

# **Make a Move Charity Big Lottery Bid 0010244876**

## **Moving On Up! 2015**

Make a Move charity 1143982

### **Project Dates**

Start 1.6.15 to Finish 31.5.18

### **1. Make a Move's main activities**

Our service is bespoke in that we shape each project according to the needs of the group with whom we work, with the proviso that music and movement are essential to the work. In addition we may work cooperatively with teachers or teaching assistants, therapists, psychologists, health visitors, care workers or nurses, depending on the group with whom we are engaging. For example, we are working with health visitors with our Moving on Up! Project described within this proposal, but in our latest project with dementia sufferers, we will work with a physical therapist along with a dance therapist and care workers, and in schools we have worked with learning mentors, teaching assistants and teachers.

To gain an understanding of how Make a Move came into being, it is useful to know that the founder of the charity, Michelle Rochester, originally a dance teacher for nearly twenty years, and has worked extensively in schools throughout Bath & North East Somerset and Bristol. This work extended from secondary to primary schools where she began to develop a programme to raise children's self-esteem by providing them with ownership of their own creative movement (as opposed to learning dance steps or moves by rote). This way of working led to unintended outcomes such as improved school attendance, improved behaviour, and happier classes or groups of children. She was able to target her work as a result and have specific outcomes depending on the school's requirements. However, Michelle wanted to develop the possibilities her project. She wanted to reach a population not normally served by statutory organisations. Her aim was also to have charitable purpose.

In order to develop her ideas with this kind of work, and to bring it to a wider audience, Michelle founded Make a Move in 2011. She has developed links with health professionals, educationists and dance practitioners and therapists who have all added to and expanded the audience for Make a Move. Originally, the charity only worked with children, but within the last two years, the Charity Commission confirmed that Make a Move's charitable purpose could be amended to also include young people and adults, without detriment to its beneficiaries. What started as a way of making children happier has now been developed and modified to become a method of improving the mental health and wellbeing of the people who participate in any one of Make a Move's projects.

### **2. Changes**

The outcomes we provided in the first stage application were considered to be indicators rather than outcomes and so we have amended them in this application. Please see the appropriate section where we have listed new outcomes.

Change for improvement is happening in line with our developing understanding of the needs of the mothers and the skills required of each of us. We are drawing on the reflective action research that the Moving on Up! team has undertaken together (Pound, 2014 Moving on Up! Therapeutic movement for postnatal anxiety and depression)

We are now clearer and therefore more focused in what we are trying to achieve in terms of improved maternal mental health for the benefit of mothers' current and future parenting and their attachment with their children. This is motivated by the Department of Health Six High Impact Areas for early years' intervention.

A second aim is to increase physical activity in family life by influencing mothers at this influential stage of their parenting. This aim prompts consideration of our possible role in influencing mothers and their impact on physical activity within their families. This is tied up with providing appropriate follow on activities that are sustainable, but is also about focusing on physical awareness as well as emotional wellbeing. It requires the united efforts of Make a Move

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movement practitioners, health visitors and the Active Lifestyle Team. It is anticipated that as the NHS health provider, Sirona Care and Health (employs health visiting team), and the local

council, BANES (Active Lifestyle Team), become more closely affiliated over the next two years, the Moving on Up! effort to tackle these High Impact Areas will become clearer, more united and explainable. This lottery grant will allow our innovative efforts to improve mental wellbeing and enhance physical activity for health to become clearer in focus, action and explanation.

We see this lottery grant as supporting the development of new practice to meet mothers' needs and to promote the future health and wellbeing of this community. We recognise these new ways of working developed over the last two years, require more proactive, thoughtful, and combined action in preparation for changes happening in statutory services. This kind of innovation, explored, evaluated and explained in depth as we are doing, would not be possible within any of the individual agencies alone. Evaluation, development and change is integral to our enquiring collaboratively methodology (Pound, 2014)

As a result, our costs in kind have altered, but these do not affect the amount we are requesting from the Big Lottery. The start and end dates of the project have changed, but the length of time for the project remains the same.

