

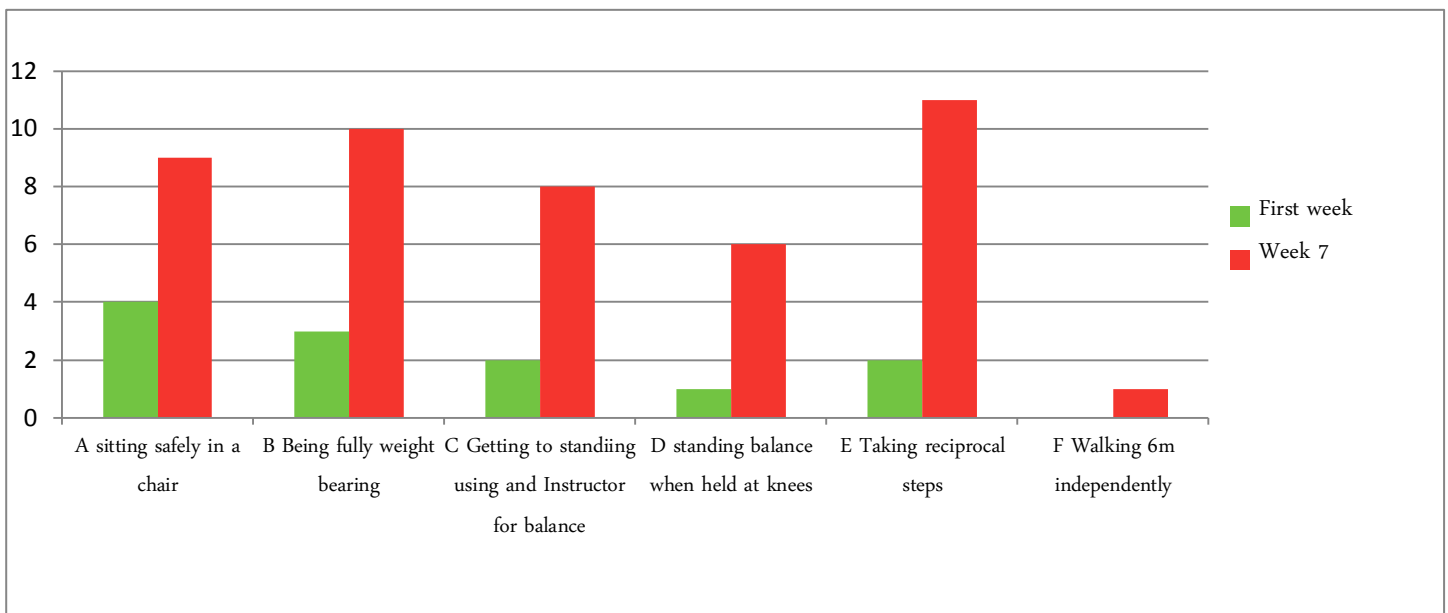
The MOVE Programme: Evidence Base

The MOVE Programme began in the 1980s in California by a special needs teacher named Linda Bidabe. Bidabe found that although some of her students were teenagers, they were still working on infant development skills. She also found that the majority of staff time was spent moving children between activities and between rooms, on their medical care and on their personal care and feeding needs. This meant that there was very limited time left for structured teaching and therapy input for the children. Children were leaving school with fewer skills and were more passive than when they entered.

However what she did find was that those who retained or developed independent movement also demonstrated increased improvements in other areas, such as communication and interaction, and cognitive benefits from being more involved in classroom activities and lessons. This was how the MOVE Programme was born.

Original Pilot Study:

The pilot study took place in 1986, with 11 students (all who had profound and multiple disabilities) taking part. In just 7 weeks, the children made huge progress, as can be seen from the table below. The number of children that had mastered each skill increased for every single skill category – a dramatic improvement in children with such complex disabilities.



Since then:

Research has been conducted on the effectiveness of MOVE both with children (Whinnery & Whinnery, 2007) and adult populations (Whinnery & Whinnery 2011). The MOVE Programme has since been introduced to over 200 schools across the UK and we continually see incredible success stories from children of all levels of ability. The MOVE Programme can have life changing effects on even the most disabled children. There are many studies conducted by schools and previous MOVE teams; however we are in the process of collating this which takes a lot of time and resource.

Due to increased budget constraints and a focus on reducing expenditure in recent years, in addition to only having two full time staff members, there has been less staff time and resource available to



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Head Office Enham Trust, Enham Place, Enham Alamein, Andover, SP11 6JS

T: 01264 345822 E: move@enhamtrust.org.uk W: www.enhamtrust.org.uk/move

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devote to specific research projects focused on the effectiveness of MOVE. This, coupled with the difficulty of accounting for other variables and the unethicalness of having a control group in such studies (due to it involving not putting one group of children on the programme), means there is limited empirical evidence written on The MOVE Programme itself. However there have been numerous research studies conducted that support and underpin all of the components of The MOVE Programme; some of which are referenced below.

Research supporting the concepts of The MOVE Programme:

The MOVE Programme is a task-oriented approach; ensuring children are practising skills in a functional way during relevant activities, not as a separate add-on to their day. Studies have found great benefits of practising skills in a **task-oriented, functional** way; by incorporating mobility skills practice into everyday, naturally occurring activities. This improves the motivation of the child and also helps the child to generalise their learning to their natural environment (e.g. Kretelaar et al., 2001).

MOVE also uses a **top-down approach**, instead of a developmental approach. The developmental approach teaches motor skills in a predetermined sequence taken from infant development. Individuals do not progress to learning the next skill until they have mastered the pre-requisite skills. In contrast, the top-down approach acknowledges and uses the strengths of the individual to being teaching new functional mobility skills that are important and relevant to the individual and their family. This approach places the child and the family at its centre. This approach is supported by research (e.g. Burton & Miller., 1998) and is particularly relevant when working with children with severe disabilities, as skills take such a long time to develop, we must focus on the activities and goals most important to the child and their family.

MOVE focuses on **functional goals** set by the child and their family, who are placed at the centre of the programme. This is supported by numerous research articles (e.g. Darrah et al., 2011, Lowing et al., 2009). This also increases the motivation of the child but also of the family members. By focusing the whole team's efforts on the few functional goals important to the child and their family, a more focused approach is taken and progress is made much more quickly. It also encourages trans-disciplinary working, whereby physiotherapists (who are continually suffering more and more budget cuts) can transfer their knowledge to and upskill teaching staff, meaning the child does not suffer from reduced physiotherapy time.

Therefore, it can be seen that there is a plethora of research supporting the concepts of The MOVE Programme. This, coupled with the strong anecdotal evidence we see on a daily basis, means there are countless professionals and families who have a strong belief in the effectiveness of The MOVE Programme in changing children's lives.

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