



Developmental Movement Play – Moving into motion to transform lives
and well-being: Using ourselves to communicate through movement

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Developmental Movement Play – Moving into Motion to Transform Lives and Well-being: Using Ourselves to Communicate through Movement

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Children's Workforce Development Council (CWDC)'s Practitioner-Led Research projects are small scale research projects carried out by practitioners who deliver and receive services in the children's workforce. These reports are based in a range of settings across the workforce and can be used to support local workforce development.

The reports were completed between September 2009 and February 2010 and apply a wide range of research methodologies. They are not intended to be longitudinal research reports but they provide a snapshot of the views and opinions of the groups consulted as part of the studies. As these projects were time limited, the evidence base can be used to inform planning but should not be generalised across the wider population.

These reports reflect the views of the practitioners that undertook the research. The views and opinions of the authors should not be taken as representative of CWDC.

A new UK Government took office on 11 May. As a result the content in this report may not reflect current Government policy.

Developmental Movement Play – Moving into Motion to Transform Lives and Well-being: Using Ourselves to Communicate through Movement

Abstract

Introduction

This paper is a reflection on a Developmental Movement Play (DMP) programme based on relationship play (Sherborne, 1990) for parents and young children experiencing emotional, behavioural and/or mental health difficulties. This practitioner-led research explores how using ourselves to communicate through movement can transform lives and well-being. This study demonstrates how taking part in physically active, non-verbal relationship play helps to improve the lives of vulnerable families. The process is discussed in light of the participants' relationships with each other and the changes brought about through their shared movement experiences. The words 'mother/parent' refer to the primary carer and/or any parent, carer or guardian with legal responsibility for the child.

Methodology

Creative, qualitative research methods illustrate the effectiveness of movement to encourage changes in parenting styles, attitudes, feelings and moods of participants. It seeks views from participants who co-construct both the programme and the research. The paper includes information relating to the style, attitude and basic orientation of the movement therapist delivering this holistic practice. The paper explores the problems associated with researching movement and giving children a voice in research.

The nature of the work is described and the views of participants highlight the empowering effects of the programme.

Findings

Results of the research indicate that participants enjoyed the programme and appreciated time playing together. Finding a safe environment in which to meet and be themselves without fear of being judged regarding their parenting skills was important to the adults. Both the research and the programme have benefited from this close collaboration with participants.

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1. Introduction

Developmental Movement Play (DMP) has evolved since its formation in 1989 and is documented in 'Nursery World' (Filer, J. 1998), 'Communicating through Movement' (Hill, 2006) and 'Moving with Research' (Marsden and Egerton, 2007).

Many of the children who were referred to the DMP programme were experiencing mental health problems and appeared to be miserable, angry and anxious, as were their mothers. These problems often affected the relationship between the parent and child and therefore the children's ability to learn. DMP invites mothers and children to share their experiences and fears (Buultgens et al, 2004), in the hope that the practice might lift spirits, improve moods and enhance positive relationships.

It is hoped this approach will give children better prospects regarding their ability to learn. DMP uses gentle touch and sensitive handling of children, as well as the idea of continuing the play at home, to encourage positive parenting. The DMP group provides a safe place for discussion and shared learning to help mothers gain confidence and build relationships with their child and each other in order to feel more connected with the world.

The original idea for DMP came from a union between children's wish to dance and the need to develop a programme to address the problem of difficult parent/child relationships and negative parenting styles. This paper is an attempt to create meaning for the process, to describe the method developed and find a framework for it.

2. Aims of the study

The study aims to give children and parents an opportunity to spend time playing together to improve their relationships and to examine the effects of DMP. With an ethos of social inclusion, it hoped to improve their relationships by helping them learn to relax and enjoy one another's company through physical play. The study aims to provide parents with knowledge, skills and positive experiences to enhance their relationship with their children. In addition, the programme aims to develop confidence, self-esteem and self worth. It uses touch as a means of communication to enable participants to achieve a deeper understanding of each other's thoughts and feelings alongside providing a means to release pent up emotions and stress. The programme hopes to raise parent's awareness of their role in promoting self-confidence and resilience in their children and encourages them to develop strategies for promoting positive behaviour. The programme sets out to illicit changes to enable parents to better nurture their children so the children can take up the opportunities offered to them at school regarding personal development, growth and life long learning..

The study gives an insight into families' experiences during the programme to demonstrate how DMP can be a relevant, appropriate methodology to support vulnerable families. It describes the contribution that DMP can make towards the development of interpersonal relationships between two generations. The study aims to give participants the opportunity for creative expression, to listen to their views of their inter-relationship experiences during the programme and their perceptions of the intervention.

