

# MenoMove Evaluation - Final Report

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## Executive Summary

MenoMove was a twelve-week arts and health pilot programme offering creative dance/movement sessions to support people experiencing the menopause. Sessions took place in-person in Newport (University of South Wales) and online between September and November 2025 with 33 participants from across Wales, and online participants from the south of England, Scotland and Norway. Delivered by The Body Hotel Hotel CIC and funded by Arts Council Wales in partnership with Aneurin Bevan University Health Board and Velindre NHS Trust, the programme aimed to support vitality, group solidarity, and symptom management. The project responded to growing national interest in creative health, menopause care and social prescribing in Wales. The evaluation used a mixed-methods approach, incorporating the Most Significant Change (MSC) framework, NPSS survey data, and creative feedback tools.

Key outcomes:

- **Vitality:** Participants reported renewed energy and emotional regulation through movement. Creative rituals like integrating movement into everyday tasks such as boiling the kettle were introduced, and NPSS data showed an increase in social engagement, compassion and bodily awareness as a result of the sessions.
- **Symptom management:** Participants described movement and breathwork as powerful tools for managing a range of menopause symptoms. The programme supported a shift from denial to body acceptance.
- **Psychological safety and connection:** the creation of a non-judgemental space which built trust and facilitated humour enabled participants to share deep and authentic expressions. Leading, following and witnessing others' movements built profound group connection and reduced isolation.

- Facilitation and format: Thematic metaphors that helped represent participant's experiences during check ins and activities supported self-expression. The hybrid format exceeded expectations, with both online and in-person formats valued for the ways engagement was facilitated. 'Spill the Tea' sessions where people had time after movement to discuss their experiences with menopause were a particularly powerful reflective space.
- Access and inclusion: While demand and reach were strong, engagement with trans and non-binary participants and those who have cancer induced menopause proved more complex. Future delivery would require more targeted outreach, embedded roles, and stronger referral pathways.

MenoMove successfully demonstrated the value of this type of dance/movement as a menopause intervention. It fostered emotional safety, built community, and empowered participants to connect with their bodies. The pilot project has demonstrated that with further investment, it could scale to address unmet needs across Wales and beyond, particularly if supported with strategic partnerships and dedicated delivery infrastructure.

## **1. Background & Context**

MenoMove was designed in response to national conversations around menopause care, wellbeing, and the role of creativity in health. Building on the Self-Care Suite (2023), it addressed the need for inclusive, body-based support that could be accessed beyond clinical settings. Partners included Velindre Cancer Centre, Aneurin Bevan University Health Board, and the University of South Wales, and the project was led by The Body Hotel CIC.

As outlined in the project proposal, the programme reflected Wales-wide interest in embedding arts and movement in social prescribing models. The Moving Respite (2022) evaluation demonstrated how movement was beneficial for participants to manage menopausal symptoms. This was an important indicator that this is an issue that merits further development. Additionally, as a practitioner currently undergoing perimenopause, it has been personally important to Dr Acarón to apply her dance/movement therapy experience to a specialised participant group, and offer a space led by lived experience.

Given the intersection of physical and mental health, dance/movement offers an important opportunity to support women, trans men and non-binary people in managing the symptoms of menopause by engaging with their body, while providing an expressive aspect to process some of its challenges. Physical activity has been positively linked with

menopause, however a Women in Sport national survey (2018) stated that "just under a third of women drop off from physical activity during menopause, yet the desire to be active is high." While there are some emerging programmes in terms of physical activity in Newport, for example, MenoMove aimed to focus on dance/movement and measure vitality, symptom management and the value of an arts-based group support.

Despite recent media attention, the development of British Menopause Standards (2022) and the founding All-Wales Menopause Taskforce in 2022, and recent national surveys, women, trans men and non-binary people continue to struggle to access support. Dance/movement provides a space to explore experiences nonverbally, and is suitable for those struggling to verbalise their current experiences and looking for an alternative for talk-based support groups. The pilot programme aimed to promote coping skills whilst providing the only dance/movement focused programme in Wales.

## **2. Programme Overview**

The MenoMove pilot programme, designed to promote wellness in menopause through dance/movement, was a project delivered by The Body Hotel CIC in Autumn 2025 and funded by Arts Council Wales in partnership with Aneurin Bevan University Health Board and Velindre NHS Trust. The programme offered sessions which were designed to explore the therapeutic benefits of dance as a tool for alleviating menopausal symptoms and enhancing overall quality of life. Through movement and shared experiences, the programme sought to create a nurturing environment where participants could express themselves, build resilience, and form supportive networks.

The programme was split into three strands: core groups consisting mostly of NHS Wales patients experiencing menopause, specialised groups for trans and non-binary participants, and those undergoing cancer treatment induced menopause, plus some additional intensive workshops for the wider community (Self-Care Saturdays). The specialised groups were targeted as requiring more specific support. The programme as a whole was free of charge and the core groups were open to anyone experiencing menopause at any stage of their journey, including those from the specialised groups.

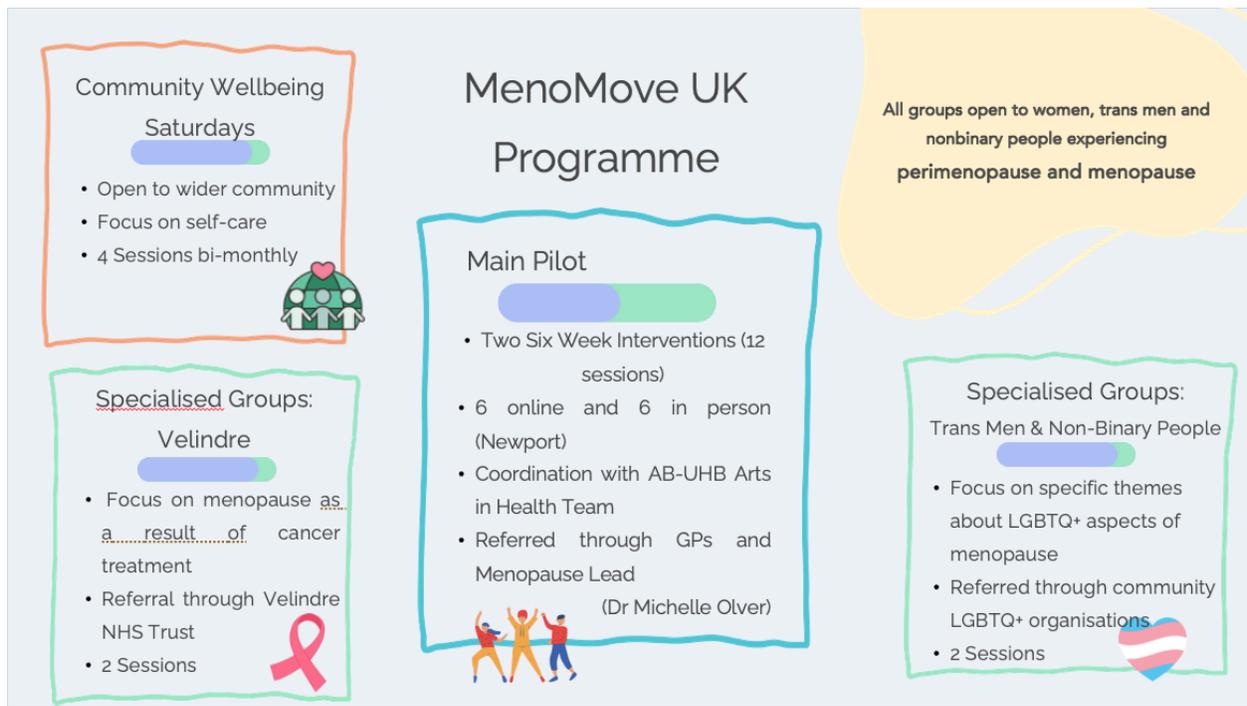
Referrals to the programme were made by GP Dr Michelle Olver, Menopause Specialist at ABUHB, and dissemination and promotion of the programme by Sarah Goodey, Arts Development Manager at ABUHB and Sally Thelwell, Arts in Health Coordinator at Velindre NHS Trust with programme management support by The Body Hotel CIC. Online provision

