

GM Early Years Physical Development

Guidance Document

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Introduction

The purpose of the guidance is as follows:

- To assist the workforce, particularly those in leadership and management roles working across the Early Years system, to have a clear vision of best practice, in supporting physical development and physical activity for 0–5-year-olds.
- To assist Commissioners to understand the range of interventions and services that could be offered based on evidence, both local and national to help inform local pathway development.
- To provide consistency in messaging around physical development in Early Childhood, to develop a shared understanding of its meaning and identify how the Early Years workforce and families can support it.
- To outline the theoretical/practice frameworks and key principles that underpin best practice.
- To help the Early Years's workforce to identify and respond to children's physical development needs and differences and understand the interventions and services available.

Definitions

It is important to highlight that physical development cannot be successfully developed in isolation, there are several factors, which are referenced throughout this document, which support and enable children to thrive in this key area of learning. It is important to understand what is meant by each term individually, but also how these areas support each other, to provide a whole system approach to improving physical development outcomes.

Physical Development:

Gross and fine motor experiences develop incrementally throughout early childhood, starting with sensory explorations and the development of a child's strength, co-ordination and positional awareness through tummy time, crawling and play movement with both objects and adults.

By creating games and providing opportunities for play both indoors and outdoors, adults can support children to develop their core strength, stability, balance, spatial awareness, co-ordination and agility. Gross motor skills provide the foundation for developing healthy bodies and social and emotional well-being. Fine motor control and precision helps with hand-eye co-ordination which is later linked to early literacy. Repeated and varied opportunities to explore and play with small world activities, puzzles, arts and crafts and the practise of using small tools, with feedback and support from adults, allow children to develop proficiency, control and confidence. (EYFS)

Physical Activity

Physical activity refers to all movement. Popular ways to be active include walking, cycling, wheeling, sports, active recreation and play, and can be done at any level of skill and for enjoyment by everybody- (World Health Organization – WHO)

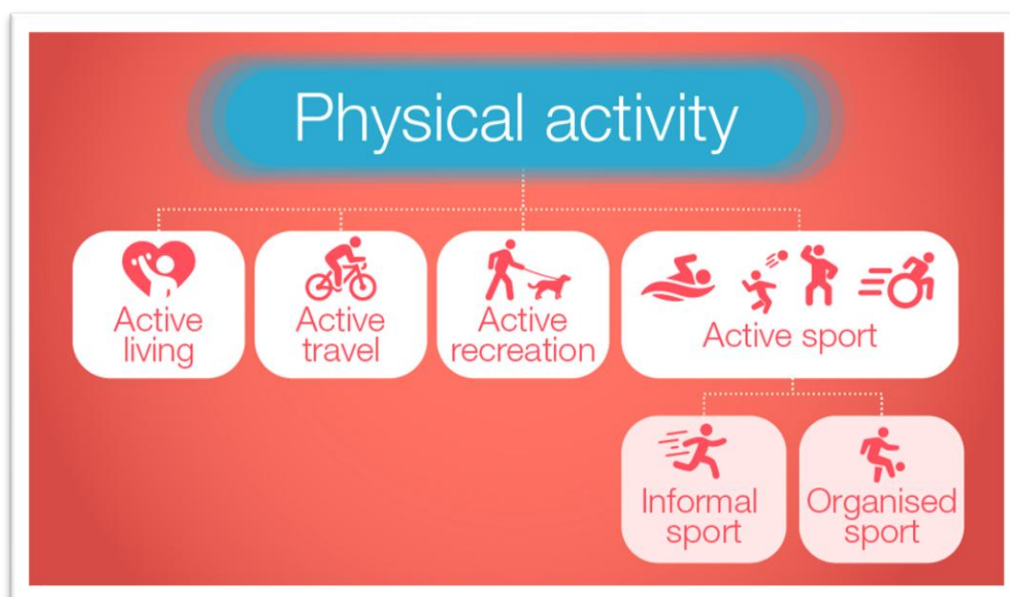


Image: Public Health England

Physical Literacy:

The more positive experiences a child can have with physical activity in their early years, increases the likelihood that they will live an active lifestyle into their adult life.