3. Context

The programme hopes to build brighter futures for children (DCSF, 2008b) by addressing the needs of two generations. This fully inclusive practice engages participants regardless of developmental stage, physical ability, mood, social class or culture. Children and parents

engage creatively in a process to further their spiritual, emotional, cognitive, physical and social integration to develop confidence, self-esteem and self worth alongside each other. DMP is an individual form of dance and movement that is not easily explained by words. The only way to understand this practice is to do it.

Working within the ethical code of the British Sociological Association (BSA, 2002) the practitioner considered children's participation within the research project (Save the Children, 2005) and examines the views of 26 participants (15 children and 11 parents) collected during 14 weeks between November 2009 and February 2010.

This study examines how relationships can act as a force enabling people to transform their lives. An integral part of the work is to build open and honest relationships of genuineness, respect and empathy to facilitate personal growth and development (Rogers and Stevens, 1967). In a culture of non-judgemental and mutually respectful relationships (Berne, 1985), the challenge is to connect in a sincere, gentle, physical way and to work closely with participants to create opportunities for engagement. From this place of safety, relationships are nurtured to deepen the bonds between the parent and child.

This paper sets out to demonstrate a practice, which will inspire and motivate others to develop their own movement activities. DMP adheres to the Early Years Foundation Stage (DCSF 2008a) and the Every Child Matters agenda (DfES, 2004) regarding working with parents and embedding children's meaningful and effective participation in practice (Sinclair 2004, UNICEF 1991).

3.1 Supportive environment

The practitioner provides a safe, empathic environment where mothers can talk about their concerns and anxieties alongside movement experiences. The practitioner works unobtrusively amongst the group of participants, observing and helping mothers to become aware of the connections between what they do and the pleasurable responses from their child. Becoming aware of this connection, the mother is able to recognise and 'own' what she created between herself and her child, enabling her to replicate it at home.

In this safe, undisturbed environment participants invent their own group rules to create a situation, which the group itself had defined. Participants are responsible for themselves (except the very young), some collective tasks and they are encouraged to be both caregiver and recipient. Everyone has the right to sit out but is encouraged to join in. The participants agreed to work within the defined frame of reference, which was co-constructed at the start.

The group was often described as a 'sanctuary' and a 'safe place to go' by the mothers. It gave structure to their week and enabled them to unburden themselves of family stresses in the safe context of transparent relationships with each other and group facilitators. Confidentiality was maintained within clear, negotiable rules where mothers could be open about their negative thoughts towards their children and express negative feelings without the fear of any consequences (except regarding Child Protection).

3.2 Participant voice

This practice-based research includes the voices of participants. Every contact with participants is part of the engagement process, building trust and sustaining integrated relationships. An integral part of the project is to initiate and maintain on-going, open dialogue with participants to

enable them to co-construct both the programme and the research and to feel able to respond openly and truthfully.

Children have a right to give their views (Article 12 of the UNCRC) and explain how any professional intervention 'fits into' their world (Kirby et al. 2003). DMP is an adult initiative involving parents and children in decision-making. It falls between the two levels (Hart 1992, Treseder, 1997) of participation, from adult-directed consultation, to activities initiated and carried out by children (Kirby et al. 2003). The project gives participants the opportunity to articulate their views (Tisdell et al., 2008) and examines their perceptions of the programme. Due to the limitations of such a small study only a few themes are highlighted in this report to give a flavour of the findings and this paper concentrates on the child rather than the parent voice (Appendix 3).

The study uses creative research methods (Butler, 2005; Thompson, 2008) where play is central to the research and creativity can be an end in itself giving participants the 'opportunity to communicate in their *visual* voice'. 'The desire to represent and share our experiences ...seems to be a basic human characteristic' (Duffy, 1998: 5) but few studies use creative modalities as 'an innovative alternative way to understand children's knowledge and experience' (Leitch, 2008: 37).

This study recognises that 'multi-modality is central to children's preferred ways of representing and communicating their understanding of the world (Anning & Ring, 2004: 124). It uses children's dance, movement, drawings (Gauntlett, 2007) and photographs to give them a voice because creative, participatory methods are appropriate to the nature of the intervention and the age and interests of the children taking part.

The photos below show the mothers and children taking part in the research process by recording their views of the programme through collaborative drawing.

Photo 9 – Shared drawing

Photo 10 - Shared drawing activity

Photo 11 - Shared drawing as research tool

3.4 Dance and movement as a therapy

This psychotherapeutic use of dance and movement is based on the principle that movement reflects an individual's patterns of thinking and feeling (Payne, 1992). Emotions and perceptions of disability are invited into the activities to be expressed and released as a natural part of what is happening. Movement as a means of communication engages parents to play with their children. It enables participants to learn to listen to themselves and their innermost feelings through moving and subsequently they are able to do the same for others, in particular their own children.