If we are successful in this application, we will engage Cox & Co Payroll Services and will employ staff for the project. This means we will ensure sustainability of Moving on Up!, create employment in the community and also, use the service of another local company. This change is reflected in the budget.to project

### **3.1 More information about the project**

The project will address the issue of Postnatal Depression which affects mothers, their babies and families. PND ranges from mild to severe depression and includes anxiety states. We recognise the wider possible effects of responding to PND in the attachment and future mental wellbeing of children and their families. PND is a public health issue well described by the Department of Health in 2014.

Through our research process (Pound 2014) we have confirmed that music combined with physical activity leads to meaningfulness, which is backed up by similar research done by the Royal College of Psychiatrists (G Ansdell, Music for Life 1995). Our research clarified our awareness of promoting a sense of 'personal significance' for every participant in the project - mothers, babies and the practitioner team. We recognise we do this through our 'empathic responsiveness' to others and by working as if we were all enquiring collaboratively together.

The role of physical activity in alleviating depression was discussed in Stage One. Our project is not just a matter of getting people moving, but also of enabling people to experience themselves as physical beings. Music offers participants access to movement, even when they may feel unmotivated. Where mothers find themselves musically encouraged into physical participation with others they can have a physical and emotional experience of themselves in relationship with others. This leads to a sense of belonging and 'being part of something' bigger than themselves. The breakdown in barriers to communication offered by music and movement leads to talking, which is a key feature of the sessions.

The Moving on Up! team attended The International Marcé Society For Perinatal Mental Health, Biennial Scientifics Conference in Swansea in September 2014, whose aim is "to promote, facilitate and communicate about research into all aspects of the mental health of women, their infants and partners around the time of childbirth". The Moving on Up! team presented a video research report (Moving on Up!) and conducted a taster for conference participants. The feedback was immensely positive. The team, Michelle Rochester, Sarah Haddow, Jessica Brodrick, Robyn Pound, Anne Haase and mother participant, Katie Brown ,all individually

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submitted abstracts which will be published in the Archives of Women's Mental Health, the official journal of the International Marcé Society.

Sirona Health Visitors are not involved in any other physical activity programmes in BANES. Increased physical activity and improved maternal mental health are among the 6 High-Impact Areas of the Department of Health. Women suffering from PND are identified through the screening of all new mothers in BANES. Health visitors are at the front line of health promoting messages but need practical resources to put messages into action. The Active Lifestyles Team offers physical activities but need early access to mothers and families and enhanced understanding of engaging discouraged people most at risk. Make a Move has skill in promoting body and emotional awareness through movement to music which could be developed to meet these needs. By enquiring collaboratively we can be innovative in creating new services.

The EPDS questionnaire, 'Whooley questions' and practitioner professional judgment are used by health visitors. We aim to improve referrals and run regular sessions for increased access for all the women suffering from PND across BANES. Based on national 2011 births data, in BANES there are 182 new mothers at risk of postnatal depression in a 12 month period.

The charity, 4Children, commissioned a survey of the prevalence, awareness and experience of PND. Results showed 49% of women who suffered from PND had not sought treatment. Of those mothers, 29% did not realise they were suffering from PND, 60% did not believe their symptoms were serious enough to warrant treatment and 33% said they were too scared to tell anyone because they were afraid of what might happen to themselves or their child. (Suffering in Silence, 4Children 2011)

This clearly supports the need for a service for mothers. Mothers' resistance to treatment, or ignorance about their situation highlights the need for more awareness of health visitors. In the pilot project we had an excellent retention rate which has since dropped to 75%. We believe this is due to the recruitment of mothers with more severe anxiety and depression. Health visitors have been working on improving retention by communicating with mothers between sessions.

It would be difficult to sustain the goodwill and personal effort of every team member in creating this new project and its explanation over time without the practical and fiscal help, and credibility offered by the Big Lottery grant.

### **3.2 Existing Projects**

We began with funding from Bath & North East Somerset under their Passport to Health initiative, and later received non-specific funding from St John's Hospital in Bath in December last year for this project. Without a sustained income stream, Moving on Up! has not been able to develop the project to its widest potential in terms of regular groups and follow on and support activities.

Currently, Moving on Up! is using non-specified funding. We also carry on working without funding at times, or with minimal funding, where only hall hire and crèche facilities are covered, with everyone else giving their time freely. Unfortunately, this is unsustainable in the long term. We do not have a regular funding to ensure longevity of the project. This is the reason for this application.

