



Physical Literacy and School Readiness

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@GmMoving #GMMoving



“Physical activity isn’t a priority where debt is a problem and the TV becomes a babysitter.”

“It’s about making these activities a normal part of life.”

“When life is hard, it’s easier to stick a child in front of the TV!”

“Activity might be free but getting there is expensive.”

“Are messages consistent? People go to services to be “fixed” and aren’t prepared to have more open conversations.”

“Changing the workforce to see Physical Development as part of the day to day, rather than a programme with an end point.”



Behaviour change for active lives



4> Engage across sector/ across the system and with priority cohorts

Start from an appreciative standpoint. Then explore the issue, question or challenge and co-design system change and solutions. Consider skills and workforce development

3> Examine the evidence, data and insight

Where are the priority audiences? What are the individual, social, environmental and policy factors that are influencing behaviours? What works to engage them? What do we know and understand about people's lives, fears, barriers to change? What don't we know? How can we find out?

2> Scale of potential impact

Segment the population based on evidence, data and insight, to identify priority audiences

1> The case for change

Establish the case for change (high level problem, current outcomes). Take time to understand what is already working well. Learn from this

5> Pilot system change or investment

Decision made on system change or investment required, enabling transformation or creation of system, service or approach. Typically start on a pilot basis - mainstreaming following successful pilot or trial

6> Grow and scale what works

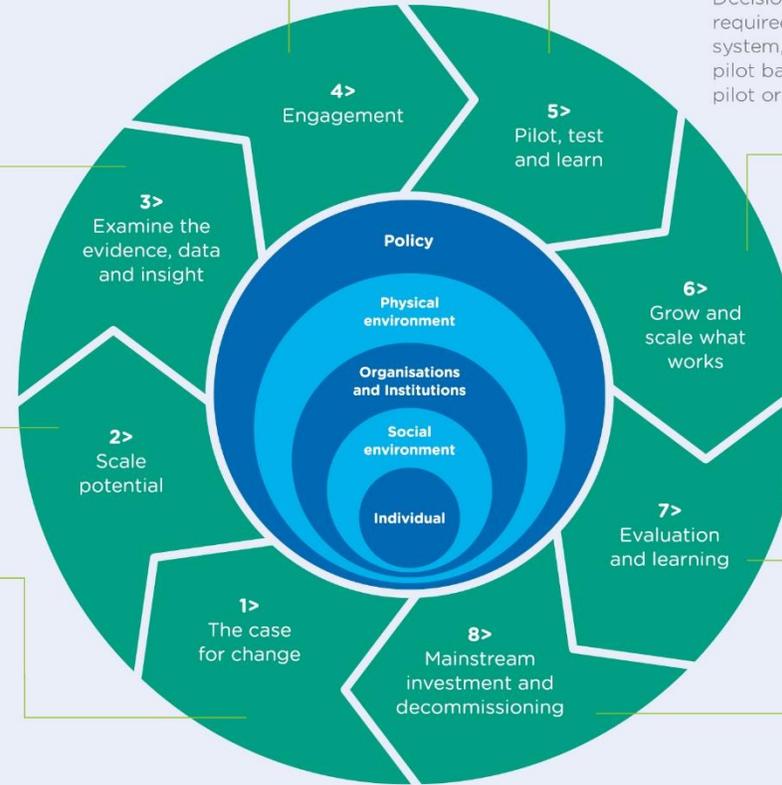
Support and enable the growth of approaches and interventions that work. Develop ways to scale up across neighbourhoods, localities or Greater Manchester where appropriate to local needs and assets

7> Evaluation and learning

Ongoing evaluation of process, outcomes and impact. Evaluation and learning used continuously to refine approaches and delivery models

8> Mainstream investment or decommissioning

Agreement on ongoing investment to support mainstreaming (for example, funding commitments/resource allocation to support system change)

