as a result of the project, but just below significance.

At the individual level of the 53 participants completed all pre and post questionnaires (7 before and 7 after). All questions are required to be answered to give a SWEWMS score at the individual level. We found that 45% (n=24) showed a positive increase in wellbeing, 45% (n=24) showed no change, and only 10% (n=5) stated they had a decrease in wellbeing. We found an average increase of 2.9 points on the SWEWMS score for those individuals the completed both pre and post surveys. See Figure 6 for an illustration of the change in wellbeing scores across the participants.

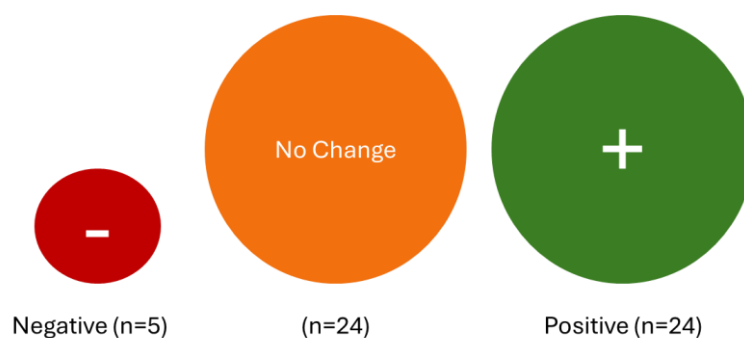


Figure 6 At the individual level, the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWEBS) was used to calculate the reduction or increase in personal wellbeing, based on a sample size of 53 respondents that reported both before and after scores.

#### 4.3.2. EQ-5D-5L Health Thermometer

The Health Thermometer responses were gathered from 54 participants in both the pre- and post- course questionnaire. This allowed for a direct comparison of health perceptions before and after participation in the programme. The analysis of these scores is essential to evaluate the impact of the course on participants' health and well-being.

Notably, 52% of participants reported an improvement in their overall health score after completing the course compared to their initial registration score (See Figure 7). This suggests that many participants felt a positive shift in their health perception after engaging in the course activities. Only 9 participants indicated no change, maintaining the same health score from the beginning to the end of the course and 31% (n=17) indicated a decline. This mixed response underscores the variability in how individuals respond to the course and suggests that while the programme had a generally positive impact on health for many, others may have faced challenges that affected their overall health perception during this time.

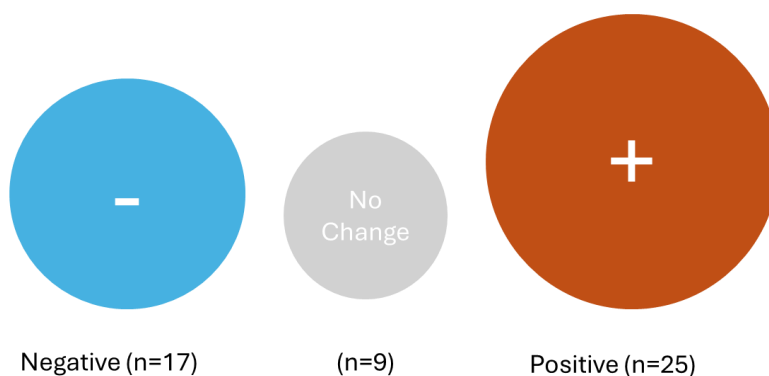


Figure 7 Showing percentage improvements in the Health Thermometer Scores across participants.

#### 4.3.3. Nature Connection

In total 61 responses were collected to the nature connection questionnaire with both a pre and post response from the same participant (See Figure 8 and Table 9). Frequency of registrants visiting woodlands both before the project and after attending a programme.