allowed individuals from across Wales to participate, with additional engagement from individuals based in the south of England, Scotland and Norway.

The core programme was delivered across two series of six weekly sessions in Autumn 2025. Each series consisted of 90-minute sessions, alternating between in-person delivery and online sessions via Zoom, resulting in a total of 12 sessions.

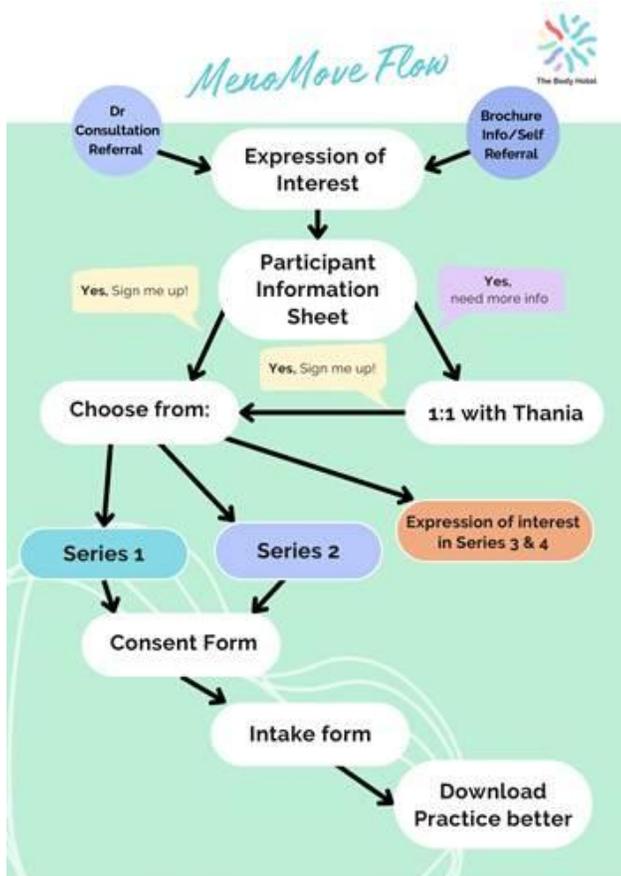
Series 1 ran from September to October 2025, and was delivered in person at the University of South Wales in Newport, alongside online sessions. Series 2 ran from November to December 2025 (see Figure below). In addition to the core programme, four further sessions were delivered as part of specialised group offers, bringing the total number of sessions delivered across the pilot to 16.

Each session followed a consistent themed structure (for example, weather, elements and paths) and was divided into two parts: a one-hour movement session, followed by a 30-minute 'Spill the Tea' session focused on reflection and shared experiences.



Additional engagement events planned were Self-Care Saturdays, in person community movement sessions hosted at the University of South Wales in Cardiff, 3 sessions each lasting 3 hours. Two specialised sessions were delivered with those undergoing cancer treatment induced menopause. There was engagement with connectors from the trans

and non-binary groups, but these were not able to be delivered due to external capacity and recruitment challenges.



The Figure below outlines the referral pathways to participate in MenoMove.

### 3. Evaluation Design

The evaluation aimed to explore participant experiences of vitality, symptom management, psychological safety, and inclusion, with the goal of understanding the value and outcomes of the MenoMove programme. The evaluation also aligned with the aims of The Body Hotel and the Arts Council of Wales Arts, Health and Wellbeing fund. To achieve this, a mixed-methods design was developed, combining quantitative measures with creative and narrative-led qualitative approaches. This included a focus on Most Significant Change methodology, which gathered participant experiences and reflection, making space for participants' lived experiences to shape how impact is understood. This methodology is often used in arts and health programmes where

valuable changes that may have occurred may not be captured through formal feedback methods and instead are found through the sharing of stories from participants.

To capture measurable outcomes, the following quantitative tools were used:

- NPSS-C (Neuroception of Psychological Safety Scale): this tool measures psychological safety in group settings through self-assessment of emotional, social, and bodily responses. It was administered at the beginning and end of the programme.
- A short questionnaire was developed for Series 2 and was completed online during each session, immediately after the movement component and before the 'Spill the Tea' reflection segment. The purpose was to capture immediate changes in

participants' experiences within the session, aligned with the key evaluation themes of vitality, solidarity and symptom management.

A wide range of qualitative tools were used to gather insights from participants and practitioners:

- Four dedicated, optional, evaluation sessions were hosted by the evaluator with participants during the 'Spill the Tea' sessions, at regular intervals during the Series, and delivered both in person and online.
- End of session reflections during 'Spill the Tea' sessions offered participants space to share either spoken or written feedback. This was supplemented by evaluation sheets completed after each session by the engagement coordinator.
- Semi-structured interviews with the project team allowed exploration into the project's outcomes and impacts, and space for reflection and iteration of the programme in between each Series.
- Body check-in charts, sheets developed to invite participants to express their current physical and emotional state through drawing, were used during in-person sessions.
- Participants were invited to create an artistic and written reflection at the start and end of the programme on a postcard, focused on their experience of menopause.
- As a companion to the in person tools, whiteboard word clouds were used during online sessions to prompt group dialogue and visualise shared experiences.