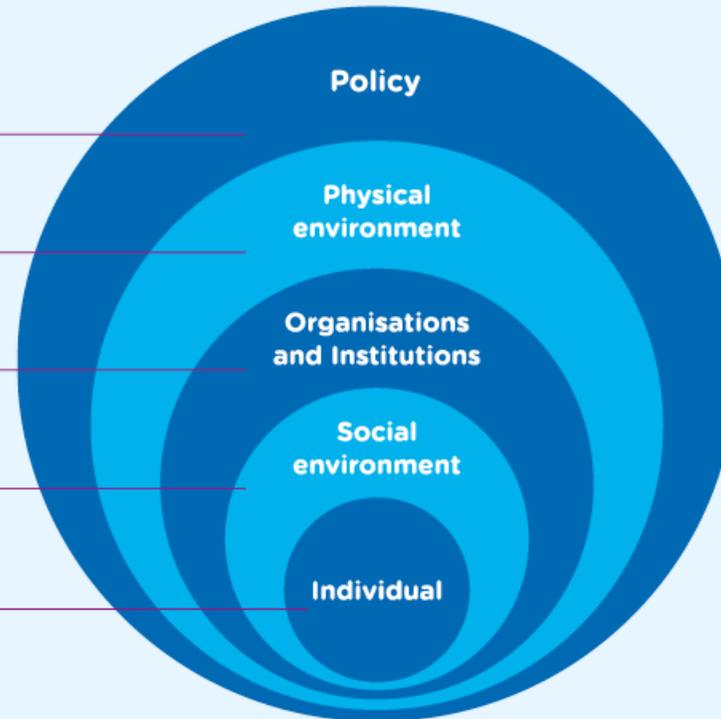


< Further development of insight throughout >
 < Process, output and outcome evaluation throughout >
 < Marketing and communications considered throughout >

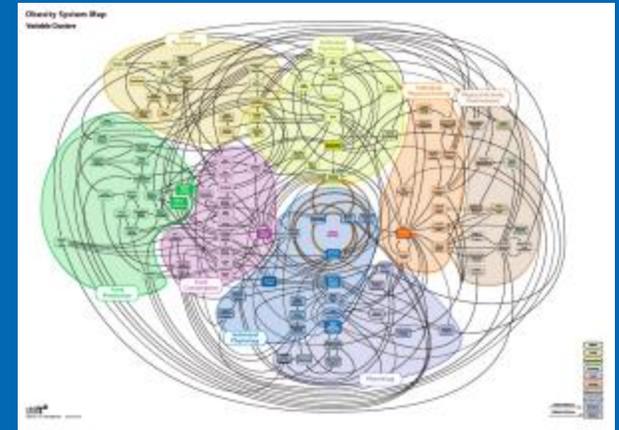
The GM Moving Whole System Approach

Population level change requires 'whole system' approaches

- > International and national guidance and laws, local laws and policies, rules, regulations, codes
- > Built, natural, transport links
- > Schools, health care, businesses, faith organisations, charities, clubs
- > Individual relationships, families, support groups, social networks
- > Individual capabilities, motivations, opportunities, knowledge, needs, behaviours



Although, in reality it's not that neat. More like this.



Stages 1- 3

Case for Change Data, Evidence and Insight Review

Hazel Musgrove
GreaterSport

Case for Change

SUPPORT BRAIN DEVELOPMENT

ENHANCE BONE HEALTH AND MUSCULAR DEVELOPMENT

SUPPORT ACHIEVEMENT AND ATTAINMENT^{1,2}

PROGRESS THEIR PHYSICAL LITERACY JOURNEY¹

DEVELOP SOCIAL AND COGNITIVE SKILLS AND EMOTIONAL WELLBEING¹

HELP PREVENT OVERWEIGHT AND OBESITY

CONTINUE AN ACTIVE LIFESTYLE INTO CHILDHOOD AND BEYOND

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For the supporting evidence base on the benefits of physical activity in the early years please refer to the Greater Manchester Combined Authority website. Any directly quoted research and publications are generic for this audience of readers and for the purpose of this infographic.
1) Based on expert opinion and emerging evidence.
2) Based on expert opinion and emerging evidence.

Furthermore what happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being (Marmot, M., 2010).