St John's Hospital provided a goodwill grant of which we used £8,000 for Moving on Up! course expenses. BANES have funded us through Passport to Health funds but cannot commit to this long term. Jess Brodrick secured this budget and took responsibility for the administration of Moving on Up! from the outset. With this application we have hope to ensuring continuation of the project longer term. In the interim, we continue to make smaller funding applications.

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### 4.1 The Difference the Project will make

<b>Outcome 1</b>	Mothers' self-esteem will be improved and they will participate in society more.
<b>Outcome 2</b>	Mothers will have an improved relationship with their child and/or family and friends. There will be an improved attachment between mother
<b>Outcome 3</b>	Mothers will have improved mental health and wellbeing
<b>Outcome 4</b>	Connections will be established between champions that will enable those people to network with one another and promote learning

### 4.2 Indicators

<b>Outcome 1</b>	Mothers attending the sessions will report reduced episodes of low mood and will feel less isolated.	100 people a year	<b>Throughout the project</b>
	Mothers will engage with each other during each course	5 to 10 people per course, up to 100 per year	<b>Throughout the project</b>
	Mothers will feel valued.	150 people	<b>By the end of the project</b>
<b>Outcome 2</b>	Mothers will be relaxed around their babies	100 people per year	Throughout the project
	Mothers will report having improved family relationships	100 people per year	<b>Throughout the project</b>
	There will be reports from mothers having sustained friendships and links with other participants		<b>By the end of the project</b>
<b>Outcome 3</b>	The benefits of movement will translate into increased exercise activities and mums will report that they engage in physical activities.	75 per year	<b>Throughout the project</b>
	Attendees will reduce their scores on an industry-accepted questionnaire called the Edinburgh Postnatal Depression scale indicating relief from PND	80% of participants	<b>Throughout the project</b>
	Health visitors will report continued improved mental health and wellbeing of mothers in their cohorts.	80 people per year	<b>By the end of the project</b>
<b>Outcome 4</b>	Moving on Up! will be demonstrated to health visitors in Gloucestershire		<b>By the end of year one</b>

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	The Moving on Up! team will have developed partnership working with Bristol North NHS and the University of Bristol		<b>By the end of year two</b>
	Make a Move will be a member of the Marcé Society and will promote the Moving on Up! project at a cross border level		<b>By the end of the project</b>

### 4.3 Tracking Progress

We will continue to use action research methodology to critically review our progress. Over the next two years, all team members will create their own accounts of their learning from enquiring collaboratively together.

The movement practitioners, health visitor and team members meet week. This is in addition to practitioners' reflections after every session. Verbal and non-verbal feedback is given by the mothers during and after sessions. The EPDS questionnaire which is used as a tool for assessing for referral to the project is also used at the end of each course. Most mothers show a reduced score below 10. We are aware this does not give a true picture of their experience. We record narratives (Pound, 2014).

We are experimenting with the Scottish 'Evaluation Tree' post course and the Family Star Pre and post course to show change. Our learning is that the most valuable evaluation tool is by on-going discussion with everyone involved, in open trustworthy, non-judgmental dialogue which values and acts immediately in considering the opinions of every participant. To this end, individual accounts of the learning and change for every participant is of interest to this project and our explanations (See video and Paper). We found less interest in a snapshot kind of evaluation during this time of generative creativity and have placed the 'arms-length' research process suggested by Anne Haase on hold at this stage.

We also maintain contact with the mothers' health visitors during and after the courses to assess progress.

### 4.4 Learning from Project

We plan to:

1. To build our understanding of the Moving on Up! qualities that make an impact on the mental wellbeing of mothers in the post-natal period.
2. To critically evaluate the pitfalls that arise during our pursuit of improvement.
3. To assess how meaningful the project is for the mothers.
4. To provide an explanation of the project, our learning and its outcomes.