DMP is based upon the concept that body and mind interact and that physical movement change and affect mental functioning (Payne, 1992). It can be used as a psychotherapeutic modality "that furthers the emotional, cognitive, social and physical integration of the individual" (Saner-Yui, 1985 p.67). Since very young children communicate non-verbally, dance and movement can be a pleasurable positive experience of parent/child interaction. This may result in an enhanced feeling of love and connection in the mother (Coulter & Loughlin, 1999) leading to a more secure attachment.

3.5 So just what is DMP?

DMP provides information and skills about parenting and a secure environment in which to practice these newly acquired skills with support from a sensitive experienced practitioner. Feedback from participants have shown that in their opinion DMP makes a positive difference to the lives of regular attendees enabling them to move from feeling isolated, disempowered and lacking in confidence to acquiring skills to become confident and to make more positive relationships with their child.

DMP is a method of working using 'relationship play' (Sherborne, 2001), where the child is an equal partner with the adult. Participants work with others using 'together and against', floor work, partnership, trust, exploring space, strength and 'free and bound' body movement. Participants experience human movement qualities (Laban, 1998) alone, in pairs or group activities to develop an awareness of self and of others.

See photos in the appendix for examples of the activities

Photo 1 - Children playing on their own in the group with a blanket

Photo 2 – Individual blanket play

Photo 3 – ‘Against’ relationship play, child

Photo 4 - ‘Against relationships’, pushing against each other. Adult led.

Photo 5 - Pairs ‘with’ relationship

Photo 6 - Group play, adult tunnels

Photo 7 - Group play, adult led arches

Photo 8 - Group play, child led arches, capturing adults

The basic aims of DMP are to:

1. Feel at home in your own skin
2. Be able to connect and make relationships with others

The adult plans a theme for the session but will use what children do during the session to build and develop responses in communication, imitation and turn taking. The use of blankets (Filer, 1998) gives an added sense of security as children and parents learn to communicate with each other through safe touch (see picture one for an example).

Nurturing participants after the programme is an integral part of the project. Blankets and refreshments are provided in a warm environment at the end of each session for participants taking part in reflective discussion, writing activities or creative artwork.

After the children return to school/nursery/crèche, adults reflect on the movement experiences and discuss any difficulties with themselves, their children or family relationships and their experiences of the programme.

4. Methodology

The participants who took part in the project were parents and children from vulnerable families who lived in the area where the project took place. They were families known to statutory agencies to be experiencing difficult inter-personal relationships where the avoidant, ambivalent or disorganized parent-child attachment was impacting on the child's behaviour at home, in school and/or the local community. The adult participants were suffering from a range of related mental health illnesses such as pre/post natal depression, clinical depression, stress, anxiety disorder and post traumatic stress. Domestic abuse and substance misuse was widely reported amongst participants. One family was in the process of recovering from the recent death of a

child. Most of the participants were isolated and marginalized from their local community and the children were at risk of exclusion from school. The majority (all but one) of the families were experiencing family breakdown where their children had been taken into care of the Local Authority or were in the process of re-unification. Participants were referred to the project by health, education, social care, the voluntary sector and in two adult cases, by self-referral. The participants were given information (Appendices 4, 5 and 6) about the project and the research in an initial meeting at the start of the programme

4.1 Research procedure

The study uses a reflective and reflexive approach (Davies,1998 and Hill, 2006). Participants' views are recorded during meetings, group work, debriefing sessions, the programme itself, focus groups and informal/formal conversations except the individual counselling. Photographs and video recordings documenting activities are used as reminders of activities to help illicit participant views.

The team consists of an Early Years Consultant (also a dance and movement specialist), a co-worker and three play workers. Eleven adults and 20 twenty children, aged from two months to 11 years attended the project session. Fifteen of the children took part in DMP and five children below the age of two played in the crèche. The project took place in a school over a period of fourteen weeks. Group sessions took place twice a week from 9.00 until 12.00 between October 2009 and February 2010. The ten-week DMP programme took place every Tuesday and was preceded by two sessions for engagement, information sharing (Appendix 1), planning and baseline data collection.

Anyone suffering emotionally because of the work was offered individual counselling. Discussion/focus group interviews (Appendix 2) took place during the Thursday sessions, as did the counselling. During the final stage (weeks 13 and 14), data was collected and observations (Silva et al. (1980), comments, drawings and photographs were analysed. Parents were given the opportunity to withdraw from the programme at any point.

4. 2 Ethical research with children

The project hoped to connect with the children's 'culture of communication' (Christensen and Haudrup, 2004) through dance, movement, drawing and photography. Children are considered equal beings to adults (James and Prout, 1997) and experts on their own life experiences (Clarke, KJØrholt and Moss, 2005). The children are 'participants who share in defining and solving problems' (Alderson and Morrow, 2004: 124) and their choices regarding whether and how they participate are respected. The aim is to engage children as active 'subjects' and 'co-researchers' (Christensen and James, 2008).