Scale of the Impact

- 225,000 children aged 5 & under, 37,290 eligible pupils for measure of good level of development (GLD) in GM
- 1 in 3 children (32.5%) do not achieve a GLD as a measure of school readiness 12,100
- Half again (16.3%) not achieving expected physical development (PD) 6,100
- 1 of 3 prime areas of learning, only Bury and Trafford equal to and above national, slowest rate of improvement since 2013 6% vs 13% (Comm & Lang) and 11% (ESPD)
- 10.4% girls vs 22.1% boys, varies 10.4-19.5% across boroughs and 36.2-0% across wards
- Only 9% of 2-4 year olds meet CMO physical activity guidelines of 3 hrs a day and only 16% 1 hr a day (Health Survey for England) and
- Obesity in Reception 10.4% in GM compared to 9.6% nationally, varies 7.6-11.7% across boroughs

- 4,900 2-4 year old children with SEN in GM, ranges from 9.9% in Salford to 3.6% in Trafford.
- A 2016 report by Dr Rebecca Duncombe from Loughborough University found that, “up to 30 percent of children are starting school with symptoms typically associated with dyslexia, dyspraxia, and ADHD – conditions which can be improved with the correct levels of physical activity.”

The Research



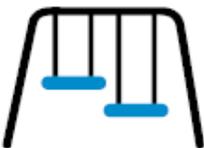
1. Awareness

Comprehensive awareness raising, to ensure health and education professionals and families are aware of, and act upon, the Chief Medical Officers' physical activity guidelines for the early years (2011).



2. Education

Greater emphasis on the importance of physical activity across the Early Years Foundation Stage curriculum, alongside clear guidance and training for early years practitioners on how to promote and develop children's physical activity.



3. Environment

All children in the early years should have safe, stimulating and accessible physical activity and active travel opportunities in their community.



4. Health

Health professionals should track the physical activity levels of children in the early years alongside other health behaviours. These results should be shared with parents whilst supporting them to take positive action to increase physical activity levels among their children.

The preschool that a child attended explains 27% of the variance in activity levels (Pate, 2008).

A child in full time childcare for 40 hours a week may be spending nearly half their waking hours in childcare.

1,209 providers delivering 2 year funding and 2,285 providers delivering 3-4 year old funding

Anecdotal evidence suggests only 1% of early years practitioners receive specialist training despite being a 'Prime Area'

78% of respondents report physical development as a cause of concern and 13% most cause for concern (NHAT and Family and Child Care Trust survey)

BHF

1. Ensuring appropriate levels of practitioner support and training are in place.
2. Partner with external agencies to help practitioners develop knowledge and expertise about physical activity.
3. Involve parents and carers both directly and indirectly.
4. Offer more frequent, short periods of outdoor play.
5. Provide more activity friendly, portable equipment.
6. Include adult led activities to improve motor skills.
7. Use physical activity as a medium through which to integrate all areas of learning and development.
8. Ensure a balance of free play and adult led physical activity opportunities.

YST

- Additionally written policy and PD champion in every setting
- Limit sedentary activities
- Implement range of strategies

NAP SACC 8 recommendations covered in the above.

The Evidence

6 evidence reviews and 21 studies in total, with particular focus on settings.

Key recommendations include:

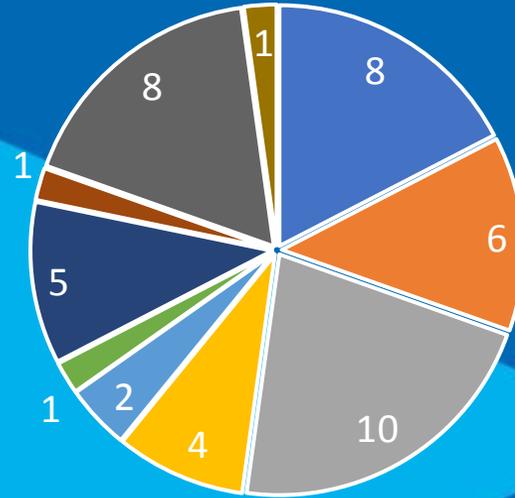
- Strong leadership, stakeholder engagement and support by staff as critical.
- Most effective intervention strategy seems to lie in the personal characteristics, and more specifically PA in-service training of teachers.
- Interventions of more than 12 months duration, should incorporate a sustainability component.
- Dependent on staff ability to incorporate within normal routine, as such designated times must be allocated and integrated into daily routines and other areas of the preschool curriculum.
- Staff indicated the hands on nature of workshops encouraged them to work collaboratively and facilitated acquisition of knowledge.

