

Munch & Move

Fundamental Movement Skills (FMS) Intensive Support Pilot Project

Summary Report



QUICK FACTS

FMS PILOT PROJECT

The SESLHD *Munch & Move* team partnered with the Latin Football School (LFS) to deliver physical activity sessions for three to five year olds incorporating the Fundamental Movement Skills (FMS) in 10 early childhood education and care services. This pilot project had an equity focus, where eligible services were recruited that were located in lower socioeconomic/disadvantaged areas in SESLHD and were not meeting the *Munch & Move* desirable practice (DP) eight (providing daily opportunities for children to practice the FMS).

NEEDS

Feedback from services and practice data concerning DP eight, highlights the need for more intensive support regarding the provision of the FMS in childcare services.

Aim: To increase the number of early childhood education and care services providing FMS for children aged three to five years on a daily basis in SESLHD.

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Objective one:

To increase motivation, skills and knowledge of educators in the delivery of daily intentional FMS related experiences.

2

Objective two:

To increase the degree to which ECEC services implement best practice elements related to FMS development (i.e. detecting and correcting, breaking down skills, role modelling physical activity, setting up outdoor environments to encourage FMS).

KEY OUTCOMES

- ↑ Increased educator's knowledge
- ↑ Increased educator's confidence, FMS
- ↑ Increased educator's skill level and motivation
- ↑ Increased frequency of FMS
- ↑ Increased frequency of detecting and correcting children's technique
- ↑ Increased the proportion of educator's role modelling

FMS Intensive Support Pilot Project

Why?

- *Munch & Move* desirable practice eight states that ECEC services should provide opportunities for children to practice the FMS on a daily basis.
- Currently in SESLHD, the *Munch & Move* team offer regular face to face FMS workshops as professional development training. These workshops aim to upskill educators in FMS with an expectation to provide children attending their services with daily opportunities to practice and develop FMS.
- On the 30th June 2017, the 13 desirable practices for the *Munch & Move* program reverted back to zero. However, prior to this date, 59 (15%) sites in SESLHD were not meeting desirable practice eight.
- Desirable practice eight (providing daily opportunities for children to practice and develop the FMS) was one of the most challenging, least implemented and sustainable practice across SESLHD services.
- District wide achievement of many practices fluctuates over time, however practice eight remained one of the more challenging practices to meet in SESLHD. Similarly across the state in other LHDs, services are finding this practice challenging to meet, with 32% currently not meeting practice eight across NSW.
- Feedback from services indicated the need for more intensive support focusing on the FMS. Directors stated that educators who attend face to face FMS workshops remain enthusiastic and motivated for a short period of time, however this was not maintained in the long term.
- Post survey evaluation data collected from FMS workshops indicate that educators still lack confidence and motivation to plan and provide FMS experiences on a daily basis. In addition, requests from services have been received by the SESLHD *Munch & Move* team to deliver on-site physical activity focused training sessions involving both educators and children in order to build the confidence and skills of educators.
- Various services, particularly the Botany and Eastern Suburbs Hub Networks have requested specific and further training for their educators so that they have continuous opportunities for exposure, practice and understanding of how to implement desirable practice eight.
- Limited resources and capacity within the team to reach approximately 390 trained services across SESLHD has however been a barrier to providing this level of intensive on-site support.
- The SESLHD *Munch & Move* team was made aware of an organisation called the Latin Football School (LFS) through a grant funding acquittal process. A childcare service currently implementing the *Munch & Move* program, utilised external funding to engage the LFS to facilitate physical activity sessions and reported a number of key benefits. The LFS promotes the development of the FMS through soccer and ball related skills and recognises the importance of developing FMS from an early age. Sessions have been tailored to incorporate a fun, engaging and play-based program for children aged three to five years.
- Therefore, through this FMS intensive support model pilot an external organisation with existing skills and capacity was engaged to deliver 10 on-site sessions to eligible ECEC.

“ It gave me different ideas and creative ways to incorporate FMS into our curriculum. ”

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How?

1. SESLHD *Munch & Move* team partnered with the LFS in 2017 to deliver the FMS sessions. This pilot project aimed to encourage services to provide a supportive physical activity environment and offer a variety of daily intentional FMS opportunities for children aged three to five years.
2. Ten eligible services were identified according to services located in the most socially disadvantaged areas using SEIFA suburb rankings. Services were then cross-checked to ensure practice eight was not currently being met.
3. Services were then contacted via email and/or phone to participate and received three, one hour sessions facilitated by the LFS. An educator resource pack was developed and provided to participating services at their first session.
4. Two educators were chosen to participate in each session with a group of no more than 20 children.
5. Sessions took place at each service and educators were required to participate in the sessions along with the children at their service.
6. Sessions were structured to include a warm up, a series of FMS games that incorporated locomotive and manipulative skills and a cool down to finish. Session outlines were developed for each of the three sessions for educators to follow.
7. Pre and post surveys were completed by participating educators and utilised to capture data on the programs aims and objectives. A three month follow up survey was also conducted to determine the long term effects of the program.

“ Sessions were extremely interactive and materials/resources provided were appropriate for our group of children.

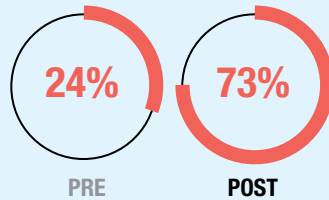


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Achievement/Results

*Results are all self-reported from educators.

