

The Philosophy

M = Movement is the foundation for learning

O = All children can learn if given the Opportunities

VE = Via Education - MOVE is not a therapy but an approach to learning which uses the combined knowledge of teaching staff, therapists and family to teach people with severe motor disabilities the skills of sitting, standing and walking to the very best of their ability



MOVE

- Is a tool which enhances effective trans-disciplinary working
- Teaches functional movement skills the child is motivated to use now, to allow him to make more choices, access his environment and be a more included member of the community and function as effectively as possible as an adult in society
- Training staff to support inclusion
 - In mainstream, special and community environments



The Impact of Movement

- The ability to move allows us to make choices and the ability to choose is the foundation of personal dignity and self esteem
- The ability to move parts of our bodies and to choose how and where to move in space is vital to learning:
 - all the spatial concepts
 - all other areas of the curriculum
 - to function as independently as possible in society
 - to take our own weight into adulthood



Therefore movement should:

- Underpin all other areas of learning
- Not be seen as an add-on to the child's day
- Be the responsibility of, and therefore taught by, everyone who supports that child
- Be a major part of the whole 24 hour management programme
- Be recognised as a priority, for the young child but also for the older child who may still learn new skills and is more likely to lose those already gained
- Be motivational, purposeful and functional, with an outcome for the child, not a set of exercises



Principles of MOVE

- The hands on trans-disciplinary team approach
- A task oriented approach to learning skills
- Use education as a means of systematically acquiring motor skills
- Therapy services help establish a functional programme, help train staff and work with the team to update the programme
- Use equipment to teach children mobility skills, not just hold them statically
- Removing support to allow children to learn some control of their own bodies
- Think of the whole day as learning time



The “Buzz Words”!

- Meeting the individual needs of each child
- Ensuring achievement
- Partnership with parents
- Child & family centred goal setting
- Joint planning and truly collaborative working
- Listening to children.....
-and enabling the child’s choices
- The presumption of inclusion and equality of opportunities
- Preparation for life beyond childhood



MOVE in Scotland

August 1999

MOVE supported by funding from Scottish Executive Education Dept.

May 2002 “Partnerships for the Future”

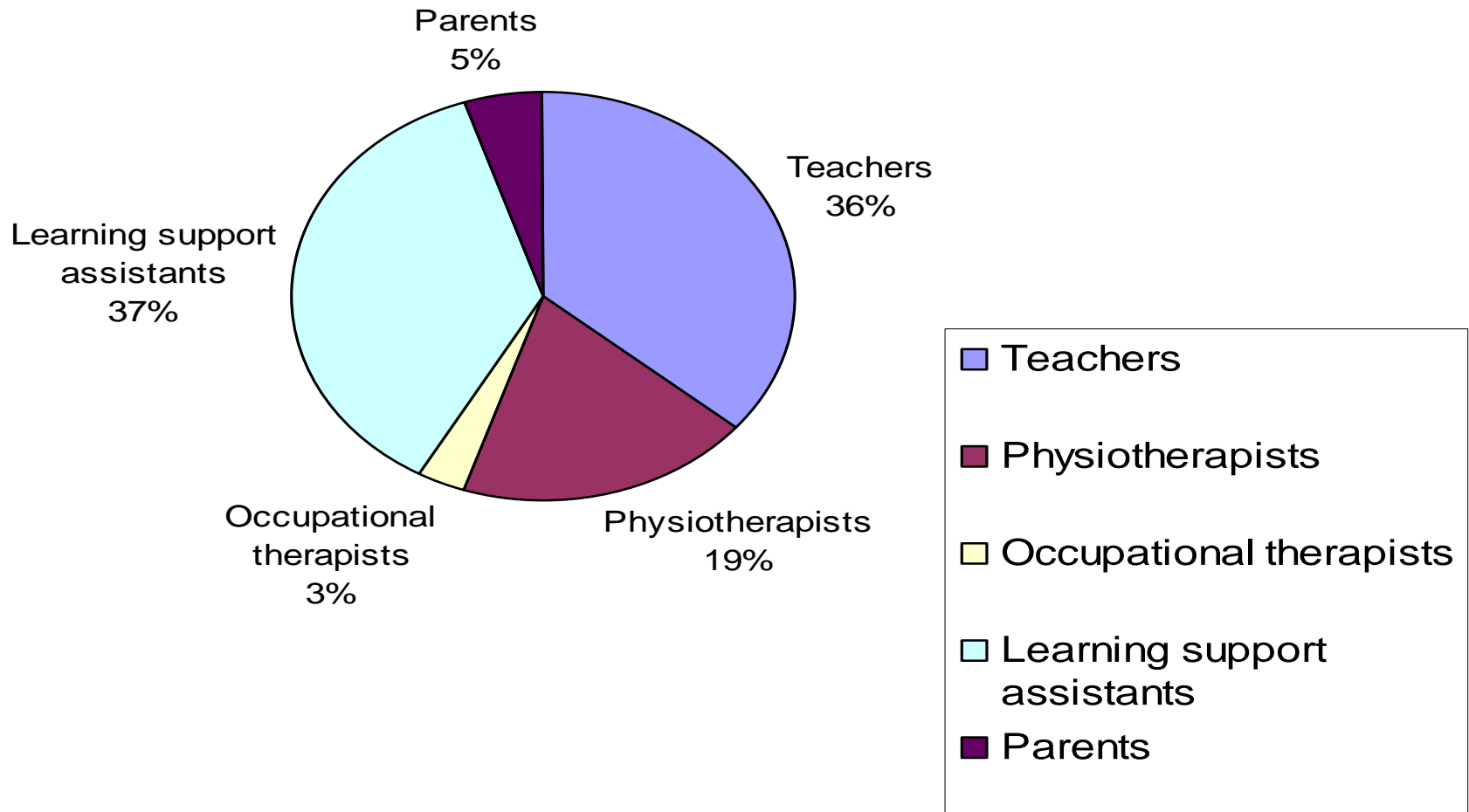
Funded solely by Scottish Executive Innovation Grant