Stage 4: Engage the whole system in a conversation to:

- 1) Understand the key influencers on physical activity and literacy in early years
- 2) Identify what we can do individually and collectively to bring about positive change.
- 3) Co produce a set of recommendations for GM School Readiness Board:
How we can ensure that increased physical literacy makes a major contribution to school readiness in Greater Manchester?

Stakeholder Engagement

Attendees by Work Area



□ Sports Development

□ Public Health

□ Health Visitors

□ University

□ Education

□ Physio

□ Community Sports Clubs

□ Early Years

□ NGB

□ Health

Think about a child you know/have known under 5 – What are the benefits of them being active every day?

more energy better behaviour Happy
reduces childhood obesity develop gross motor skills
improves coordination lifelong attitude to health confidence
develop fine motor skills makes adults more active too
improves concentration and learning increases curiosity
Develops fundamental movement skills self esteem
sleep better links to positive physical development strength
confidence to be brave and take risks builds self
abilities in later life social and emotional wellbeing calm
improves language development wants to be involved
learn patience and control builds a habit to be healthy
develops physically developing the whole child huge impacts

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Who and what are the key influences on the physical activity levels of children in early years?

parent motivation Individual
work positive role models
experience of healthy habits parent influence
Access to green space and safe roads Local
ASQ vs EYFS outcomes not comparable
providers Nursery practitioner influence
peer friends Self esteem and capability Money
Activity levels of adults Family dynamics
Key indicators required Health visitors
Education time

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Case Study: Physical Development Champion Training, Stockport



- Physical Development only Early Learning Goal (ELG) below national average June 2017.
- Changes in EYFS statutory framework March 2017
- Inclusion of CMO guidelines for physical activity prompted launch of an LA model policy
- EY event in September (70 participants)
- Observation of impact of physical awareness training on all areas of development on visits to nurseries
- Early Years annual CPD – conferences and sector network meetings –Settings, Schools and Childminders. Promoted as part of training for head teachers (GreaterSport).
- Commissioned PD Champion training to ensure legacy.
- 55 PD Champions in total across the borough childminders, nursery staff, school teachers
- Case studies of the improvement in practice and impact on staff, children and families

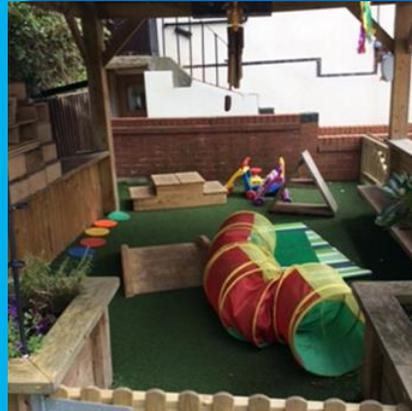
The successes of the approach

- Strength of the message – consistent and across the EY workforce
- Message supported by practical ways to make a difference
- Linked to EYFS practice - EY curriculum and assessment, and child health review: 9, 18 and 24 months.
- Quality and engagement of the trainer – Sharon Skade - impacted on positive feedback and increased understanding and confidence.
- Seeing the impact that small changes can make – enabling environment and EYFS COEL.
- The sharing of practice – peer-to-peer model.
- Ways to support parents' understanding - improved home learning environment.

The Ripple Effect

ONE SMALL CHANGE
CAN HAVE AN ENORMOUS IMPACT

Seen in practice ...