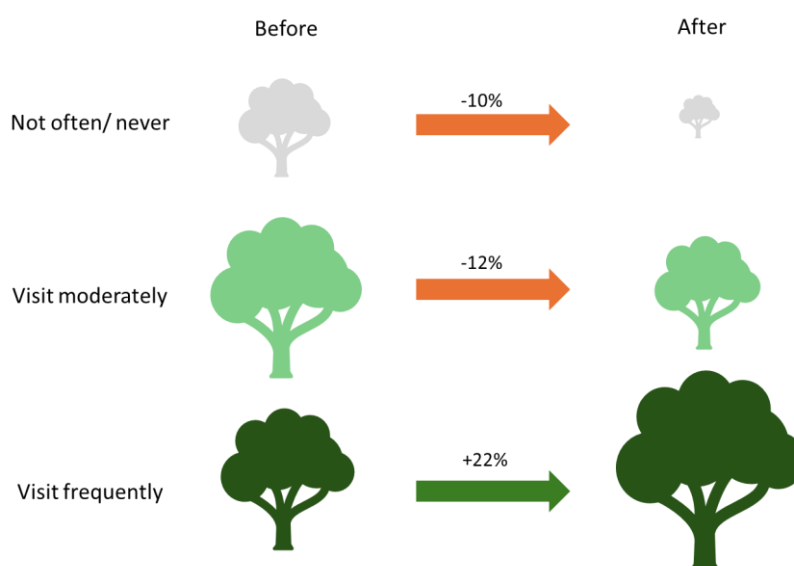


Participants were asked how much contact they had with woodlands before the course, and how much contact afterwards.

There was a significant reduction in those visiting green spaces infrequently, and a large shift in proportion of those who visited regularly which shows a significant change in participants' access to woodlands before and after the intervention. Before the programme, 10% of respondents visited woodlands only 2-3 times a year or less, while 33% visited often (every two weeks to every month), and 57% visited regularly (weekly or more). After the programme, the percentage of participants who visited often or weekly increased, with 79% visiting regularly and none at all visiting infrequently. This highlights a notable improvement in participants' engagement with woodlands following the programmes.

*Table 3 Frequency of registrants visiting woodlands both before the project and after attending a programme*

Frequency of visiting woodlands	Before Project (%)	After Project (%)
Don't go very often (2-3 times a year or less)	10	0
Go often (every two weeks to every month)	33	21
Go all the time (weekly visits or more)	57	79

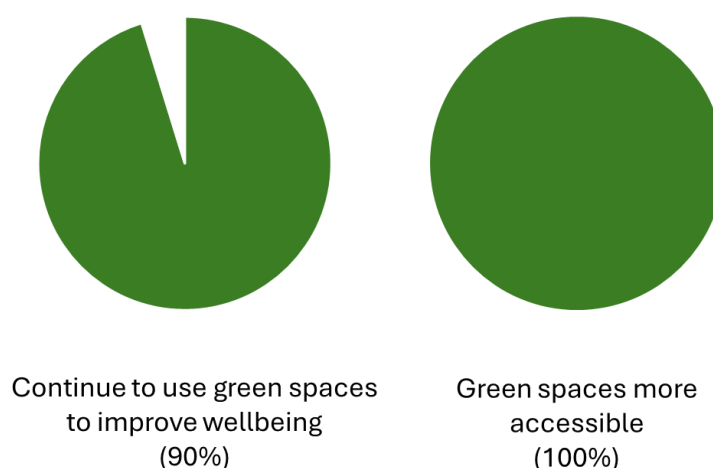


*Figure 8 Showing percentage of participants within the group that visited woodlands at different frequencies both before and after the project.*

Additionally, the post evaluation questionnaire included three further questions about their connection to woodlands.

1. Do you think that you will continue to use woodlands or green spaces to improve your health and well-being in the future?
2. Do you feel that green spaces and woodlands are more accessible to you than they were before you started this programme?
3. Please tell us how the green spaces or woodlands are more accessible to you than they were before?

Most participants (90%) indicated that they plan to continue using woodlands and green spaces to improve their health and well-being in the future (See Figure 9). Additionally, 100% of respondents reported that green spaces and woodlands are more accessible to them than before they started the programme. Fifty-nine participants provided open-text responses, detailing how these spaces have become more accessible, offering insights into their personal experiences and increased engagement with nature.



*Figure 9 Percentage of respondents that felt green spaces were more accessible after the course, and percentage of those continuing to use green spaces to improve wellbeing.*



*Figure 10 Showing quotes from participants in response to Do you think that you will continue to use woodlands or green spaces to improve your health and well-being in the future?*

#### 4.3.4. Five Ways to Wellbeing

The course had a strong positive impact on participants, with 92% (n=23) agreeing that it was enjoyable, and 92% (n=23) also agreeing that it connected them to local nature. Regarding confidence, 56% (n=14) strongly agreed, and 40% (n=10) agreed that the course improved their confidence, while 60% (n=15) strongly agreed, and 32% (n=8) agreed it helped them feel

part of the local community. In terms of social connections, 56% (n=14) agreed, and 40% (n=10) strongly agreed that the course helped them make new friends. For exercise, 36% (n=9) strongly agreed, and 44% (n=11) agreed that it motivated them to be more active, although 20% (n=5) reported no change. Regarding skill-building, 88% (n=22) agreed that they gained new skills, while 40% (n=10) strongly agreed and 24% (n=6) agreed that the course motivated them to volunteer, though 32% (n=8) noted no change. Overall, the course was particularly impactful in terms of enjoyment, connection to nature, skill-building, and confidence, but the effects on social connections, exercise, and volunteering were more mixed, offering areas for future improvement.

