

**All Party Parliamentary Group on Arts, Health and Wellbeing
Practice Example
August 2016**

***Make a Move* presents: Therapeutic movement for mothers with postnatal anxiety
and depression (Previously called 'Moving on Up!')**

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Aim:

To create a sustainable service for enhancing mother's mental wellbeing, particularly in the postnatal period, with infant attachment in mind.

Objectives:

- Explore dance movement for tackling maternal mental wellbeing as a preventive measure for future mental, physical and behavioural health .
- Enable mothers to regain self worth balanced with being responsible parents.
- Keep child wellbeing in mind.
- Create collaborative relationships in learning environments of all participants - practitioners and clients.
- Produce research explanations of our learning and outcomes from delivering, reflecting, improving and evaluating the project.
- Secure funding to develop and deliver free therapeutic movement for optimising maternal mental health, baby attachment and social connectedness.
- Share values underpinning *Make a Move* widely through presentations and publications.

Make a Move delivers three courses concurrently four times a year across B&NES in children centres and community halls. Start up funding from Bath & North East Somerset Council, Sirona care & health Community Interest Company, St Johns Charity led in 2015 to a Big Lottery Grant of £205,000 for three years.

Description of arts activity:

Moving on Up was initially developed collaboratively by Bath and North East Somerset Council's Sport and Active Lifestyles Team, *Make a Move* charity, Sirona health visiting team, Percy crèche services and parents, to tackle mild postnatal depression through movement and exercise. Dual purposes became clear: increase mother's physical activity (thereby influence family physicality) and improve maternal mood (to benefit infant attachment). These interlinked health priorities called for a growth philosophy of pooled expertise and collaborative learning for everyone involved: mothers, infants, practitioners. To this end, 'reflective collaborative enquiry' also means responsiveness to immediate needs of the women and children. Dance movement raises mind and body awareness in their therapeutic process and encourages engagement, creativity and contribution.



All Party Parliamentary Group on Arts, Health and Wellbeing Practice Example

Michelle is an 'instinctively responsive practitioner'¹ who with Sarah, promotes active body listening, attunement and synchronicity using 'transformative properties of music and movement as catalyst for lifelong growth'.

Details of project participants:

Public Health priorities: improving maternal mental health, for influencing mother-infant attachment, sense of security and identity; increasing physical activity in family lives for reduced long term health conditions. The multidisciplinary team works on meeting these agendas.

Health visitors use professional experience or EPDS² to identify mothers of young children experiencing low mood or anxiety.

In 2013 we interviewed participants: <http://www.youtube.com/watch?v=xvGNMrNjJWw> .

The offer widened to any mother of young children health visitors believe could benefit.

Parallel process for the infants, in quality children's groups, model positive nurturing relationships³. A whole family pilot also proved promising.

Project Management:

In 2015, achieving Big Lottery Grant of £205,000 for three years, administration of *Moving on Up* moved to *Make a Move* charity - Free for participants. *Make a Move* uses 'creative movement, music, therapeutic dance and talking in innovative combinations, to encourage healing of mind and body.'

Founder Michelle Rochester, dance movement specialist in educational settings, has 17 years experience customising sessions in schools for less advantaged children. Using her philosophy of a values-based learning organisation, she explores working with whole families, tackling stress in organisations and offers a service for adults with dementia. A Trustees Board (since 2011) oversees five dance movement specialists, therapists, mindfulness practitioner, support team of volunteers.

Dance movement therapist Sarah Haddow is experienced working therapeutically with mothers and babies in hospital settings⁴, researches her practice towards PhD.

Ruth White manages confidential referrals through an honorary contract with Sirona IT Department. Ruth's experience as personal advisor in the Connexions Service, brokering access for young people into specialist services, provides invaluable inclusion skills.

¹ On-going video research enquiry (2014-2016). Unpublished

² Cox, J., Holden, J., & Sagovsky, R. (1987) Detection of Postnatal Depression: Development of the 10 item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 150, pp.782-786.

³ Standard for Children's Centre Groups (2015) B&NES

⁴ Haddow, S (in press) Weaving the Cradle: Embodied Narratives In ed. XXXX *The Power of Moving Bodies: Dyadic and Group Explorations in Perinatal Dance Movement Psychotherapy*



All Party Parliamentary Group on Arts, Health and Wellbeing Practice Example

Ethical concerns about informed consent, information sharing and researching are rigorous as in professional practice ⁵. Collaborative enquiring also demands ethical consideration ⁶.

Health visitor collaboration continues with co-founder Robyn Pound (PhD, www.journalofhealthvisiting.com/cgi-bin) expertise in developmental/evaluative, collaborative self-study. Marie Huxtable ⁷ (PhD) is research director for creating 'living explanations' of practice. Jessica Broderick (B&NES local authority) promotes opportunities for physical activity. Children's groups (crèche) are provided by Children's Centre services.

Evaluation methods and findings:

Evidence-based practice, in a field with little evidence, requires activity, reflection, development and evaluative research ⁷ while 'living and practising-as-enquiry'. We create relationships reflecting purposeful growth across all activities; video-record where ethical considerations permit; and encourage collaborative relationships with mothers appropriate to their recovery.

Our (2013) report <http://s3.spanglefish.com/s/37046/documents/moureport2013.pdf>

We use EPDS ², videoed reflection and in 2014 presented our findings to the International Marcé Society Conference for Perinatal Mental Health ⁸ in the form of a film <https://youtu.be/IMWf8R8MdzE> and workshop. Findings were further tested at practitioner conferences ^{9 10 11 12}.

Our research to understand, improve, evaluate and explain continues <http://www.ejolts.net/node/234>

We created our version (2016) of the Mental Health Star ¹³ for awareness raising pre-course and showing outcomes afterwards.

Lottery second year: improved access for less advantaged women planned.

⁵ Nursing and Midwifery Council (2008) The code: Standards of conduct, performance and ethics for nurses and midwives. <http://www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf> (accessed 15 August 2016)

⁶ British Educational Research Association (2011) Ethical guidelines for educational research. <http://www.bera.ac.uk/publications/research-intelligence/2012> (accessed 15 August 2016)

⁷ Living Theory Practitioner Action Research. <http://www.actionresearch.net> (accessed 15 August 2016)

⁸ International Marcé Society Conference for Perinatal Mental Health (Swansea, August 2014)

⁹ Regional Conference for HV Community of Practice (Swindon, November 2014)

¹⁰ Community Practitioner and Health Visitor Conference. (Birmingham, November 2014)

¹¹ Perinatal and Infant Mental Health Conference. (Gloucester, April 2015)

¹² Public Health England - Integrating Early Years to Improve Outcomes (Taunton, March 2015)

¹³ 'Slices of Life' © (Unpublished) Adapted from the Mental Health Recovery Star www.mhpf.org.uk, by *Makeamove*.