Stockport Early Years Physical Development Champion Pathway
in partnership with **greater sport**



Impact



- At the start of the year before attending PD Champion training 40% of the cohort were below age related expectations for 'Moving and Handling. This figure has now dropped to 10% and we are continuing to support these children (Vernon Park Primary School)
- On our recent Ofsted report it was noted how beneficial the champion training is, and that the inspector could see the benefits of this for the children. (Holly Tree Montessori Nursery)
- Staff have developed the environment and routines to cleverly promote children's physical skills. They encourage children to move in a variety of ways such as lying on their tummies during morning singing sessions. (Holly Tree Montessori Nursery)
- There has been a reduction in referrals to OT and a reduction in accident forms. (Home form Home and Little Faces Nursery)

Next steps in Stockport

- Continue to promote this work across the EY workforce through existing partnerships and networks – relationships for change
- Explore further funding opportunities in order to continue this work – more PD champions – promote the use of primary PE premium for EYs.
- Support the development of ‘Little Movers’ family PD intervention sessions within Stockport Family Start Well Hubs (based on the GM 8 stage model and intervention pathways and success of the Speech and Language pathway)
- Key action as part of GM early education leads and school readiness board plan to develop a specification for EY PD based on the work in Stockport.
- **Stockport – GM and beyond!**
- <https://thedailymile.co.uk/>
- Latest issue of Nursery World – Training article on Physical development – Time for action

Recommendation	Action
<p>1. Strategic leadership in Greater Manchester. Parity of physical development parity with reading, writing and maths</p>	<ul style="list-style-type: none"> • Identify SRO for physical development and school readiness. • Assign programme lead and programme management capacity. • Work with Ofsted to recognise the importance of physical development in early years.
<p>2. Raise awareness of the importance of physical activity among early years staff and parents, in particular, its potential impact on brain development and school readiness.</p>	<ul style="list-style-type: none"> • Workforce development programme • Communities of learning • Marcomms plan
<p>3. Early Years Settings policies and training to implement a physical development strategy across the setting to use physical activity as a medium through which to integrate all areas of learning and development, integrating into daily routines.</p>	<ul style="list-style-type: none"> • Support and advice to settings on policy and strategy • Develop specification for all settings • Physical development champion and training over a 12 month period in every setting. • Influence training within professional qualifications, college and university courses.

Recommendation	Action
<p>4. Engagement of parents and families; awareness, messaging, support and opportunities within the community.</p>	<ul style="list-style-type: none"> Engaging materials and messages shared with parents via settings. Parents evenings and workshops in settings, 'Kite-mark' for settings
<p>5. Support a wide range of professionals and community connectors with ideas and resources to help engage parents not engaged via settings. Focus on engaging those in most need of support to enable engagement in the home environment, addressing inequalities.</p>	<ul style="list-style-type: none"> Engage through community engagement route, supporting VCSE and other relevant groups on the principle of 'going to where people are' and understanding people's lives.
<p>6. Train and support system-wide workforce (midwives, health visitors, early help services, physios, OT, GP etc.) to make every contact count in enabling parents, with practical ideas and inspiration.</p>	<ul style="list-style-type: none"> Programme of physical activity champion training across the system, supporting positive conversations, and the development of engaging materials to inspire and support parents.

Recommendation	Action
<p>Quantitative, qualitative and system change evaluation. High quality data collection. Determine which components of the plan are most effective in promoting physical activity and reducing sedentary behaviour in early years.</p>	<ul style="list-style-type: none"> • Develop consistent framework and measures/ indicators. • Secure commitment to grow and scale what works across Greater Manchester.

Next Steps

1. **Coproduce and finalise detailed action plan** with small whole system implementation group (Need parent voice).
2. **Secure investment** to grow and scale what works (short – medium term) and undertake evaluation (rapid pilot approach?) – nb Sport England investment cannot support early years.
3. Continue to develop the whole system physical literacy and school readiness network

Required to progress:

- Strategic Advocacy (SRO)
- Leadership Capacity and Programme Management/Support
- Programme Investment (workforce development, champion training, comms and engagement etc.)
- Evaluation Partner