The evaluation was carefully designed in collaboration with the delivery team to be embedded into the programme to support rather than disrupt participant engagement and was refined iteratively. The focus of the sessions remained on the movement elements, and evaluation activities were introduced in ways that complemented the session flow. All contributions were anonymised and collected with informed consent. Space was provided for grounding and debriefing in all reflective activities, and the lead facilitator is certified in dance movement psychotherapy.

Quantitative data was analysed using descriptive statistics to observe trends in self-reported safety and symptoms. Qualitative data was analysed thematically, informed by MSC principles. Participant reflections were reviewed to identify recurring themes, and particular attention was given to stories that illustrated meaningful personal transformation.

## 4. Findings

The following findings explore the key outcomes and impacts of the MenoMove programme based upon the key indicators of vitality, symptom management, and psychological safety and group support.

### 4.1 Vitality

The first evaluation indicator was vitality, measured through self-reported energy levels from participants, insights from NPSS data, and creative outputs expressing energy and purpose.

#### **Movement as a source of emotional reset and renewed energy**

Across both pilot series, participants consistently reported increases in energy and vitality as a result of the sessions. Movement was described not just as a form of exercise, but as a grounding tool to help participants regulate stress and reconnect with themselves. One participant said: "every week I think I haven't got enough left in the tank for this, every week it surprises me, I feel better afterwards and I'm really glad I came". Another participant spoke of entering "a flow state", where they could be fully immersed in movement without self-judgement. Others found it energising: "it felt very open, dynamic, welcoming and free".

Participants reported feeling more energised and "more like themselves", a contrast to the fatigue or disconnection that can come with menopause. One participant reflected that the sessions helped shift her internal dialogue. Movement was frequently described as a tool for emotional reset on difficult days, such as when entering the sessions, one participant reported that "it's like now I am feeling 'OK I understand' – I can respond to stress".

#### **Embodied creativity, ritual and meaning making**

Movement practices helped participants tune into their bodies. One participant described this emerging self-awareness as "the feeling now my body is like an instrument of conveying information". Another reflected on having an increase in emotional sensitivity as a result of the sessions, that they "didn't realise it until tonight – I have extra sensitivity".

The Body Hotel CIC draws upon dance movement psychotherapy techniques where symbols/images/objects are used to help participants represent their experiences safely

and to reflect in creative ways. For example, participants were asked to represent their menopausal journey as the weather (i.e. stormy, sunny) or as a light source (fog light or torch). Image cards were also provided as prompts or conversation starters. These techniques used to frame the sessions gave structure and meaning to participants' experiences of energy: "I felt as though I was accessing some wisdom. It was like 'open your eyes to the terrible things – and also to the good things'. I was centered, growing positive things. It all materialised without thinking." Another commented "it makes you remember the vitality of life... our strengths, our resources, resilience, what we do that gets in each others' way".

## **NPSS and Body Check In reflections**

Practitioners consistently observed improvements in participants' mood from the start to the end of sessions, supported by qualitative feedback, NPSS score trends, and the Evaluation Check In ratings used in Series 2.

Although the NPSS sample size was small (11 participants in total, with some missing post-session data in Series 2), the findings indicate measurable positive shifts across all three NPSS subscales: social engagement, compassion and bodily sensation.

The social engagement subscale showed an average increase of 0.7 points from pre- to post-session. According to Morton et al. (2021), higher scores on this subscale reflect perceiving the environment as non-threatening and safe. The largest increases were how participants felt valued, respected and not judged by others, suggesting that participants experienced the sessions as psychologically safe and affirming spaces.

The compassion subscale demonstrated on average an increase of 0.5 points. Higher scores reflect increased empathy, care and connection with others (Morton et al. 2021). The strongest improvements were seen in participants' reported ability to empathise with others, feel compassion, and support others to relax.

The bodily sensation subscale showed the largest overall shift, with an average increase of 0.9 points. Both series also started from a very similar baseline. This subscale captures internal sensations of the body associated with being calm, such as relaxation in the face and the body, steady heartbeat and breath, and a settled stomach. The single largest increase across all NPSS measures was in participants' reported sense of bodily relaxation

following sessions, which increased by an average of 1.5 points. This further supports the achievement of one of the core aims of the programme.

<b>Subscale</b>	<b>Series</b>	<b>Pre-session</b>	<b>Post-session</b>	<b>Difference (average)</b>
Social engagement (14 items), max score 70	1 (n=6)	45.0	50.2	0.4
	2 (n=5,3)	50.6	64.0	0.9
	Total (n=11)	49.4	59.2	0.7
Compassion (7 items, max score 35)	1 (n=6)	28.3	24.0	0.9
	2 (n=5,3)	25.2	28.7	0.8
	Total (n=11)	26.8	29.3	0.5
Bodily sensation (8 items, max score 40)	1 (n=6)	22.3	25.5	0.4
	2 (n=5,3)	22.2	31.3	1.5
	Total (n=11)	22.3	28.4	0.9

Six participants completed the pre-and post session evaluation check-in survey during Series 2. As illustrated in the Figure below, responses increased by at least two points across every question (see Appendix), indicating consistent positive shifts from the start to the end of sessions.

The largest changes related to connection and support. Participants reported an average increase of three points in both their sense of belonging with others and the level of support received from others, directly aligning with one of MenoMove’s core aims of strengthening psychological safety and group support (explored further in Section 4.3).

In addition, one respondent showed a notable shift, rating their sense of belonging as the lowest score of 1 prior to the session and the highest score of 6 afterwards. When asked to describe the session in three words, they chose: “warmth, acceptance and kindness”, capturing the sense of community and mutual support that participants experienced through the programme.

<b>Emotion conveyed</b>	<b>Average increase pre-to post-session</b>
Feeling energised	+2
Feeling like myself	+2
Sense of belonging with others	+3
How I was coping with symptoms	+2
Level of connection with my body	+2
Level of support received from others	+3

The lead facilitator also observed clear shifts across sessions, noting: "the anchors, activities, protective factors, rituals we did to de-escalate or manage anxiety - participants said this was really great. The vitality aspect - movement - was something that shifted from beginning".

## **A safe and nourishing environment for growth**

Participants described the sessions as meaningful and restorative, such as how "the experience was very deep and nourishing", and "it felt as though everyone really embraced the complete process with all of themselves. The reflections were rich, inspiring and meaningful to each of us". Another participant remarked that "I feel like I'm doing something enriching with my life". This nourishment was also connected to the reflections captured at the end of the series which coincided with the start of winter, and how participants wished to "preserve' themselves through winter" using tools learned during the process.

## **4.2 Symptom Management**

The second evaluation indicator was symptom management, measured through self-assessment scores and qualitative reflections.