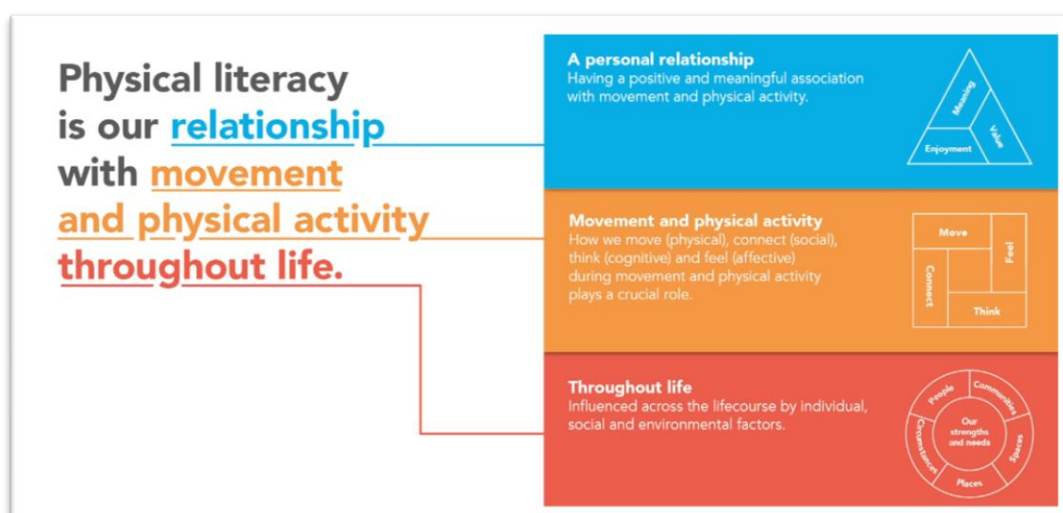


Image: Sport England

Why is Physical Development important?

Physical development lays the foundation for learning, health and wellbeing. The more physically active we are as young children, the more likely we are to maintain an active lifestyle later in life. This sets a positive health trajectory, promoting long-term physical well-being and reducing the risk of chronic diseases. Encouraging early physical activity is crucial for establishing healthy habits and impacts greatly on the social, emotional, and cognitive development of children.

Physical development is a prime area of learning within the [EYFS](#), as it is vital in children's all-round development, enabling them to pursue happy, healthy and active lives. It identifies how developing physical development skills in a fun and creative way can support other areas, such as early literacy and social and emotional development.



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Sport England's [consensus statement](#) highlights the importance of creating positive experiences in the early years, to increase the likelihood of children living active lives later in life, which can have a big impact on the populations health, particularly for those that face the greatest inequalities. This supports the ambitions stated within the [NHS long term plan](#), which has a focus on prevention to help people to stay healthy, in order to reduce the demand on the NHS. Physical development and activity can be clearly linked to support a reduction in obesity and type 2 diabetes, supporting mental health and lowering air pollution, linked to asthma.

The [Healthy Child](#) programme also supports the importance of physical development in the early years, by identifying the impact that it can support and have on the following high impact areas:

- Early Years high impact [area 4](#): Supporting healthy weight and nutrition.
- Early Years high impact [area 5](#) – Improving health literacy, managing minor illnesses and reducing accidents.

The Chief Medical Officers [guidelines](#) provide a recommendation for how often children should be active, in order to have an impact on the above.

Evidence of Need:

Impact of the Covid Pandemic.

We know that the covid pandemic during 2020/21 has significantly impacted on child development in the early years and that some groups were disproportionately impacted due to pre-existing inequalities.