Objective – To establish partnership agreements between MOVE and local authorities where education, health and social services will collaboratively fund the development of MOVE within the region by training the clusters of staff around each child who has a physical disability

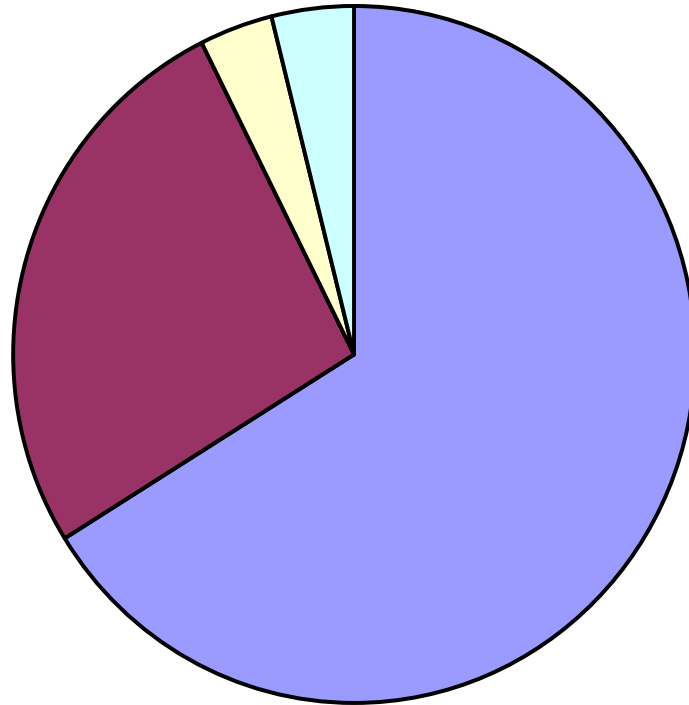


MOVE in the UK

1366 MOVE Practitioners in the UK



48 MOVE Trainers in the UK



- Teachers
- Physiotherapists
- Occupational Therapists
- Learning Support Assistants



MOVE is designed to:

- Use education as a means of systematically acquiring motor skills
- Use therapy services to help establish a functional programme, help train staff and work with the individual and staff to update the programme
- Provide a programme where participants naturally practice their motor skills while engaged in education or leisure activities
- Provide the basic motor skills needed for the development of other skills, expressive language, self care, academic skills and work possibilities



Step 1. Assessment

- Assessment in MOVE is a family-centred, team approach.
- Student and family provide the initial information
- We aim to identify “functional use of the skill” (not “how is it done?” or “is it demonstrated today?”)

If the child cannot use the skill to function he will not maintain it

Once a skill is used in daily living it can then be refined and perfected



Goal Setting

- Partnership with parents
- Identify goals that are meaningful and motivational for the child and family
 - Ask the child (or family) what they would really like to be able to do
 - Always think about function
 - Base the educational and therapeutic aims or goals on what the child would really like to be able to do.....motivation!