### **Movement as a practical and empowering tool for symptom management**

Participants frequently cited movement and breathwork as essential tools for managing a range of menopause symptoms, including hot flushes, anxiety, and disturbed sleep. These approaches were described as empowering and soothing, with a tangible effect on mental and physical wellbeing: "it's wonderful, I can feel like I'm floating on a cloud now, not how I felt when I came in. I also had pain in my hip. It's gone now."

The use of metaphor in movement activities (e.g. describing an ideal day or the journey from point A to point B) helped validate movement as a core method of self-care: "affirming of the importance of movement in managing menopause symptoms", and allowed participants to develop "more tools under the belt for the journey."

## **A shift in mindset from denial to acceptance and agency**

The programme supported a shift in mindset in many participants: "this programme has helped me take it more seriously and face up to the fact it's happening", and how participating in the programme was more "embracing of the menopause rather than 'oh god here we go, what next'". Others expressed that the sessions allowed them to prioritise themselves for the first time in a while, that they would "miss the sessions. I've tried to prioritise it over other things, prioritise myself", and how "if anything, when there's a lot on, these sessions have been helping, I feel like I need it more".

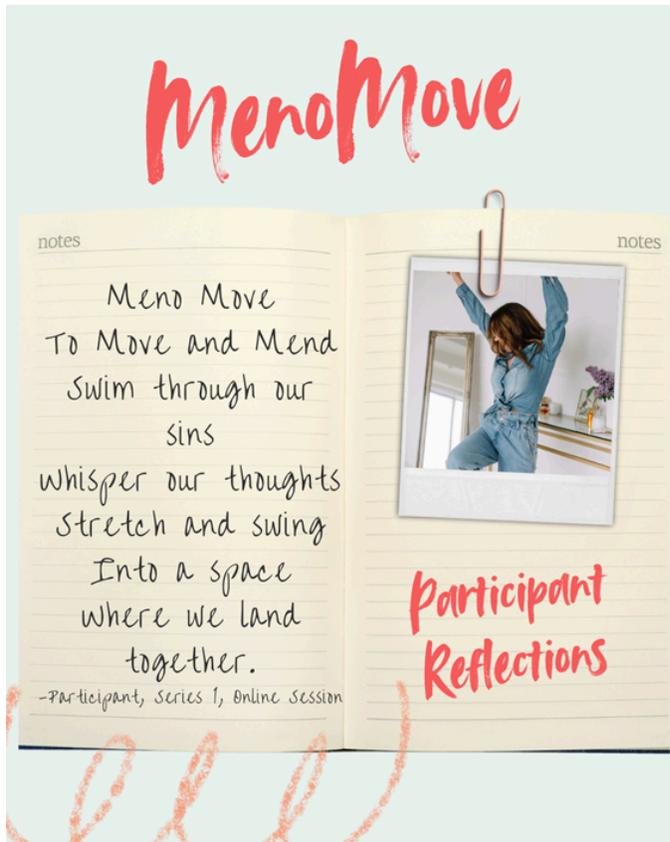
## **Listening to the body and translating that into daily self care**

Participants identified the importance of learning to listen to the body, rather than resist it, and as a result were more responsive and intentional: "I've made quite a lot of changes because of this programme. I'm looking after myself better, noticing more about what's happening with my body, but accepting it as a part of the process rather than 'oh another thing' and trying to push it away."

For some, this also translated into integrating movement within their daily routines, such as using the time taken to boil the kettle as an opportunity for intentional movement. Another participant intended to "try and form these things as habits – because it does feel so good. Brings joy into the space you're in". Others described a new gentleness to how they feel about their changing bodies into "shifting into loving the process that the body is going through and being kind to myself".

## **Expression, connection and relief through shared experience and humour**

Movement emerged as a powerful way to express emotion and find relief. Through abstract gestures, such as expressing how their week had been through movement, participants felt they could share and process complex feelings in ways that felt safer and more joyful than traditional verbal discussions: "it's been nice to be able to express it through movement... you can still express serious powerful things, but it keeps it lighter somehow". Another said that this "felt very meaningful for me... giving a movement voice to my body, move the way it wants to move – not the way I tell it to do things", and that the sessions gave them an opportunity to "express yourself fully", using "the right balance of direction and freedom".



The experience of sharing these sessions as a supportive group added to the impact of the movement outside of the sessions: "this programme has helped start conversations about the menopause that have been much more serious than the usuals. It's become quite a regular conversation now in a good way, helping people to just talk about what they're going through". The following Figure is a poem written by a Series 1 participant as they reflect on their journey.

Participants found comfort in using humour to bond over their experiences: "that humour has been so refreshing for me, joyous, we talked about a lot of challenges and things that people are

going through, but that was a joyous side which was so lovely to be a part of". Another mentioned how using "humour as a release of energy, in allowing ourselves to laugh at things" was a positive way of expressing their feelings with others.

### 4.3 Psychological Safety & Group Support

The third evaluation indicator was psychological safety and group support, measured through expressions of solidarity, qualitative reflections and visual outputs.

#### A safe, non-judgemental space fostered through rituals and facilitator presence

Psychological safety and group support was embedded into the design of the MenoMove programme. Consistent rituals and facilitator presence helped foster a safe environment where participants could engage emotionally and creatively. Opening and closing rituals were particularly meaningful. One participant reflected how they helped her "take up space" and feel heard. Another described feeling emotionally grounded through symbolic activities leading to her feeling like she had "more of a voice" in the room.

Facilitator style was central to this sense of safety. Participants noted Dr Acarón's skill in balancing gentle direction with creative freedom: "she gives you direction, but I don't feel as if people are doing it wrong, I don't feel embarrassed". Another noted that Dr Acarón "does a really good job of handling what could be quite sensitive material... Always find it kind and safe".

This environment helped participants open up without fear of judgement and "created a safe environment. I don't feel like anyone would think anything of me if I said something I thought was a bit stupid. There's a lot to be said for that, it's not an easy thing to do". Another framed the sessions as not "judging what is coming up, leaving all that self-criticism at the door", instead joining "out of your head and over thinking, into just feeling, losing ourselves into making a thing".

### **Witnessing and mirroring as anchors of connection**

Witnessing other participants' movements, whether online or in person, emerged as a powerful tool for emotional connection and psychological safety. This included one participant moving while others followed their movements (called mirroring, a tool from dance movement psychotherapy to support empathy at a nonverbal level). Participants "found it quite emotional witnessing someone moving so authentically like that", and how witnessing movement "was powerful to watch". Another noticed that they "enjoy interaction with other people. I love mirroring, you feel connected with people".

Participants also felt that the mirroring activities were a way of them working together, and feeling each other's energy, even online: "I'm really surprised how it works online, I've taken the movement, I can feel it in my body then, it's like a two way process".