The Early Intervention Foundation (EIF) [report](#) on the impact of the pandemic on physical development identified no UK-based evidence, aimed at understanding the impact of the Covid-19 pandemic on children's physical activity in their early years. Evidence available from studies based in other countries suggests a decline in physical activity as a result of the pandemic, due to stay-at-home orders and the closure of services. This is consistent with evidence from across England and elsewhere which indicates that there has been a decrease in physical activity levels among children older than 5. There was also evidence from older children that confidence in taking part in sporting activity has decreased, as well as a decrease in positive attitudes towards physical activity, particularly among minority ethnic pupils. There is also some evidence to suggest children's physical activity is also related to their diet and nutritional habits, and their sleep, which have both also been impacted by the pandemic. Whilst the evidence for children under 5 is limited, assumptions can be made that the effects noted on young children over 5, may also have had an effect on those under 5.

Early Years Measures

In the School Readiness programme, we closely follow two national datasets for information on early years which have a subcomponent of PD:

1. The Ages and Stages Questionnaire 3 (ASQ-3) at age 2 - 2.5 years

Quarterly data is collected from the health visitor reviews completed at 2 to 2 and a half years using the Ages and Stages Questionnaire 3 (ASQ-3). ASQ-3 is used to determine whether children are 'at or above the expected level of development' in five areas: Communication skills; **Gross motor skills**; **Fine motor skills**; Problem solving skills, and Personal-social skills.

Latest ASQ-3 data, covering the period between **April 2023 and March 2024** was published by the Office for Health Improvement and Disparities (OHID) on **5 November 2024**. Children included in the 2023/24 data were born during the pandemic, between 1st October 2020 and 31st March 2022. Data showed that **78.4%** of 2 to 2.5-year-old children across GM were at or above the expected level for all 5 areas of development, which is an **increase** on 2022/23 (76.6%).

Children performed strongest in physical development with 93.0% of GM 2-2.5-year-olds reaching the expected level in fine motor skills and 93.2% in gross motor skills.

GM saw the narrowest gaps compared to England in these two areas of development: **fine motor skills** at 0.4pp and **gross motor skills** at 0.1pp. Half of GM localities outperformed England (93.3%)

2. EYFS, attainment of Good Level of Development (GLD).

The Early Years Foundation Stage Profile (EYFSP) is a statutory assessment intended to provide a reliable, valid and accurate assessment of a child's development at the end of reception. The EYFSP is made up of an assessment of the child's outcomes in relation to 17 (Early Learning Goals) ELGs descriptors, two of which cover physical development: fine motor skills and gross motor skills. Teachers are expected to use their professional judgement to make these assessments, based on their knowledge and understanding of what the child knows, understands, and can do.

A child who has achieved a Good Level of Development (GLD) has reached at least the expected level for the ELGs in all aspects of mathematics and literacy and the three prime areas of learning: Personal, Social and Emotional development, Physical development and Communication and language.

EYFS data for academic year 2023/24, showed that 63.6% of children in Greater Manchester achieved a good level of development and 81.8% reached at least the expected level in physical development. This placed GM 3.0 percentage points behind the national average for England for physical development (84.8%), a slight increase from the 2.9 percentage point gap in the previous academic year (2022/23). Both, boys and girls performed strongest across the physical development area of learning, compared to the other two prime areas of learning: Communication and Language, and Personal, Social, and Emotional Development.

However, there are 2 key areas, within Physical Development, which could be improved:

- **Gender Attainment Gap**– Physical Development is the prime area of learning with the largest attainment gap between boys and girls (15.2pp). The gender gap in Fine Motor Skills (15.1pp) was 2.3 times that in Gross Motor Skills (6.5pp).
- **Free School Meal Eligibility** – Although physical development is the area of learning with the narrowest attainment gap when considering FSM-eligibility, children eligible for FSM are still 10.8pp behind their more affluent peers.

Full results can be viewed on the GM EYFS [dashboard here](#) which breaks down the data by child characteristics and areas of learning.