4.3 Confidentiality

The issue of confidentiality, particularly when working with vulnerable adults and children was considered and discussed with participants. Participants were informed that all information which is collected about them during the course of the research would be kept strictly confidential. Any information about them would be anonymised so that they cannot be recognised from it, except in the case of informed consent to use photographs. Identification codes were used to protect identity and participants were consulted about including any data in the final report that might identify them.

4.4 Consent

The parents gave written informed consent (Appendices 7 and 8) with an opt-out clause to be able to withdraw from the research at any time without it affecting their participation in the programme. Participants, including children for whom it was developmentally appropriate, consented to allow the use video recordings, photographs, drawings and creative writing in presentations and training and for their inclusion in research papers. It was made clear to all participants that the final report would be available on the web with the inclusion of photographs. Participants were asked again about the inclusion of their photographs when the paper had been peer reviewed and approved for publication. At this point the opt out clause was also brought to their attention again.

4.5 Delivery and structure of the programme

The programme followed a structure to model the importance of routine and to provide a safe, familiar environment. Sessions started with a welcome circle including discussions about feelings and singing and finished with a similar goodbye circle. Some participants used chairs due to disability. The movement experiences included both adult led and child initiated activities and always included:

- Warm up
- Rocking
- Main theme
- Contrasting theme
- Blanket play
- Warm down

Photo 12 – The welcome circle

Photo 13 – Sharing gentle touch

4.6 Analysis

Drawings, creative writing and interpretations were grouped under tentative headings alongside photographs according to what participants said they showed, or what was observed during the programme. These groupings were refined through discussion, further data from observations and the practitioner's observation notes until the collection of data was summarised. Reflection on implication for practice followed this process. Practitioner observations complemented participant views rather than being more significant. Participants were not involved in the analytical process. On the final session, feedback was given to participants and creative work was returned.

5. Findings

All participants were enthusiastic about the inclusion of their photographs, creative work and comments in the final report, especially as it was going to be made available on the web. They wanted to showcase their achievements because they were proud of the changes they had made in their lives and wanted to help others see what can be achieved.

5.1 Children's voice

In consultation with the parents, due to the limited space in this report it was decided to focus mainly on the children's views of the programme. Adult views are included in the appendices (Appendix 3). Children picked out photographs of activities they liked best. Some children drew pictures and one child wrote a poem (Appendix 4) to represent their views.

The research I carried out involved the participation of 15 children and 11 mothers. All participants were given identification numbers, for example, adult 1, adult 2, child 1 or child 2, to ensure anonymity. The direct quotes in italics are examples of how individual participants reported their views.

Most of the children (12 out of 15) identified blankets as being their favourite activity, blanket play with just my mum (child 5). I like mummy wrapping me in the blanket and swinging me round and round (child 9) and how everyone plays together at the end (child 11) and I like how we get to talk about it all the adults in the group afterwards (child 7).

Some younger children (5 out of 15) enjoyed the rocking activities (child 8,). Tunnels and arches (child 9) was as a favourite activity and how we get chance to draw about it (child 12). Some children (4 out of 15) identified refreshments as being important because they could sit down in the group and join in with the talk (child 1, 7, 11, 12). Some children (6 out of 15, child 7, 8, 9, 11, 12 and 14) enjoyed spending time on their own with their mummy because it did not happen at home (child 7). One child said that helping to get the blankets ready was the best thing of all because it meant fun was coming (child 9).

Photo 14 - In the blanket with my mum – pairs, 'with' relationship

Photo 15 - Wrapping us up together

Photo 16 - Rocking in the blanket

Photo 17 - Wrapping and rocking my mummy

Photo 18 - Cuddling mum in the blanket

Photo 19 - Child initiated free play

Photo 20 - People parcels

Four of the children (child 3, 4, 5 and 12) liked it when their parents made them into special parcels and slide them across the floor. However, five other children (child 1, 7, 8, 10 and 14) said they did not like their head covered by the blanket.

Photo 21 - Rolling, pushing and pulling in blankets

Photo 22 - Swinging

Photo 23 - Taking turns in the blanket – child initiated activity ‘with’ relationship play

Photo 24 - Pulling in small group blanket play

Photo 25 - Pulling mummy in the blanket

Photo 26 - Blanket swinging in partnership pairs

Photo 27 - Spinning

Photo 28 - Blanket play

The majority of the older children (11 out of 15) liked *the group* (child 1, 3, 4, 5, 7, 8, 9, 11, 12, 13 and 14) because *‘their teacher’ joined in and copied them rather than telling them what to do all the time* (child 7). They also liked that they *could call her by her first name* (child 11).