### **Shared experience of menopause leading to a reduction in isolation**

Participants reported that being among others going through the menopause was validating. This shared experience reduced feelings of isolation and strengthened group trust: "it's been great in a group because we all had so many similarities... all attuned". Another participant felt that "more connection to movement is always something so special, knowing everyone here is going through similar things, everyone gets it in this circle".

Despite not knowing each other personally, participants quickly established emotional trust. Many felt that they were "accepted in this space" and appreciated that "everyone

takes it seriously", with others who did not "realise how much [they] needed this kind of space". Whilst all of these connections formed within the series were seen as overwhelmingly positive, one participant was worried as "the expression with other people who know your battle" has been so rewarding, but that overall "the journey is so lonely and isolating. How do we maintain this outside of these sessions?" This suggests that a future iteration of the programme would be welcomed.

## **Rebuilding a trusting relationship with the body**

One of the most profound outcomes of the programme was the opportunity it gave participants to reconnect and rebuild trust in their bodies, something often disrupted by the physical and emotional experiences of menopause. Several participants felt a shift during this process from frustration, judgement and disconnect to feelings of appreciation and acceptance. One participant reflected that "the menopause is literally affecting our body, and it just feels really good to use that body that's doing all these changes. It feels better, rather than pushing it away, this is like the opposite. You're using your body and it's helping you feel better, getting out of your head and into your body... into your heart."

Participants described how the sessions helped them to reinterpret the changes they are experiencing not as a negative, but as part of a natural transition, prompting a more loving and forgiving internal dialogue: "it's kind of getting reconnected again, it's not like before, and you've got to learn again. It's hard for our identity and ego", with another remarking "you don't want to reject yourself, you know. That doesn't feel good".

The sessions also supported connections in everyday movement, such as one participant who danced before a work meeting following the sessions, which helped them "feel like I had a body. [I] forget that your body isn't just a lump of useless flesh hanging off your brain – it has a function". Similarly, this idea was echoed by others who noted how the sessions brought stillness and focus back into their day: "I'm so used to doing too many things at once, whilst not really doing anything. Really appreciate there's time for that, to just be still and focused on one thing."

One participant reflected on mapping her current and ideal week through movement: "it was cool to move my actual week, and then my ideal week felt more profound. I felt simultaneously a younger and more mature self together as one... happier, more dynamic... reminded me of aspects of myself that can be lost". Another noted "it's like I have not entirely lost my younger self – some things are changing".

Over time, a core group of 6-8 participants emerged, forming bonds and expressing a clear interest in continuing the sessions in some capacity. This highlighted the importance of depth and consistency over high numbers, especially given the sensitive and personal nature of the themes explored.

## **4.4 Project Design & Facilitation**

Effective creative tools and facilitation approaches were central to the success of the MenoMove programme. The use of metaphor, embodied imagery and sensory prompts offered rich opportunities for self-expression and shared reflection. These approaches proved especially valuable in engaging participants who had varying energy levels, learning styles and emotional needs. Participants were able to explore their experiences of menopause in ways that felt personal and meaningful.

### **Collaborative approach**

The iterative and collaborative approach of the pilot programme was a strength. The lead facilitator consistently consulted with participants throughout the programme, both in the session content as well as evaluation tools and wider project design. This helped maintain psychological safety and built trust with participants. Participants felt comfortable providing continuous feedback, which helped refine approaches between the two pilot series. The tools utilised were described as being "nicely creative without there being pressure".

### **Online vs in-person experiences**

Originally, the intention was for participants to attend a consistent group (both online and in person) across the series. However, as attendance patterns shifted, the delivery team adapted the format to work as more of a drop-in model, which also allowed participants not based in South Wales to attend. This required subtle shifts in facilitation, such as minimising references to previous sessions and creating a welcoming space for those attending for the first time. As the lead facilitator reflected, it was important to honour the fact that people were attending different formats, and to build flexibility into the structure. This did not affect the experiences of participants: "I thought it would matter that there were different people every week and not have that continuity, but strangely, it's not made any difference whatsoever, it's been easy to do this with people I have never met".

At the outset of the MenoMove programme, there was also some hesitation from the project team around how well the online sessions would be received. There were concerns about whether participants would feel as comfortable and connected as in person, and whether anything essential might be lost in translation in an online format. However, many participants expressed unexpectedly positive experiences of the online sessions, saying it was "quite surprising what you can achieve online". For some, being in their own space allowed for greater freedom of expression: "it was easier to express myself because I forgot the camera was there. Not knowing that you're being watched may have allowed me to do more". Others appreciated the convenience of being able to attend from home, especially when balancing other commitments: "selfishly it was very convenient as I work from home. But then in-person is nice as well as you get to draw and talk, have a cuppa and enjoy snacks."

While the online experience was different, participants were often surprised by the emotional intimacy created online. One described it as: "a powerful experience for authentic movement... surprising what is conveyed through the screen." Subtle upper body movements were described as "tender, gentle and imaginative." One participant highlighted how the visual Zoom frame of changing lights seen through the screen contributed to a "cinematic" quality in the sessions, enhancing the feeling of connection through movement, that it was "so special to see each other moving and taking time to witness", that it was "emotional and powerful". Several people found the online atmosphere relaxed and emotionally open, even when working with new participants each week: "It was easy to partner up even with someone I hadn't met before. It moved to an honest emotional level immediately, not superficial"; "I'll miss it."

The in-person sessions, meanwhile, brought a different kind of engagement, described as "immersive", "sensory" and "communal". Some participants noted a greater opportunity to reflect together and observe others' energy and expressions in the room: "when you're in person, we do more movement and there's time to reflect and listen to others... it's always good to hear and be asked how you are."

There were also observations on focus and presence. While the in-person spaces offered physical interactions and tools, others found being online more concentrated: "when you're online, what you lose not being in someone's presence or eye contact, you gain in focus - fewer distractions." Participants discussed that although they are more comfortable with engaging with online activities following the pandemic, they are now more selective in which activities they engage with, but that MenoMove was "really powerful and worth it."

Others acknowledged that movement was naturally more physically limited online, especially due to space constraints: "at home I have very little space, but I managed to stand up and move around a bit" and another mentioned that "I've been sitting down more during this. In a room, I would be standing up. But it's been fine, expressing gestures and upper body movement. Just slightly less energetic."

When asked to compare formats, a few participants expressed a personal preference for in-person sessions, noting benefits such as being able to engage in "more movement", and having dedicated time to "reflect and talk together. That doesn't always happen otherwise". However, overall feedback suggests that the hybrid format worked effectively, accommodating different needs and preferences and enabling wider participation across locations and lifestyles.