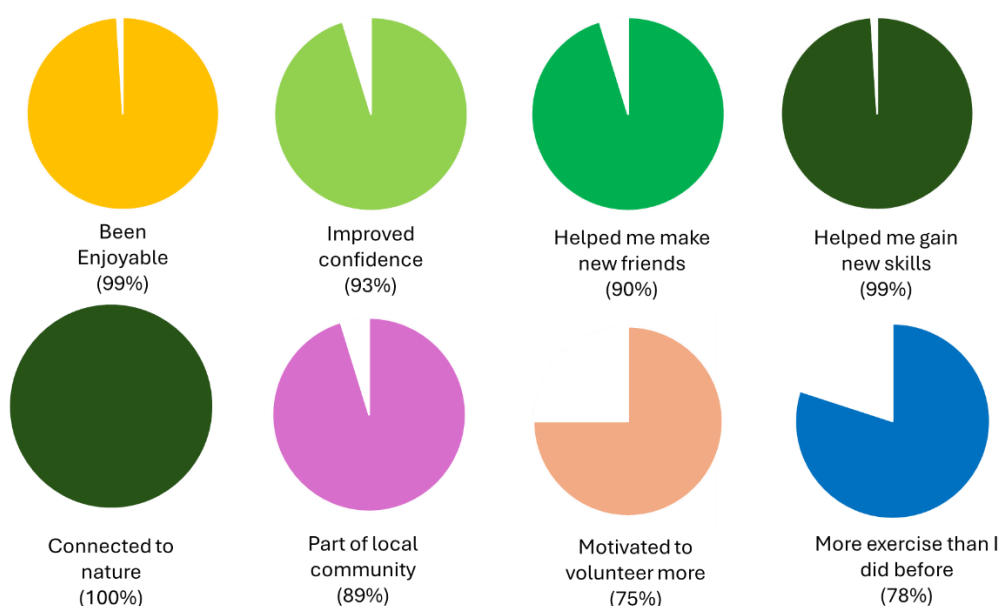


Figure 11 Percentage of responses to the five ways to wellbeing, showing participants that either “Agreed” or “strongly Agreed” to the series of statements about how the course made them feel.

#### 4.4. Post-activity survey

As part of the evaluation form, participants were asked to feedback in five ways:

1. If the project has helped you to gain new life skills or practical skills, how have these skills improved or been used in your everyday life? (think about both practical and life skills)
2. How are you going to use the skills and knowledge you learnt to progress to further learning, courses, volunteering, or employment?
3. Overall, please tell us if, or how, being part of this programme has inspired any changes in yourself (for your physical or your mental well-being, or anything else!)
4. Tell us what we could improve on
5. Overall, how would you rate your Coed Lleol experience? (1 star = poor, 5 stars = excellent)

#### 4.4.1. Life skills

Out of 67 responses, participants shared a range of life and practical skills gained through the both the green and blue sessions within the project, many of which they've integrated into daily life. Skills like fire lighting, foraging, and making herbal products were particularly useful for engaging with nature and improving well-being. Many participants mentioned feeling more connected to their surroundings, with some practicing mindfulness and breathwork to manage stress. The project also fostered a sense of community, with participants building new friendships and gaining confidence in applying their new skills at home. Overall, it had a positive impact on both mental health and practical abilities.



*Figure 12 Quotes from participants on the programme responding to the open-ended question: "If the project has helped you to gain new life skills or practical skills, how have these skills improved or been used in your everyday life?"*

#### 4.4.2. Further development

In 67 responses, participants shared their plans for using the skills and knowledge gained from the project to further their learning, volunteering, or community involvement. Many expressed interest in attending additional courses on woodland activities, foraging, and herbal medicine, with some eager to deepen their understanding of plant properties and sustainable practices. Volunteering and community engagement were also significant themes, with participants planning to join local woodland projects, improve accessibility for people with disabilities, and share their newfound skills with others. Several mentioned using their experiences to improve personal well-being and help others, with some looking to lead outdoor groups or contribute to nature-based initiatives. Overall, the project motivated participants to continue their learning journey, engage with their communities, and pursue new opportunities for personal and professional growth.

"Do more voluntary work to help woodland more accessible access for people with disabilities."