Other supporting measurement tools and resources

Here are other measurement tools and resources you could use that provide insights into physical development in the early years:

- **National Child Measurement Programme (NCMP).** The National Child Measurement Programme (NCMP) is a mandatory initiative in England. It

records the height and weight of children in Reception class (ages 4 to 5) and Year 6 (ages 10 to 11) to assess overweight and obesity levels in children within primary schools. Local authorities collect the data, through primary schools, which is submitted to NHS England. The breakdown of the data can be viewed by creating an account on [Fingertips Public Health Profiles](#)

- **Active Lives Survey.** Children and Young people's overall physical activity levels across England, are captured by Sport England's annual Active Lives [survey](#). However, the youngest children in the sample are 5 years old.
- **Development Matters** is the [non-statutory curriculum guidance for the early years' foundation stage](#). It provides examples on how to support a child's physical development through every stage in the Early Years.
- The **Chief Medical Officers Guidelines** identify the [recommended daily activity rates](#) for children under 5 years.

Interventions

How a child moves (physical), connects (social), thinks (cognitive) and feels (affective) during movement and physical activity is crucial to understanding how you can support their development. The environment, culture, community or spaces they move in can also powerfully influence their relationship with movement in both positive and negative ways.

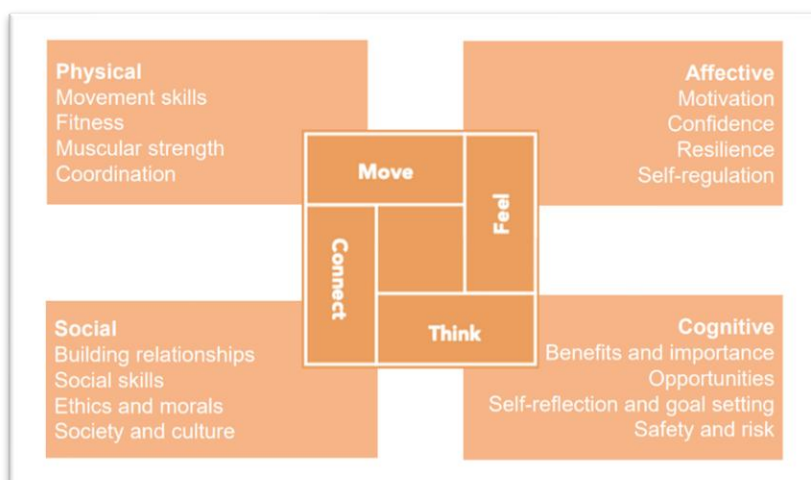


Image: Sport England

Children's development is holistic in nature, however in practice it is necessary to assess the different domains of development e.g., speech and language or social emotional. Although it can help practitioners to assess children's development within domains, the whole child needs to be considered when observing and supporting physical development. It is important to note that other guidance and pathways will overlap and be helpful to consider e.g., GM Speech, Language and Communication (SLC) pathway guidance, GM Parent Infant Mental Health (PIMH) pathway and GM Social, Emotional and Wellbeing Guidance. Alongside GM pathway guidance, there are also likely to be a range of locally developed pathways and guidance documents within individual GM authorities.

By understanding what contributes to a child's physical development, we can adapt and evolve our approaches, policies, practices and programmes to ensure it meets all of their needs.

"If children don't develop the basic movements and physical attributes through early childhood they are at risk of delays in their physical, social and emotional development. We are seeing more children that need a foundation of physical development and access to play to maintain good health, make a good level of development and be ready to learn as they transition into primary school."

Youth Sports Trust



Physical Development Pathway: Pre-birth to 5 years old

1. GETTING ADVICE

This approach should be part of the universal offer to all children and their families particularly at all points of contact in the Early Years 8-stage assessment model. Interpreters must be used when a family speaks English as an Additional Language.