## **Role of Evaluation**

From the outset, the evaluation of MenoMove was designed in close collaboration between the evaluator and the delivery team to ensure it complemented, rather than overshadowed, participants' experiences. Reflections and feedback were embedded in a non-intrusive, accessible way. Several participants expressed an appreciation for the chance to engage in these reflections, that they complemented the programme's ethos and were valuable for their own personal journey: "it made me stop and consider things." Others made a direct connection between the programme being free to access and their willingness to contribute: "it felt good to give something back, especially if it helps others benefit too." The project team also reported that the evaluation methods used "didn't feel like a hard sell, people got it."

Creativity and accessibility were also key considerations in the evolution of the evaluation design. The lead facilitator highlighted the potential to enhance tools further, for example, by using visual icons rather than tick boxes, or by introducing drawing-based responses. This could improve accessibility, particularly for neurodivergent participants, and better reflect the creative and embodied nature of the work. However, a recognised challenge was in how to systematically analyse the arts-based and creative data generated. As the lead practitioner reflected, movement-based feedback is fundamentally different from conventional survey data, and requires different forms of interpretation. There is an ambition to build more structured methods to extract further insights from visual or movement-based responses in future project iterations.

## Spill the Tea

Participants described the 'Spill the Tea' sessions which immediately followed the movement sessions as a meaningful opportunity to share experiences and connect with others. The use of open, free flowing dialogue between participants was viewed positively, particularly in the in-person sessions. One participant reflected that it was "useful to hear what people are going through", and another noted that the "balance has been right with an emphasis on movement", describing the group as a "lovely kind warm community of people".

Participants largely held the space themselves, with the lead facilitator only occasionally redirecting discussion. This was described as a skilled balance: allowing space for people to vent and be honest, while drawing on dance movement psychotherapy practice to gently return the group to grounding, reflective activities. The inclusion of creative tools within 'Spill the Tea', such as the body check-in chart, and reflective cards, supported this balance well. The body check-in chart, sheets which invited participants to express their current physical and emotional state through drawing, acted as a reflective prompt, offering participants something to focus on physically and act as a way to support expression, while talking.

Several participants highlighted how 'Spill the Tea' helped reduce feelings of isolation and created a sense of shared understanding. One participant described how, despite an increase in menopause coverage within the media, it can still feel profoundly solitary: "I really liked the sense of community... it can feel solitary even though you know that people are experiencing and talking about it... nonetheless you can feel like you're the only person experiencing symptoms or not knowing what's going on".

However, reflections also highlighted that the menopause-specific dialogue could feel emotionally challenging for a few participants, particularly when listening to other people's symptoms and experiences. One participant expressed that movement felt easier to engage with than direct discussion: "it's the menopause talk that is more challenging for me... the dance is all very good – the talking is like 'oh gosh!' Listening to people's symptoms. Dance is abstract, I can keep positivity more easily". This reinforces the importance of the programme's balance between movement and discussion, and the key role that the lead facilitator plays in maintaining a positive and inclusive environment for participants.

## Session structure and facilitation style

The structure of the MenoMove sessions was consistently praised for striking a thoughtful balance between creative freedom and emotional safety. Participants responded positively to the format, which allowed sessions to evolve organically while remaining anchored by familiar rituals and a gentle and welcoming pace. Participants appreciated the sense of consistency created by these opening and closing rituals, which supported psychological safety and created a warm and inclusive environment. One participant suggested that future iterations should "definitely keep the rituals aspect, where we all start in a circle together. I like that." Another added that "anything could happen in the middle... but the anchoring of the start and end made me feel safe. I knew what was happening."

The lead facilitator noted the value in responding in-the-moment to the needs of the group, including how they "loosened the structure towards the end - reacting instinctively is what we do in dance therapy. I hope in future iterations we can keep deepening those interventions." This flexibility enabled the sessions to feel relevant and responsive, especially as the lead facilitator was clear to participants that "every time we meet, [the session] can be responsive to what you need." Another participant felt that the sessions had a "playful air – pitched at the right way. Makes you feel welcome, relaxed. [Dr Acarón] is not explicitly telling you what to do, just introducing something and letting us experience it. Then feeding back what she's already guessed might happen. Allowing us to do that is really skilful".

The pace of the sessions was another identified strength. Participants appreciated having the space to reflect, move and connect without feeling rushed: "I like the length of it, allowing for the pace, and a good amount of time to fit everything in." Others echoed this, saying that the lead facilitator "has done a really good job of doing different things... but with a similar kind of pace to it. Don't know if I'd change anything."

The structure supported participants to safely explore their emotions. One participant "liked the gentle self-reflection but I don't feel under pressure at all." While some participants came in with clear expectations of creative movement, others were surprised by the depth and authenticity of the experience: "I thought it would be movement, didn't think it would be too challenging... but what we did this evening I didn't expect, really weird, authentic movement. Wow." Another "felt as if [they] were experiencing [their] body for the first time", elevated from their expectations of how they would feel in the sessions.

Some participants drew comparisons to other improvisational sessions they had attended. One mentioned that whilst they appreciated the freedom in those sessions, they "did need to have a purpose or underlying message. Here, this feels right." Practitioners reflected that their ability to react instinctively, one of the key tools in dance/movement therapy, would be positive to keep confirming or deepening those interventions in future iterations.

## Use of specific tools

The multidisciplinary approach, making use of creative tools, blending movement-based storytelling and visual journaling, was consistently highlighted by both participants and the project team as a strength, allowing individuals to engage in the ways that felt most meaningful to them. These core components allowed the key outcomes of symptom management, vitality and group safety to be explored, and participants found these tools helpful in externalising and processing their experiences.

One example was the 'safety backpack' activity, which was highlighted as emotionally resonant, using the image of a rucksack or container and inviting participants to reflect on what they carry with them, both literally and metaphorically, and how this affects their sense of emotional safety. There was a consistent emphasis on maintaining a positive and hopeful tone, such as "describing an ideal day in gesture", or to "imagine a journey from point A to point B". One participant described this focus as helpful for the sessions to "stay upbeat".

Participants also praised the tools used for being "nicely creative without there being pressure. Creative ideas, ways of moving, tasks themselves creative". Visualisation exercises were particularly well received as a bridge between imagination and movement. One participant described how one visualisation activity "helped me see it in my mind, then I can express it in my body." This integration of metaphor and gesture made the sessions feel accessible, regardless of prior experience with movement practices.

The weekly themes and consistent check-ins were also appreciated. One participant noted that it was "interesting, having a theme every week... noticing the depth of those symbols". Some individuals were drawn to specific tools or prompts more than others, such as the visual cards and the symbolic meanings they evoked during the 'Spill the Tea' sessions.

Participants acknowledged the skills of the project team: "I get a sense that this is an informed, substantial and defined thing [Dr Acarón is] doing – a sense that this is evidence

informed." Another participant remarked that the lead facilitator's approach was intentionally non-directive: "I like that [she] doesn't try to spoon feed. She lets you come to your own thoughts and conclusions... gives everyone the space to make their own connections which is really valuable", rather than being told how to express their personal menopause journeys.