Using Living Theory action research (Whitehead, 1989) in the form of an 'enquiring collaboratively' methodology perceives all participants, practitioners, mothers and volunteers, as collaborators. We envision all participants attempting to understanding how our wellbeing and self-worth is enhanced through Moving on Up! This approach involves the creation of relationships that we now recognise as 'person centred' and 'empathically responsive', and inclusive of everyone as equally worthwhile in our abilities to improve our own lives and the lives of those around us. A clear aim has emerged to support each other to recognise our own value as significant people with worthwhile contributions we all can make to our own wellbeing, the wellbeing of others and the development of the project (Pound, 2014). In this paper, the value of enquiring collaboratively in rigorous critical review of our individual practices as we endeavour to understand, improve and explain what we are doing became more useful than a snapshot view of a single point in time.

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The philosophy of Moving on Up! is in harmony with the Five Ways to Wellbeing which have been developed by the New Economics Foundation (nef, 2008).

The Five Ways to Wellbeing are:

- connect
- be active
- give
- take notice
- learn

These subjective wellbeing “subthemes” (Hanna, 2012) are:

- connect; with others, with inner self/personal meaning and with art/creative process and imagination;
- be active: physically active and actively relax.

#### **4.5 Lasting Impact**

Moving on Up! is now in its third year. In this time, we have established our model of working. Moving on Up! is now recognised as a valuable resource by BANES and Sirona (who have submitted a case study to the Department of Health).

The Moving on Up! team has been invited to present our project to health visitors in Gloucestershire (April 2015) with a view to establishing groups there for post-natal mothers.

Make a Move is in discussion with North Bristol NHS Trust regarding the expansion of the format of Moving on Up! into the Bristol area. It is expected that some collaborative work will take place in the future.

Moving on Up! offers a training resource about professional/client relationships and managing post-natal depression for student health visitors and BANES Active Lifestyle Team.

We run a weekly drop-in session for mothers who have completed the Moving on Up! course so they can continue to benefit from music and movement. These sessions are in the evenings, the mothers make a donation if possible, and there are no crèche facilities. The movement practitioners subsidise this group with their own time because they believe it is an important and valuable addition to Moving on Up!

Health Visitors across Sirona have expressed a high regard for Moving on Up! and readily make referrals.

To increase the sustainability of Moving on Up! we will consider establishing a social enterprise to provide a regular income stream so we can continue to provide a dedicated service to the community via the charity Make a Move, in conjunction with other mainstream services. We can see that our innovation is influencing the statutory services in their delivering the 6 High Impact Areas for Health. Part of this consideration will be the establishment of a Dance Academy in Bath.

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### 5 What we will do

#### 5.1 Project activities

Year one	Run 12 blocks (10 weeks) of group courses of Moving on Up! for up to 120 women suffering from Post-Natal depression
	Develop partnership working with health visitors in Gloucestershire via Locality Service Lead for Gloucestershire Care Services NHS Trust
	Attend one pertinent conference
	Develop meeting strategies to meet harder to reach groups to extend Moving on Up!
Year two	Run 12 blocks of group courses of Moving on Up! for up to 120 women suffering from Post-Natal depression
	Develop partnership working with Bristol North NHS and the University of Bristol
	Extend volunteering opportunities for mothers who have completed Moving on Up!
	Develop a training course to facilitate the sharing of Moving on Up!'s ways of working.
Year three	Run 12 blocks of group courses of Moving on Up! for up to 120 women suffering from Post-Natal depression
	Finalise a training plan to ensure that Moving on Up!'s format can be adopted by identified champions
	Make a Move to become a member of the Marcé Society to share practice and work with Post-Natal experts.
	Produce a final evaluation report.

#### 5.2 How will you work with other organisations to deliver your project?

Jess Brodrick of BANES Sports & Active Lifestyles was initiator of this project from the outset, organising all the connections between the agencies and venues that made it happen. Her team manages promotion of the sessions, collates referrals from the Health Visitors and manages the organisational aspects of introducing the mothers to the sessions. She oversees the provision of exit strategies that link mothers to follow on activities and is active in considering how to sustain physical activity for families beyond the sessions.

We continue to work closely with Sirona, the healthcare provider for Bath & North East Somerset. They provide health visitors who are invaluable for this project for referring mothers and supporting the sessions. Health visitor, Dr. Robyn Pound, also provides guidance in practitioner action research for understanding, improving and explaining what we are doing. This partnership is crucial because of the developmental nature of this new innovative service for mothers experiencing postnatal anxiety and depression, working to enhance babies' attachment with the mothers and considering all of our roles in promoting physical activity. The health visiting role in project development is recognised within the Building Community Capacity aspect of the New Health Visitor Implementation Plan (2012).