Universal **advice** about PD development from

- Midwife
- Health Visitor (HV)/Early Years Worker (EYW)
- Childminder (CM)/EY Setting practitioner/teacher
- EY setting SENCO/school SENCO
- Family Hub

Universal **resources** supporting PD development including;

- Essential parent app
- ASQ3/SE activity sheets
- BBC-Tiny Happy People
- Greater Manchester 10 top tips for Moving
- EYFS Statutory framework
- DFE Help for Early Years Providers online page
- DFE Development Matters
- What to expect in the EYFS a guide for families DFE
- DFE Progress check at age 2
- Relevant apps
- Resources to support the home learning environment (HLE)

Signposting

- Family Hubs
- Community play groups/opportunities
- Local Health and Leisure run groups stay and play, mini movers etc.

4. GETTING RISK SUPPORT

This approach should be taken when there are significant and complex needs

Specialist multi-disciplinary Interventions-CDU

HV continues to support family and continues to liaise with services involved

Other specialist services may need to be involved

Consider extra reviews where appropriate link to graduated response cycle and completion of an Early Help Assessment

2. GETTING HELP

This approach should be taken when there are concerns that a child is not meeting age related expectations i.e. 'A THRIVING CHILD'

- Targeted 2-year-old early education and childcare entitlement
- Ages and Stages Questionnaire monitoring Zone Score = 50 - 65. Professional curiosity about parent-led responses to the questionnaire.
- Collaborative discussion with parent and obtain permission to share result with the early years settings via key person and advice from settings SENCO (Integrated 2-year check).
- Can you identify concerns in the physical development domain?
- Seek advice from PD Champion in the setting/start well service?
- Lead professional (named HV/EYW/ Key person) co-ordinates a plan of support in partnership with the family. Continue to encourage use of ASQ activity sheets and universal guidance as part of your Intervention
- Consultation advice and guidance/training (if provided locally) with specialist services Physiotherapy/Occupational Therapy
- Consideration for Team Around the Early Years. (Early Help Assessment and support) where there are wider family needs.
- Review completed by named HV/Lead professional. Repeat this process if necessary, then progress to next stage of GETTING MORE HELP if no improvement

A THRIVING CHILD

- ✓ has secure attachments and has experiences to support physical development
- ✓ achieves age related expectations in Physical development for ASQ3 taking into account children who are neurodiverse
- ✓ has access to a physical opportunities to support well-being, functional development, physical activity, social and emotional development and readiness for school

A COLLABORATIVE APPROACH

- ✓ Discussion with the family at all stages. Use an interpreter if the child's family speaks English as an Additional Language.
- ✓ permission to share information with childminder/EY setting/school and other relevant professionals
- ✓ Health visitor oversight throughout as part of individual case management

A KNOWLEDGEABLE WORKFORCE

- ✓ A strong understanding of child development pre-birth to 5
- ✓ GMCA EY workforce competency framework
- ✓ Practice underpinned by a quality first approach/universal offer
- ✓ Access to PD training including use of ASQ3/SE
- ✓ Access to further PD training GMCA Physical Development Train the Trainer. Champions of PD in the Early Years workforce.
- ✓ Access to Supervision and Quality assurance

3. GETTING MORE HELP

This approach should be taken when a child scores black/grey in their ASQ assessment. As part of the EY delivery model other child development screening tools and assessments should be considered for e.g. WellComm to ensure a multidisciplinary response to identified need. If there is concern about a family's engagement and a child's improvement, then go to GETTING RISK SUPPORT

- Continue graduated response and the plan, do, review cycle. Refer to your local graduated approach guidance.
- Identify those children with scores of 65 and above, i.e. above cut off. Collaborative discussion with parents using same process as in GETTING HELP section
- Continue to promote key PD messages, encourage the use of strategies, interventions and relevant guides as in **1. GETTING ADVICE**
- SENCO seek advice from LA EY team /early years area SENCO/ specialist service, e.g. Occupational Therapist /Physio therapist/Parenting service
- Continue with offering support as in **2. GETTING HELP**
- Consider TAEY if wider child/family support is needed
- Named HV/EY worker /Key person continues as Lead Professional as appropriate depending on relationship with the family. Sign post to Local Offer if appropriate
- **Make referral to Specialist Service** – Occupational Therapist and Physiotherapist. (CDU if linked to paediatrician or if the child is presenting with multiple development needs.)
- Intervention through PD Champion activities and targeted resources
- Child will access appropriate PD intervention

Principles

The following principles for best practice were co-produced via multidisciplinary discussion within the GM Physical Development working group, incorporating information from the [GM Early Years Workforce Competency Framework](#) and PD Train the Trainer and other GM guidance documents.