Photo 29 - Group blanket play

Children learned to play together across the age ranges and became loving and caring towards each other and the adults and vice versa (Appendix 3). All the children (15) reported that they wanted time to *play more with their parents at home and at school* (Child 7). From the children’s perspective, fun was a vital element of the programme. ‘fun’ was mentioned repeatedly and seemed to be the way children assessed the value of the activities. Fun is hard to measure but enjoyment was seen on facial expressions and in body language of all participants during the programme and on photographs. There was also much laughter.

5.2 What we (the participants) loved best

Parents and children (26) said the most enjoyable part of the programme was having fun with each other (adult 8). All participants (26 out of 26) stated that they loved blanket play and having time to play together (adult 10). The children (15 out of 15) loved attending the group (child 15) because their mothers could come too (child 14) and they got to spend time together just playing (child 7). They liked the group because the adults and children did the same things (child 11) and everyone *listened to each other and played together* (child 12).

5.3 Creating a safe environment

Adult participants (11 out of 11) saw the role of the practitioner in creating a safe environment as central to the success of the group. They all reported that the group was a place to be honest about their feelings (adult 6), where they were fully accepted regardless of how much or how little they joined in (adult 11) because the practitioner was sensitive, gentle and non-judgemental (adult 1). All participants also reported that the environment was a place where they could connect in a positive way with their child and make meaningful relationships.

This study demonstrates that creating opportunities for parent/child interaction through movement play encourages sustained and sensitive two-way engagement between and with participants. This helps to establish the warmer, closer relationships needed to improve the quality of their interactions.

The research also identifies that the children enjoy having special time each week to engage in physical play with their parent and the freedom to choose what they do. Relationships with children, parents and adults and a sense of belonging were important to their experience of the programme but the programme did not last long enough (Child 12). The research found that the

children want more time to play with their parents at home although they recognised their parents were often too busy to play with them.

5.4 Main findings

The main findings that emerged from the study suggest that the programme helps mothers feel more confident about their parenting role and making positive relationships with their child. The group enables mothers to cope with their children's behaviour by providing information and skills about parenting. Mothers were motivated to attend the group regularly because it helped improve their relationships with their children.

The main themes suggest the need for more quality play interactions between parents and their children. Adult participants recognised the need to make changes in themselves in order for their relationships with their children to work.

The study shows the personal stance and sensitivity of the practitioner is central to the success of the programme in terms of providing the safe environment and holding fragile relationships between participants. It demonstrates the importance of the practitioner as a role model who has a significant impact on the social learning of the participants because of the way children in particular imitate what they see (Bandura, 1967).

The limitations of this study include its short timescale and funding difficulties. It did not take into account the reason why some families did not take up their offered place at the sessions. However, some families could not attend due to other commitments or circumstances. It also did not include the views of a control group those who had not or were not part in the sessions.

6. Implication for practice

This paper offers practitioners an alternative way of working to support families in building better relationships with each other. DMP as a practice fits with the principles of the National Curriculum, the Early Years Foundation Stage, and the Every Child Matters Agenda and adheres to the Rights of the Child, Article 12 (UNICEF, 1991).

7. Recommendations and conclusions

7.1 Recommendations

It is important to secure funding for the continuation of this project because from the initial findings it appears that DMP could address the needs of a wider range of families.

Recommendations are:

- To analyse remaining data (this was not part of this project due to the time constraints);
- To develop the programme for wider use;
- To promote awareness of the programme as an alternative to other therapies promoting parent/child mental health and emotional well-being;
- To include DMP in the care and education of young children and the training of practitioners who work with them;
- To continue research into dance and movement in relation to the emotional well-being of mothers and their children.

7.2 Conclusions

Playing and having fun is the most important part of the programme for children, alongside spending time with adults on an equal basis, within safe boundaries, talking, listening, being listened to, sharing, playing and having fun together are without doubt the most important

aspects of the DMP for the children. This innovative, inclusive programme is a powerful tool in promoting participant's well-being. However, there are methodological difficulties in determining what exactly is in a child's mind during interactions. It is important to acknowledge that an observer can only make a "best guess" when drawing conclusions about the child's view.

Some interesting questions about research methodology with young children evolved from this study and it is important that researchers engage with these issues regarding school-based research.

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Appendix 1

Information sheet about the research for participants

Evaluation of the Developmental Movement Play programme

We would like to invite you to take part in research that aims to find out about your experiences and those of your children of the Developmental Movement Play programme. This leaflet explains all about the project to help you decide. If there is anything more you want to know or anything that you wish to discuss please ask the group facilitator during the group discussions or phone the number on the bottom of the sheet.

What is the aim of the study?

The aim of the study is to find out about people's views of the dance and movement group and the effect it has on mother/child relationships. Non-verbal communication through creative dance and movement play is seen as an enjoyable means of parent child bonding and communication. This information is to help you decide whether you want to take part.