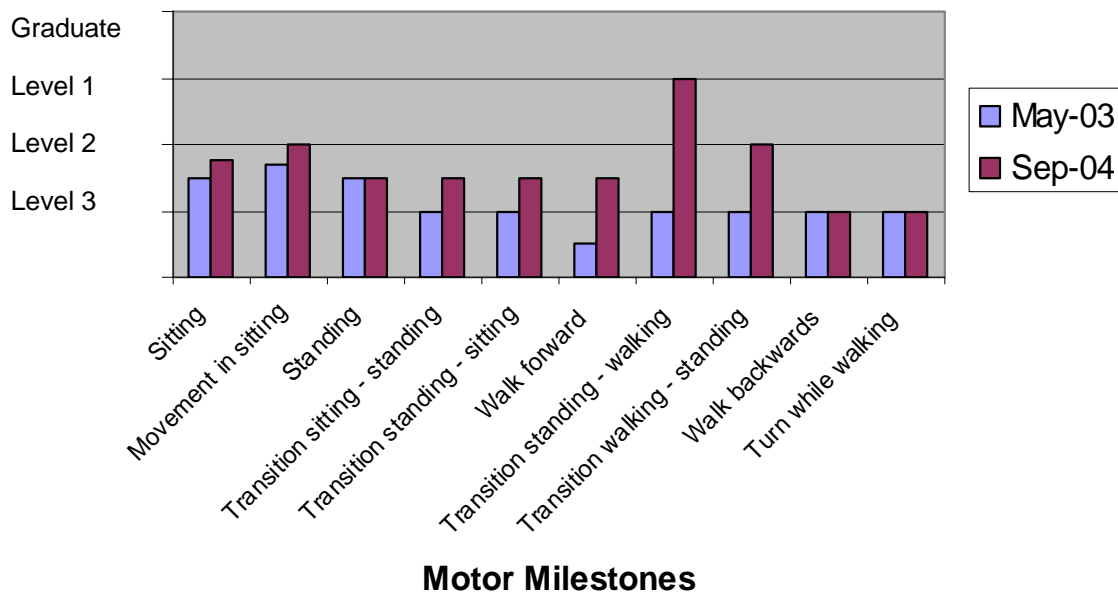
Evidence

- Research supporting MOVE principles
- American Academy article
- The Chailey Approach to Postural Management
- David Scrutton's work on Hips
- APCP evidence based guidelines on hips in CP
- The Commonwealth Task Force on Child Development 2003
- MOVE database



Charlie, age 6, who has cerebral palsy

Charlie, age 6, improvement in skills

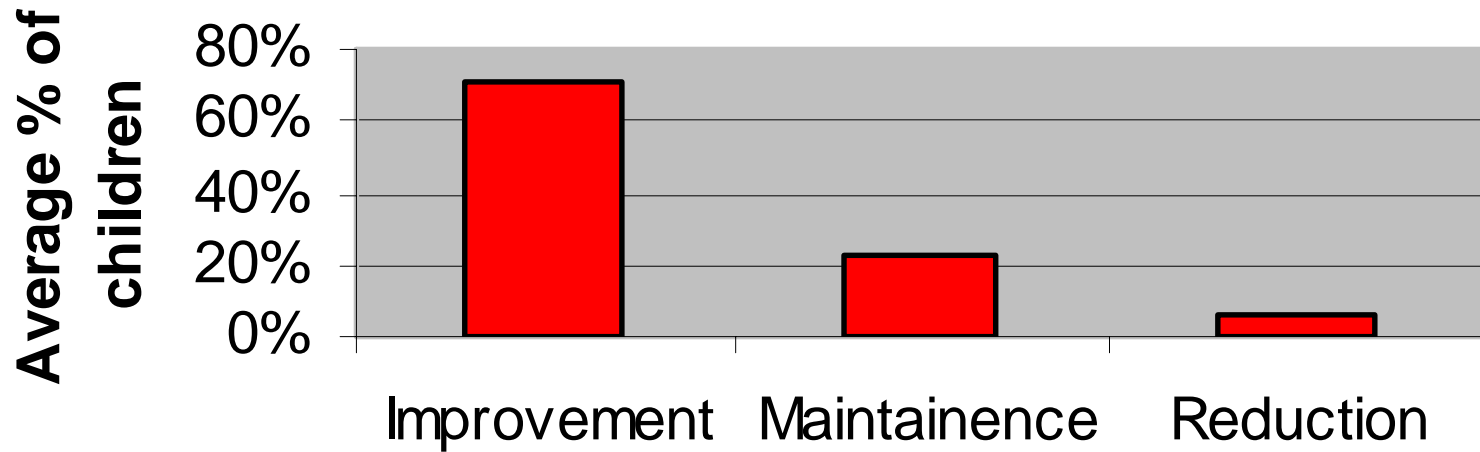


Charlie's Goals

- May 2003 - To sit unaided on the floor, bath or chair for a minimum of 5 mins
Sept 04 – 60% towards achieving goal
- May 2003 - To walk from sitting room chair to front room chair (approx 8 metres)
Sept 04 – 70% towards achieving goal
- May 2003 - To bear his own weight and assist in transfers such as getting on and off the potty
Sept 04 – 60% towards achieving goal



Children's progress after a year on the MOVE Programme



Mobility skills