Positive experiences are key

- Positive physical activity experiences are essential to developing an active lifestyle later in life (physical literacy)
- Engaging children in both child led, and practitioner directed activities, which allow for creativity and free play. Not one size fits all.
- Play should be used to create positive experiences, to develop physical skills.
- Challenging children with developmentally appropriate fine and gross motor tasks.

Environments should enable movement

- Physical development opportunities should be provided both indoors and outdoors.
- Create an environment for children to move freely throughout the day/session, think about moving furniture, creating space and opportunities to get up and move.
- Use different objects to encourage different types of movement i.e. step up/down, balance, hang, step over, crawl under. Allow children to create their own obstacles and experiment with how they can move.

Practitioners have the skills and confidence to support children to thrive

- Practitioners should use the GM Workforce Competency Framework to self-reflect on confidence levels regarding physical development and access signposting to relevant training.
- Continuing professional development should be at the heart of practice and there needs to be commitment to this from managers and leaders.
- Utilise GM developed resources and materials such as PD Train the Trainer and Mini Motor skills, to help practitioners understand 'why' interventions are in place and what they can help support.
- Practitioners should try to be role models, by advocating and displaying the principles.

Develop physical development as part of a holistic approach

- Physical development supports cognitive, social, and emotional development and as such, complimentary approaches and resources that support the whole child should be aligned.

- Physical development and activity can be used to support a child's healthy lifestyle and healthy weight. Aligning messages should be considered when promoting physical development.
- Activities do not need to be specialised or siloed, activities can be part of everyday routines to establish a healthy lifestyle.

Interventions and assessments are evidence-based and easily accessible

- Commissioners and service leads should ensure that interventions and assessments offered to families are based on the best available research to date.
- 'Top down' evidence-based research should be integrated with professional expertise and 'bottom up' practice-based evidence at a community level to determine the most effective interventions and assessments to meet local need.
- Families should be able to access interventions and advice across a range of mediums to suit preferred ways of engaging with support.

Inclusive practice

- Physical development opportunities should be able to be accessed by all children. They do not necessarily need to be divided by age, but can be split by mobile and non-mobile.

Family centred

- Information should be provided to parents on how they can support their child's physical development at home.
- Active lifestyles (walking, wheeling, cycling) should be encouraged to make movement part of everyday lives

Resources

GM 10 Top Tips for Moving

GM have created a suite of 10 Top Tips Resources to support early child development from pregnancy to age 5. The tips can be used everyone including parents, grandparents, frontline professionals and the wider workforce to help with supporting speech and language, emotional wellbeing and movement. The GM 10 Top Tips for Movement can be viewed [online](#) and below.

TEN TOP TIPS FOR MOVEMENT - BABIES AGE 0-1 BABY GREATER MANCHESTER

Babies need to be physically active from birth, moving, stretching, kicking, looking, grabbing, wriggling and wiggling. Below are some top tips you can do at home, throughout the day to support your baby's physical development.