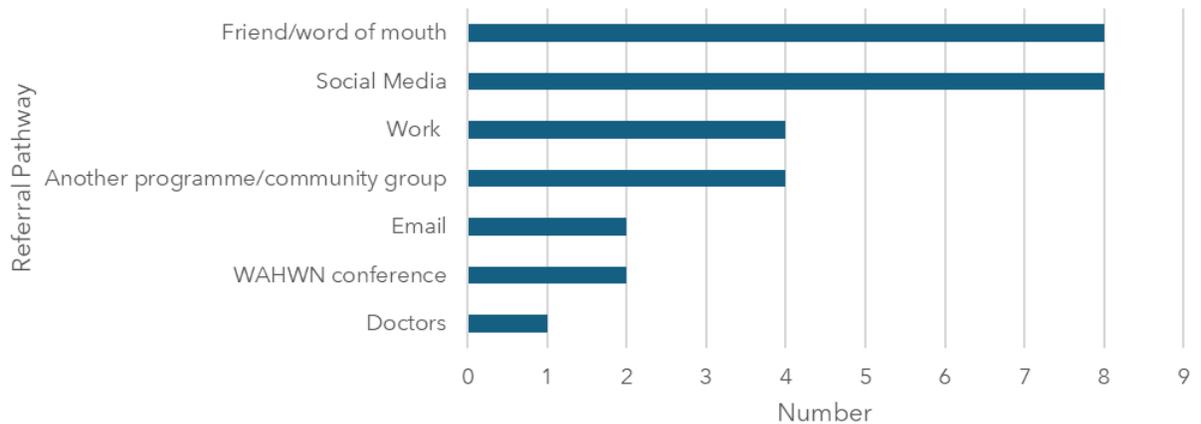
Not all tools were as successful. The body check-in chart, for example, received mixed feedback from the practitioner team, feeling that it was more popular in the Self-care Saturdays sessions, possibly as it "suits a longer period of time", as the Self-care Saturdays took place over 3 hours rather than 90 minutes. However, it was acknowledged that the body-check in chart gives "participants an activity to focus on while chatting".

## **4.5 Access and Inclusion**

The MenoMove programme was designed to be inclusive and accessible across a range of identities and experiences, with particular attention to underserved groups including trans and non-binary participants and those undergoing menopause induced by cancer treatment. This section explores recruitment and participation patterns, while reflecting on barriers and lessons learned for future iterations.

### **Recruitment pathways and participation**

Participants had heard about MenoMove through a variety of sources, as highlighted in the Figure below. The most common were word of mouth (8) and social media (8). The most frequently cited platforms were Facebook (5), followed by Instagram (2) and LinkedIn (1). Other referral routes included previous engagement in The Body Hotel programmes or community arts groups (4), workplace networks (4) and The Body Hotel mailing list (2). Two attendees heard about the programme through the WAHWN conference (2), and just 1 participant was referred through their GP surgery.



There had also been 41 expressions of interest for the project, resulting in 18 regular participants in total: 7 participants who attended Series 1, and 11 who attended Series 2. Three of the participants from Series 1 also attended Series 2. Participants cited a wide range of barriers which made them unable to participate in the programme, including caring responsibilities, transport, location, work commitments, and feeling physically able to attend sessions, which are external factors for the programme engagement. In order to address one of these barriers, applications were amended to accept participants outside of South Wales, allowing online attendance from individuals based in North Wales, Scotland, the south of England and even Norway. One person remarked that they had shared information about the programme with others and felt that "a lot of people would go should there be another one in the future." Another added: "there's nothing like this around here in South Wales."

Whilst cost was not a barrier to participation as the programme was free to attend, the project team reflected on the challenge of balancing accessibility with commitment. While removing financial barriers supported inclusion, it may have also reduced accountability for attendance. For future iterations, the team suggested introducing a nominal signup fee, refundable or redeemable as a light-touch deposit could encourage participants to commit to attending the sessions they register for, without compromising affordability.

Participant feedback highlighted that the framing and tone of the programme's marketing was key to their decision to join. One participant shared that they had previously felt intimidated by other movement classes, where it seemed some participants were highly experienced: "whereas I feel accepted in this space." Another noted that the therapeutic language used in promotional materials felt both honest and reassuring, accurately reflecting the programme's aims without overpromising. For some, the appeal lay in the

clearly communicated purpose of the sessions: "there are gains to be had, to feel more grounded in your body."

The lead facilitator noted that the community engagement role, developed and refined during delivery, played an important part in recruitment. This role helped leverage personal and professional networks, using channels such as WhatsApp to engage directly with the community, and was especially valued, noted as "embedding within known spaces [such as menopause cafes and local organisations] might be better for future – those are where the connections already are". While GP surgeries were contacted as part of the outreach strategy, engagement remained limited, likely due to the well-documented capacity constraints within the NHS. The project team emphasised that building stronger referral relationships with primary care coordinators remains a valuable long-term goal, but must be approached with realistic expectations and appropriate resourcing for multiple follow up opportunities.

Another avenue for expansion identified was in the corporate sector, particularly within large organisations. A previous project evaluation had recommended developing referral pathways through employer-based wellbeing programmes. MenoMove demonstrates further potential here, as 4 participants cited work-based connections. One participant reflected that targeting the NHS workforce would make sense given it is "mostly women" and that "anything that is helpful is really welcome" in a high-pressure workplace environment.

### **Outreach with priority groups**

A needs assessment was conducted to ensure that session timing and delivery formats were suitable, although dedicated outreach to specialised groups proved more challenging. The lead facilitator reflected that future delivery would benefit from longer lead-in times, dedicated outreach staff, and the development of trusted relationships within marginalised communities to overcome engagement barriers.

Two taster sessions were held in partnership with Velindre NHS Trust, as part of existing session structures of a wellbeing day and a menopause café. The first session engaged 13 participants from across South Wales, including Cardiff, Bridgend, Neath Port Talbot, Pontypridd, RCT and Caerphilly. These sessions were positioned as tasters rather than full programme delivery sessions, and the team reflected that this format was valuable for

direct engagement, raising awareness, and beginning conversations about what future support might look like.

The project team described the wellbeing day as emotionally intense, due to the layered experiences of menopause alongside cancer diagnosis, treatment, remission, and uncertainty. The practitioner reflected that they were particularly moved by the strength and vulnerability present in the group: "I was moved by the identification of resilience and a couple of participants who just named the struggle and the worry. That took a very big protagonist." This session highlighted the need for specialised menopause support in cancer settings, and the practitioner noted that future sessions would need more support, such as a drama therapist to co-lead the session, as "it's a one off, it feels heavier and that it needs more care in that specialised world."