"The skills and knowledge i have learnt are already being used within my part time employment and volunteering that i carry out".

*Figure 123 Quotes from participants in response to the question: "How are you going to use the skills and knowledge you learnt to progress to further learning, courses, volunteering or employment?"*

#### 4.4.3. Inspired changes.

In 67 responses, participants shared how the programme has positively impacted their mental and physical well-being. Many felt more connected to nature, with some experiencing reduced stress and increased relaxation from time spent outdoors. The programme helped build confidence, social connections, and a greater sense of community. Participants also reported improvements in physical health through outdoor activities, like walking and sea swimming, while some expressed a newfound joy in trying new experiences. Many plan to continue exploring nature, volunteering, and engaging in similar activities to support their well-being. Overall, the programme inspired personal growth and motivated participants to make time for their health, connect with others, and explore the outdoors more.

"It really helped me feel great to be in nature. And meet like minded community."

"The sessions have inspired a change in me to be more sociable and take a slower pace giving more time to connect with people and the outdoors."

*Figure 134 Quotes from participants in response to "Overall, please tell us if, or how, being part of this programme has inspired any changes in yourself (for your physical or your mental well-being, or anything else)"*

#### 4.4.4. Delivery improvements

In total, we received 55 responses regarding potential improvements to the programme. Many participants suggested extending the duration of the sessions, with requests for longer courses or more frequent events. Several also proposed that the sessions be held in new

locations, across Pembrokeshire. A few participants asked for more equipment to help complete tasks, while others requested longer sessions to accommodate slower participants. Some recommended that the group sizes be smaller for more personalized experiences. Overall, while feedback was largely positive, these suggestions reflect a strong desire for more sessions and opportunities. In total 74 respondents gave 4.9 / 5 stars.



*Figure 15. Participants gave the programmes an average of 4.9 out of five.*

## 4.5. Agored Feedback

In total, of the 87 participants attending Agored courses, 15 participants provided feedback as part of their Agored Level 1 Nature Health Walk Leader, Introduction to coppice products and Countryside path maintenance. Overall, students showed overwhelmingly positive responses, participants highlighted how the course boosted their confidence to deliver sessions themselves.

"Learned lots about what walkers will expect from a leader".

"[I'm] that its realistic to organise and manage [walks] safely"

*Figure 14. Feedback from Agored courses in Pembrokeshire.*



## 5. Photos



*Figure 15 photos from both the blue and green sessions as part of the Connecting Nature and Place through Skills and Training Project, Pembrokeshire*

## 6. Conclusions

The Connecting People, Nature, and Skills Project, delivered by Coed Lleol Small Woods (CLSW) in collaboration with Pembrokeshire Coastal Forum (PCF), ran from December 2023 to February 2025, engaging individuals from underserved communities, particularly those facing mental health challenges, social exclusion, or employment barriers. The project utilized nature-based interventions in woodlands and coastal spaces, aiming to improve physical and mental health while enhancing participants' confidence, skills, and community connection.

The project successfully achieved its key aims. Participants showed significant improvements in health, with 52% reporting enhanced health perceptions, and 90% intending to continue engaging with green spaces for their wellbeing. In terms of skill development, the project provided 87 attendees with Agored accredited courses and 67 individuals with unaccredited online courses. Community engagement was also a success, with 88% expressing interest in continued volunteering and 68% forming new social connections. The project encouraged long-term sustainability, with 90% of participants planning to continue using green spaces for their wellbeing.

The programme included a combination of blue (coastal) and green (woodland) sessions. The Blue Programme reached 231 adults across 30 water-based sessions, while the Green Programme engaged 580 adults across 109 woodland sessions, along with 349 children and 129 staff in 54 child-focused activities. The project reached a diverse group, with 30% of participants from urban areas and 24% from deprived regions of Wales. Prior to participation, 38% of individuals reported health limitations. Feedback was overwhelmingly positive, with 92% of participants enjoying the programme and 68% forming new social connections. The project received an average rating of 4.96 stars out of 5. Participants reported reduced anxiety, increased confidence, and a stronger connection to nature, with many expressing interests in further education and volunteering opportunities. Suggestions for future improvement included more frequent sessions, flexible scheduling, and expanding to additional locations to further broaden its positive impact.

## 7. Acknowledgements

This project was possible through the PS048 – Coed Lleol 'Connecting People, Nature and Place through skills and training' grant. We would like to acknowledge the schools, volunteers and participants who gave their time to respond to questionnaires so we could evaluate the impact this project has had on their lives.



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