Educator knowledge

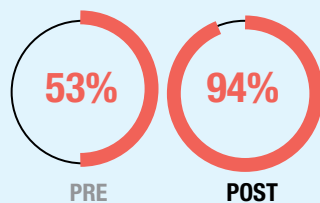


Percentage of participants reporting that they were extremely or very knowledgeable about FMS increased. This increase was sustained at the three month follow-up.

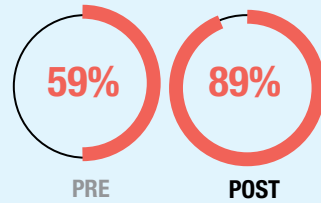
Educator confidence teaching the FMS

The proportion of participants who reported that they felt very confident or extremely confident to perform a range of FMS related actions increased from pre to post test.

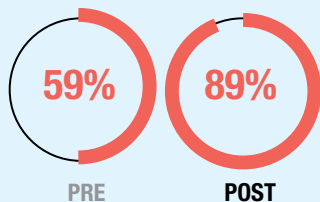
Confidence levels increased in:



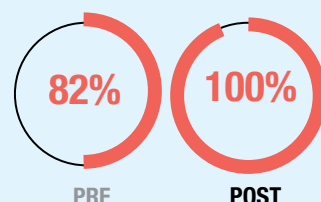
Develop fun and engaging experiences for children to practice their FMS.



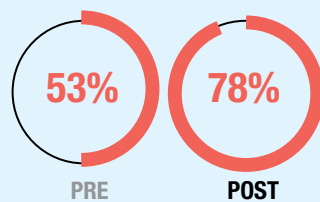
Break down each FMS skill.



Help improve a child's technique.

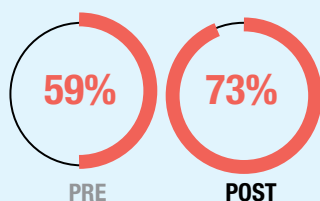


Set up environments that encourage FMS.



Incorporate FMS into a range of learning areas.

Educator skill level



Adapting existing games and implementing FMS into daily routines increased from pre to post program with a very slight increase at three month follow up (75%).

In regards to the proportion of educators breaking down skills two to four times per week, results demonstrated an increase pre to post program (pre 41%; post 50%). This practice by educators then decreased at the three month follow up, with only 25% of educators breaking down skills.

The proportion of educators that reported they helped a child to perform a skill correctly by detecting and correcting their technique on a daily basis increased from pre (35%) to post (44%) program. However, the three month follow up revealed a decrease (25%) in educators performing this skill. Conversely, there was an increase shown from pre to post and during the three month follow up with educators detecting and correcting a child's technique on a weekly basis.

Motivation levels

The proportion of educators indicating they felt extremely or very motivated to provide daily FMS experiences (pre 88%; post 95%) increased post program. However, three months later motivation levels decreased (50%). The results from the program also demonstrated there was an increase in educator's role modelling FMS and active play post program (pre 70%; post 77% and three month 100%).

These results reveal that this pilot project increased educator's skill level in the provision of the FMS. However, motivation levels may depend on personal intrinsic motivation.

Provision of daily FMS

The proportion of educators indicating that they set up outdoor equipment to encourage FMS practice on a daily basis increased from pre (65%) to post (72%) program. At the three month follow up, setting up equipment to encourage FMS showed a mild increase in daily practice.

Role modelling

The proportion of educators indicating they participate in and role model active play on a daily basis (pre 53%; post 67%) and two to four days per week (pre 6%; post 33%) increased from pre to post program. At three months follow up, educator responses showed an even distribution across daily frequency (50%) and two to four days per week (50%).

Qualitative data

Directors noted increases in confidence for both children and educators and that new strategies and games had been embedded within service practice.

Sessions were very well received by services, provided positive, engaging and enjoyable experiences for children and educators.

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Recommendations

The findings indicate that an intensive support model to promote the provision of physical activity, specifically FMS related experiences is useful and effective for ECEC services. Study objectives were achieved by increasing the number of early childhood education and care services providing FMS for children aged three to five years on a daily basis in SESLHD. Future implementation of the program will need to address the challenges and incorporate a sustainable approach. This may include developing a support model package and further training/development.

Challenges faced from the initial pilot project/model:

- Reluctance by some educators to physically participate or engage with the the program
- Different individual educators participating in the program each week, so educator's learning was not always progressive and optimal
- Lack of flexibility in terms of session times from services
- The time intensive nature of implementation
- Limited availability of trained facilitators

Future recommendations include:

1. Continuation in delivering an intensive FMS support model to services not achieving practice eight across SESLHD.
2. Creation of a formalised support model package required to implement the model from implementation through to evaluation. This support model can be implemented using other contractors/trained facilitators within other LHD's to implement the program. This resource package includes a guide on contacting services, PowerPoint slides, booking sheet, lesson plans and evaluation surveys pre and post program.
3. Train and develop a workforce of reliable and skilled facilitators. This will ensure capacity to implement the model on an ongoing basis and will reduce the level of input required from Health Promotion Officers.
4. Services must nominate two educators that will commit to participating in all three sessions.
5. The three sessions should include more participation from educators;
1st session: Trained facilitator conducts the 1 hour physical activity session, with educators watching and showing support.
2nd session: Trained facilitator conducts half of the physical activity session and two educators conduct second half of physical activity session.
3rd session: Both educators run the entire physical activity session with support from the trained facilitator.

A revised program is now being implemented in another 10 services based on recommendations of this initial pilot.