Dr Janice Filer, a dance and movement specialist is carrying out the practitioner led research funded by the Children's Workforce Development Council in conjunction with an organization called Making Research Count, mentored by Dr Debbie Watson from the University of Bristol.

You have been chosen to take part in the study because you have been attending the Southmead Family Support Project and taking part in the Developmental Movement programme as part of the parent support groups. We are interested in hearing your views about your both your own and your child's experiences of the programme.

Taking part in the research will not affect your rights to take part in the current programme or any future groups run by the project. If you are happy to take part please fill in the parental consent form at the end of group discussions and give it to the group facilitator.

You will be asked to take part in group discussions about your experiences of the programme with your child the end of each session and attend a focus group at the end of the session which will take up about an hour and a half of your time.

There are no direct benefits of taking part in the research but your views will help to inform practitioners of what kind of parent support groups people would like to attend with their children in order to meet their needs.

Any information you share with the researcher about your experiences will be strictly confidential and will be stored on a password protected computer. The report will only use

photographs and drawings with permission and will not identify any participants who wish to remain anonymous.

If you are happy to take part in the research, please fill in the consent form at the end of the induction meeting and hand it to a member of staff. Do not hesitate to talk to a member of staff if you want to know more about it.

Jan Filer, Early Years Consultant for the Behaviour Improvement Team.

Telephone 0117 9030057

Thank you for taking the time to read this information.

Appendix 2

Information and questions for researchers

Information for focus groups/semi- structured interviews with mothers and their children, which will take place during a normal parent support group session the week after the programme, is completed.

Thank parents and children for taking part in both the Developmental Movement Play programme and the research. Explain that their views of their experiences are important to the planning of future groups and finding out what works for people regarding providing parent support.

Remind participants that they do not have to be identified and that their photographs or drawings will not be used without their permission. Remind them that they have every right to remain anonymous and what they say will be kept confidential to the researcher and will not be attributed to them personally in the report.

Probe individual responses if necessary to elicit appropriate information about participant's experiences of the programme.

What did you expect Developmental Movement Play sessions would be like before you started the programme?

What was your first session like?

How enjoyable did you find the programme?

What were the best parts of the programme for you?

What did you think did not work about the programme?

What if any difference did coming to the group make?

Thank you for taking part in the programme and joining in the discussions about your experiences of it.

Appendix 3

The parent voice

Participants who attended the most sessions were not the ones who made the most progress (adult 7, child 8, 9, 10). All but one parent (adult 7) felt uneasy at first. Once they got into the practical aspect of the movement, it was obvious from the laughter, facial and body expressions (see photographs) that they enjoyed themselves.

Expectations of the programme

The majority of participants *did not expect to enjoy the group* (adults 2, 3, 4 5, 6, 10 and 11) and were unsure what it was all about. *I did not expect to enjoy it but I did* (Adult 10). *I did not know what to expect really* (adult 2) and *I thought it would be a bit different but when I did the first session I understood what it meant by movement* (adult 6). Their initial perceptions were that *the group would be like a lot of talking and how to cope and do things with our child and practical things* (adult 1) and it would be *acting like kids* (adult 9).

Difficult relationships

All adults talked about difficult relationships with their children and the challenges in relating to them. The majority *had not bonded very well* (adult 7) with their child from the start and *found it difficult to relate to them* (adult 5). Most mothers felt a failure and did not know how to do anything about it. They were *too frightened to ask for help in case their children got taken away from them* (adult 9). One mother felt *it was such a relief to find a group that accepted you for who you were rather than judging you for what you couldn't do* (adult 1). Another said *it was such a relief to find that others had the same problems and that she was not alone* (adult 5). One mother reported that *she was relieved to find somewhere to meet other people because*

she has felt so lonely and isolated. Two mothers said that the group had probably saved their lives because they were suicidal and to find non-judgemental help that had given them hope (adult 1 and 7). Several others reported feeling suicidal [and] coming to the group was helping (adult 8, 9, and 11).

Welcome circle and group discussions

All participants liked circle time but the older children (child 3, 4, 5, 8, 9, 11, 12 and 14) felt embarrassed singing and would *prefer just to talk about my feelings* (child 6). After session three it was agreed by the group that only young children would sing because they enjoyed it. The majority of children enjoyed the opportunity to be part of group discussions with adults to *talk about feelings to adults who listened* (child 12). They felt that they could express difficult emotions *crying in front of grown ups who just let you do it* (child 11). *The adults cry too and everyone looks after you without making a fuss or making you feel embarrassed* (child 12). *When [child 8 and 9's] mummy cried, we felt she loved us as well as her own twins. I wish mummy was with us on that day because she could have cried and the group would have loved her and let her cry. They would hug her if she wants or she could go out like the other twin's mummy* (child 12). *It would be good if we could all cry together because my mummy needs to cry. She doesn't cry about our sister 'cause she wants to help us that's why we come* (child 11). *Sometimes our mummy doesn't come 'cause she's too sad about our sister in heaven but we come on our own with [the support worker]'cause we love it better than school. We show mummy how to do it at home and she cries and we talk about the other twin's mummy crying in group* (child 12).