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Percy Children's Centre provides crèche facilities in each location. This mobile unit has worked with us from the start of the pilot. They provide appropriate crèche staff whose responsiveness to mothers and babies is essential to the success of the project. This aspect of the project is fully funded.

### **5.3 Equal Opportunities**

Jess Brodrick of BANES Sports & Active Lifestyles was initiator of this project from the outset, organising all the connections between the agencies and venues that made it happen. Her team manages promotion of the sessions, collates referrals from the Health Visitors and manages the organisational aspects of introducing the mothers to the sessions. She oversees the provision of exit strategies that link mothers to follow on activities and is active in considering how to sustain physical activity for families beyond the sessions.

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## **6 How You will run the project**

### **6.1 Project Management**

Make a Move has four years' experience in managing projects within educational and health based settings. Highlights include:

- Dance Umbrella, an annual three-night youth dance festival in partnership with BaNES Schools Sport Partnership (SSP). This enables over 2,000 young people to be inspired and raise their confidence by performing in front of a large audience in a professional venue. This includes managing and coordinating a large team of volunteers, school and venue staff, SSP and the general running of the show.
- The Moving on Up! pilot was coordinated and managed by a team including Make a Move, Sirona and BaNES. The attached reports demonstrate how the project has been successfully managed to date and has valuable outcomes.
- Engaging Children in the Curriculum - a rolling schools programme in partnership with the SSP which is delivered to 12 schools per year across BaNES.

Management Structures and skills and knowledge of those working on the project:

- Make a Move is supported by a board of experienced and skilled Trustees and people who will support the Project Manager, Michelle Rochester, for Moving on Up!
- Jess Brodrick of BaNES Sport & Active Lifestyles will collate all health visitor referrals.
- Percy Crèche's mobile service allows on-site crèche services.
- Robyn Pound disseminates information to health visitors and liaises with Sirona.



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- Michelle Rochester of Make a Move will manage the movement practitioners, and all will have access to supervision from Dance Voice.

How they will be managed and supported:

- Michelle Rochester will manage, and be supported by, the Moving On Up! Steering Group consisting of the practitioners, Robyn Pound and Jess Brodrick.
- Moving on Up! has administrative support from Orla Nolan, and marketing support from Ali Davey.
- We have experience of working with the Project Manager, practitioners and partners involved via the pilot model. These roles will remain the same. This has given us the benefit and assurance of high quality delivery and an established relationship to underpin this next phase. CVs are available for those involved.
- Dr Marie Huxtable, Honorary Research Fellow in Education, Cumbria University, is overseeing Moving on Up!'s research, and is a Member of the editorial board for EJOLTs (Educational Journal of Living Theories).

Managing the project budget:

- Cox & Co Payroll Services will manage the payroll. The Project Manager and Practitioners will be PAYE employees.
- The administrator, with the Project Manager, will manage the Moving on Up! budget.
- Make a Move will pay invoices when due
- The accountant and auditor will ensure that the charity's income and expenditure is in line with each project's budget.
- Make a Move has access to core funding for the next three years from St John's Hospital, Bath and a portion of this funding will be set aside to allow for unforeseen expenses.
- The Project Manager will consistently forecast and review the budget on a regular basis to ensure the budget expenditure and cash-flow is as expected and to ensure all stakeholders are made aware of any changes.

Managing Risks:

Staff turnover:

- The project manager's role can be assumed by either Robyn Pound or Jess Brodrick each of whom have experience of managing projects in their respective roles with Sirona and BaNES.
- Practitioners currently work with Make a Move on a variety of projects. Each practitioner has been trained in the Moving on Up! model, thus ensuring continuity should one of the named practitioners not be available.

Monitoring and Evaluation

- Weekly review meetings are timetabled and are video recorded. Make a Move has Cloud file storage so all reports can be uploaded once completed.

General housekeeping

- Make a Move's administrator volunteers one weekday a month and every Saturday.