Lessons learned from this experience included the importance of in-person delivery, a longer session length, and at least two facilitators with groups with more complex needs. Connections were in development for future embedded sessions within the cancer centre, and initial discussions were held on future distinct project structures for this demographic.

While the programme also intended to deliver specialist sessions for trans and non-binary participants, this element of the programme proved challenging to implement. The project team reflected that this was not due to lack of need, which had been confirmed through initial conversations prior to the programme taking place, but rather the reality of engaging with a community who is currently experiencing heightened vulnerability and reduced organisational capacity. The project team described multiple barriers, including limited capacity in local LGBTQ+ organisations, younger demographic profiles in some partner groups, and a wider political climate impacting safety and engagement: "given the horrible, devastating attitude from the politics side, there are more people in a more vulnerable position, more pressure on these services as more distress". While initial outreach did take place, follow up was challenging, and the team noted that this work would require dedicated time, resourcing and trust built over a longer period.

## **5. Additional Project Team Reflections**

Practitioners consistently observed an increase in participants' confidence, emotional range and energy across the series. Movement was described as having become "the protagonist" in several sessions, taking on a central role in group connection and self-expression. They

reported a notable increase in how participants used movement as a reflective and expressive tool as the series developed.

Practitioners also reflected positively on their own learning and development as a result of MenoMove. One noted: "professionally, I've learned a huge amount and loved every minute, it's been the best thing for me to reconnect to my own body as well". Another, recently graduated from the USW MA Art Psychotherapy course, described their involvement as "a hugely rich and rewarding learning experience." They felt that their involvement in MenoMove has been a "pivotal moment in discovering who [they] wish to become as a creative therapist, artist and dancer."

The project team also shared that navigating personal boundaries was handled ethically and respectfully, and that their lived experience made them feel "very welcomed in that space" and enabled them to relate to participants in a way that supported trust and emotional safety.

The delivery team faced some unforeseen practical and resourcing challenges, including staff leave and sickness, which impacted continuity. A mid-point change in the staff team added additional administrative burden due to the complexity of the CRM system and training required for this. As a result, the team opted to pivot the approach to circumnavigate this system to rethink the internal systems.

During the post Series wrap up session, the core team reflected that future iterations would benefit from:

- A distinct community engagement role, ideally someone embedded in the cultural or geographic context of the sessions especially important for in person sessions.
- Additional time to build partnerships by attending existing networks and conferences.
- A further separation of the facilitator and capturing evaluation outcomes roles, to allow each to focus on their core responsibilities.
- Exploring partnership with a social prescriber or community connector to increase reach and reduce administrative burden.
- A dedicated admin role to schedule meetings, send session reminders and process data, as the team underestimated the time taken for these tasks.
- Leading sessions with pre established groups in health centres or clinics to support participants while in more familiar surroundings.

The following external factors were also noted which had varying levels of impact on the programme.

- Limited NHS referrals due to pressures on health services
- Resource limitations for reaching priority communities
- Political and social climate making outreach to trans and non-binary communities more difficult
- Lack of embedded pathways in existing community health networks

## **6. Conclusion and Recommendations**

This evaluation has demonstrated that MenoMove has been an effective and evidence informed pilot with strong impact indicators across vitality, symptom management and psychological safety. Participants experienced meaningful shifts in their experiences of menopause, and they were able to express this through movement and creativity in a supportive and safe environment. In order for future iterations to succeed, the evaluation recommends the following:

### **1. Continue and scale the MenoMove model**

Expanding delivery to meet evident demand, particularly in Wales where provision is limited. Develop tailored sessions for trans and non-binary communities and cancer patients with longer lead time and relationship building to address specific barriers.

### **2. Build structured referral pathways**

Strengthen links with GPs, corporate wellbeing programmes and NHS wellbeing leads as recruitment avenues. Design community connectors or social prescribers within the core team to widen reach while reducing administrative burden on the delivery team.

### **3. Amend core team roles for future delivery**

Assign distinct roles for facilitation, admin, community engagement and evaluation to improve delivery efficiency and ensure roles are safeguarded against unanticipated staff absence.

## 4. Maintain flexible online and in person delivery

As both types of sessions were valued differently, retain the hybrid and drop-in format to ensure inclusion and accessible opportunities to engage. Consider introducing a small fee to incentivise attendance without this becoming a barrier to participation.

## 5. Strengthen creative evaluation tools

Further develop creative, participatory and accessible evaluation methods, and explore how to systematically analyse arts-based data to capture the richness of creative responses to benefit future project reflections and delivery.

## 7. Appendices

### NPSS-G Subscale (Morton et al., 2021)

Subscale	Item	Item number
Social Engagement No. items = 14 Max sub-score = 70	I felt valued	1
	I felt comfortable expressing myself	2
	I felt accepted by others	3
	I felt understood	4
	I felt like others got me	5
	I felt respected	6
	There was someone who made me feel safe	7
	There was someone that I could trust	8
	I felt comforted by others	9
	I felt heard by others	10
	I felt like people would try their best to help me	11
	I felt cared for	12
	I felt wanted	13
	I didn't feel judged by others	14
Compassion No. items = 7 Max sub-score = 35	I felt able to empathise with other people	15
	I felt able to comfort another person if needed	16
	I felt compassion for others	17
	I wanted to help others relax	18
	I felt like I could comfort a loved one	19
	I felt so connected to others I wanted to help them	20
	I felt caring	21
Body Sensations	My heart rate felt steady	22

No. items = 80 Max sub-score = 40	Breathing felt effortless	23
	My voice felt normal	24
	My body felt relaxed	25
	My stomach felt settled	26
	My breathing was steady	27
	I felt able to stay still	28
	My face felt relaxed	29

## MenoMove Evaluation Check In (Series 2)

QUESTIONS		RATING					
		1 (lowest)	2	3	4	5	6 (highest)
	Feeling energised - before session	<input type="radio"/>					
	Feeling energised - after session	<input type="radio"/>					
	Feeling like myself - before session	<input type="radio"/>					
	Feeling like myself - after session	<input type="radio"/>					
	Sense of belonging with others - before	<input type="radio"/>					
	Sense of belonging with others - after	<input type="radio"/>					
	How I was coping with symptoms - before	<input type="radio"/>					
	How I was coping with symptoms - after	<input type="radio"/>					
	Level of connection with my body - before	<input type="radio"/>					
	Level of connection with my body - after	<input type="radio"/>					
	Support received from others - outside today's session	<input type="radio"/>					
	Support received from others - during the session	<input type="radio"/>					
	Three words about how your body feels after today's session	<input type="text"/>					
	Any other comments about today? Roses? Thorns?	<input type="text"/>					

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