Safe environment

The adults felt it was *a safe place to express emotions freely and that it was good to share them with the children because it helped them to see that it was okay and that they could all help each other as long as the adults were careful not to upset the children too much. It was good that [child 1] saw me crying when she said I didn't love her because I say that I don't want her sometimes 'cause she's the cause of all my problems 'cause she's so naughty at home. I could see how much I had hurt her and I wanted her to know I loved her really but couldn't show it. I felt safe in the group and could cuddle her because she didn't reject me there. I wrote a letter to her on our drawing (Illustration) to tell her how much I loved her and she just loved it. We're much closer now 'cause of the group and she was good for days after at home (adult 1).*

Responsibility of motherhood

The mothers talked of the overwhelming responsibility of motherhood and the isolation they *felt bringing up children 'on their own' even when they had partners (adult 10) and the need for practical support (adult 5). Another theme was the fear of asking for help in case their children were taken away from them again (adult 2). One mother (adult 5) felt completely overwhelmed by the task of mothering explained whatever happened she struggled to get to the group because it was a lifesaver. The children are dreadful everywhere else but here. No one believes that it works because they are all so bad at home and at nursery. They hurt and bite each other all the time and no one can do anything with them. They all love coming to group and child 6 pesters me to come in when we go past the building. I can't believe how the older two don't bite and hurt anyone here. I wish you could come and show them how it works at nursery because they are so bad there. I feel such a failure all the time and I'm so scared that they'll all be taken away from me because I'm such a bad mother or that they won't be able to go to nursery anymore and I'll have to stay at home on my own with them all. I couldn't cope with it and he would have to go (adult 5).*

Participants looked forward to coming to the group because they could *relax a bit and spend quality time* (adult 7) with their child. They felt closer to their child during the movement activities and they were surprised how much it helped them to bond. Their children behaved better at home after group days. *I felt so close to [my child] in group today, closer than I have ever felt and I know she loved it 'cause she was so good. It makes me sad now; in the blanket hugging was best of all. I didn't think I could do it because I don't want to touch her anymore but I did and it made me cry remembering how much I used to love cuddling her before she was so naughty* (adult 1).

Parents with disabilities

Parents with disabilities (adult 1, 3, 4 and 6) felt being accepted despite their disabilities was important. They found the group *accepting of them* (Adult 4), *non-judgemental* (Adult 2) and a *safe place where they could be themselves and do how much or little they could cope with without feeling guilty that they were failing their children. It helped their children because having a mother who was disabled didn't matter in the group and we all felt a bit more normal* (adult 1). *It's been really hard on the children having a mother who can't do everything but I can here because whatever I do is good enough, it's me and how I am and they accept that. I can just be myself and [my child] can be a child not a carer* (adult 6). *Sometimes it was the only thing that kept me going. Since my stroke, I feel as if I don't count any more. Coming to group has given me hope and confidence to speak up for myself* (adult 1).

Reunification

DMP programme was part of a re-unification plan for three children, supporting their re-entry into the family after years in care. The group helped the family re-build fractured relationships.

One father *felt safer building up relationships with the girls because someone was there if it all went wrong. Although he found the DMP activities difficult due to disability and feeling self-conscious, he could see the benefits it had on all of them as a family (adult 2). His partner supported this, it's been good for us all, we've had so much fun playing together and are all much closer than I thought we would be in the short time we've been coming. It's helped us get back together again as a family. I think we have a chance of making it work now after the terrible time we had trying to get them back (adult 3).* Another mother *felt the programme helped her to bond with the children again when they came back from foster care after she had attempted suicide. It was a safe place where I could come and play with them because I hated being at home alone with them. It was so difficult back then (adult 7).*

Appendix 4

Making play matter

Does play matter?

It matters to children

So all adults out there play with their children

PLAY, PLAY, PLAY

Have a nice time when you play

Be gentle, be kind, be soft

Relax and rock together

Try not to get mad and make us sad

You can wrap up in blankets

Have lots of fun playing

We can run or spin each other over

PLAY, PLAY, PLAY

Have a nice time when you play

Be gentle, be kind, be soft

(Child 3)

Appendix 5

Why are you being asked to take part in this research project?

As a practitioner I want to understand why the difficulties you experience in your relationships with your child/children causes so many problems for you at home, at school and in your local community.

I want to use the information we find to inform the design and development of other family support interventions that might help other families like your own to improve the quality of their lives. It is hoped that these programmes will help families to make the most of services offered to them and will help to support other families in similar situations.

It is also hoped that research will inform practitioners how to empower people to make the most of the opportunities offered to them.

I will be writing about what you and your children tell me but will not identify you unless you want me to. The taped interviews will be destroyed as soon as the research is completed.

Your contribution to this research will help other families understand what they can do to help improve their relationships with themselves, each other, other people and the services they use. Services need a better understanding of the importance of relationships within families and between them and services offered so that they can offer ways to help which will improve the outcomes for everyone.

Thank you for agreeing to give consent to use information about you, your child and family to help me do this.

Jan Filer

Researcher

Appendix 6

Family Support Group

Developmental Movement Play

Supporting Parental Engagement

Information about the research

This practitioner led research study commissioned by the Children's Workforce Development Council is to provide evidence for best practice models of integrated parent support. The aim is to demonstrate how taking part in physically active, non-verbal relationship play helps to improve the lives. The research will include the views of some parents and children taking part in the programme. Ten adults and their children will be required for the study and will be picked at random in the case of all group participants consenting to be included in the research. It is important to know that you may or may not receive any direct benefit from taking part in the study. It is up to you to decide whether to take part or not. If you do decide to take part you will be given an information sheet and consent form. Even if you do decide to take part, you are free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

You will be invited to an interview to talk about your views of the programme which will last for 10 weekly sessions. With your permission these interviews will be taped, transcribed and used as information in the report. The interview will last approximately one hour. Alongside these video recordings, observations and photographs will be taken throughout the programme to record the programme. Photographs and creative work and some of the comments you make will be included in the final report which will appear on the web.

If you decide to take part in the research you can withdraw from it at any time and it will not affect your place on the programme. We hope you enjoy the programme and find it helps to improve your relationship with your child. However, this cannot be guaranteed. The information we get from this study may help us to provide support for other parents and children experiencing difficulties with relationships.

All information collected about you during the course of the research will be kept strictly confidential. Any information about you will be anonymised so that you cannot be recognised from it.

You will be able to see the final report which will be published on the Children's Workforce Development Council (CWDC) web page sometime in 2011. Contact Jan Filer on 0117 9030057 for further information.

Jan Filer

Researcher

Appendix 7

Family Support Group Supporting Parental Engagement

Developmental Movement Play Programme Consent Form for Research

Please read this form carefully and tick all boxes that you apply to you

I confirm that I have read and understand all the information about the Developmental Movement Play research project that involves me and my child	
I understand that my involvement will not affect any other service that I am receiving	
I understand that my involvement is voluntary and I can opt out at any point without any repercussion	
I understand that any information about me, my child or family will be kept strictly confidential unless I disclose an issue of Child Protection or anything that poses a serious threat of harm to my child, myself, my family or others	
I agree to take part in the research	

Name:

Name of child/children:

Signature:

Date:

Thank you for taking part in this research project

Appendix 8

Family Support Group

Supporting Parental Engagement

Developmental Movement Play Programme

Consent Form for Dissemination of the Research

Please read this form carefully and tick all boxes that you apply to you

I confirm that I have read and understand all the information about the Developmental Movement Play research project that involves me and my child	
I am happy for any information collected in any form about me, my child, my family to be shared with the project team and their managers and to be used in supervision to support their work	
I understand that I can withdraw my consent at any time in the future	
I understand that the written report will be published and appear in journals, books and academic papers	
I am happy for photographs of me and/or my child to appear in written reports	
I am happy for photographs of me and my child to be included in presentations of the research and used in the training of others	
I am happy for photographs of me and my child to be included in presentations of the research and used in the training of others	
I am happy for my /my child's comments to be included in presentations of the research and used in the training of others	
I am happy for my /my child's photographs, comments, creative writing and artwork to be included in presentations of the research for seminars and lectures at universities and conferences.	
I am happy for my /my child's photographs, creative writing and artwork to be included in publications (papers, books, web) and used in the training of others	
I am happy for my /my child's photographs, creative writing and artwork to support the training of project staff and to be included in the training of others	
I have helped my child to understand all the above and give informed consent	

Name:

Name of child/children:

Signature:

Date:

Thank you for taking part in this research project

Appendix 9

Family Support

Developmental Movement Play Programme

Supporting Parental Engagement

Consent Form for Dissemination of Findings

Please read this form carefully and tick all boxes that you apply to you

I confirm that I have read and understand all the information about the Developmental Movement Play research project that involves me and my child	
I understand that my involvement will not affect any other service that I am receiving	
I understand that my involvement is voluntary and I can opt out at any point without any repercussion	
I understand that all the information collected about me, my child or my family during the course of the research will be kept strictly confidential unless I disclosure an issue of Child protection or anything that poses a serious threat of harm to my child, myself, my family or other people	
Any published report of the research will not identify me unless I agree to it	
I agree to take part in the research	

Name:

Name of child/children:

Signature:

Date:

Thank you for taking part in this research project

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

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