- 1 Move with me.** I love music and movement. Hold me and move around the living room with me or lie down and balance me on you so we can move together.
- 2 Put me on my tummy, on the floor or on your chest.** I need tummy time to strengthen my muscles that I need to crawl.
- 3 Give me something to look at.** Bubbles are a great way to get me to move my eyes and strengthen my eye muscles.
- 4 Help me to crawl.** When I'm on my tummy, put my favourite object in front of me to encourage me to move.
- 5 Make my bath time fun.** Keep singing and looking at me when I'm in the bath and try and make it as fun as possible, with splashes and playful noises.
- 6 Let me explore.** I like to explore and experiment, by myself and with your help. Let me reach out, and hold onto things, like rattling onto the sofa to pull myself up.
- 7 I love to roll around.** This helps me develop my balance and strength. Help me roll from front to back and back to front.
- 8 Take me out my pram, high chair and car seat for ticks and touches.** I love to kick my feet and wiggle about!
- 9 I don't need fancy toys.** I just need things to help me reach and grasp, pull and push. Tupperware, empty bowls, and rolled up newspaper are ideal.
- 10 Play with me.** Get down on my level, this helps me to engage with you. Involve my senses in play, smell, touch, taste, sight, listening.

All activities can be adapted for those with disabilities. Support your child to move as much as possible (arms, legs, head). If in a wheelchair and there's room, spin on the spot and move around, build up the energy in the room. Where movement is not possible, as suggested, set them to touch and feel the equipment to involve them in the activity.

The Ten Tips for Movement are part of Greater Manchester's work to give every child the best start in life. Find out more by visiting greatermanchester-ca.gov.uk

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TEN TOP TIPS FOR MOVEMENT - TODDLERS AGE 1-3 TODDLER GREATER MANCHESTER

Toddlers want to be physically active, they have lots of energy to burn and they need to experience all kinds of different movement. Below gives you things you can do as part of your normal routine in your home and out.

- 1 Move with me.** I love music especially if I can move to it with you. Try different party games like musical statues.
- 2 Let me move as much as possible.** Add some fun like asking me to speed up, slow down, tip toe and jump.
- 3 Give me time to play.** Show me how to play. Support me in my play. Get down on my level, this helps me engage with you.
- 4 Encourage me to move more when we are at home.** I love going on adventures and the best bit is that I can explore, climb and crawl without even leaving the house.
- 5 Balancing.** Try making a balancing path for me to follow with chalk or tape. See if I can do it without slipping off, make it shorter or longer, or send it in different directions.
- 6 Help me make my arms strong, this will help me learn to write.** Throwing different objects helps me master hand-eye coordination and make my arms strong.
- 7 I like to be barefoot, get me to take off my shoes.** Let me explore different textures with my feet. Fill a bowl with water, newspaper or ice.
- 8 Let me get messy.** As long as I'm dressed sensibly, I'll be able to move more independently. Let me make you a mud pie by filling empty containers/buckets with different textures.
- 9 Help me to do things by myself.** This could include helping with household tasks like tidying my room. If you show me what to do I will love to try and help.
- 10 Give me time to play outside.** This will help me to be more active and learn about the natural environment.

All activities can be adapted for those with disabilities. Support your child to move as much as possible (arms, legs, head). If in a wheelchair and there's room, spin on the spot and move around, build up the energy in the room. Where movement is not possible, as suggested, set them to touch and feel the equipment to involve them in the activity.

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TEN TOP TIPS FOR MOVEMENT - PRE-SCHOOL AGE 3-5 PRE-SCHOOL GREATER MANCHESTER

Pre-schoolers want to be active, they have lots of energy to burn and they need to experience all kinds of different movement. Below gives you things you can do as part of your normal routine in your home and outdoors.

- 1 Move with me.** I love music especially if I can move to it with you. Try different party games like musical statues.
- 2 Challenge me.** I like to be the best and the fastest. Set me challenges against the clock, or get me to make my own obstacle course using my favourite moves.
- 3 Kick, strike and hit.** Give me different objects to kick with my feet and strike with my hands.
- 4 Help me do things by myself.** Let me have a go at making my bed, putting my socks and shoes on and putting my coat or jumper on.
- 5 Encourage me to move more when we are at home.** I love going on adventures and the best bit is that I can explore, climb and crawl without even leaving the house.
- 6 Both sides of my body.** Help me use both sides of my body at the same time. An easy way to get me to do this is with head, shoulders, knees and toes, or Simon Says and get me to copy your movements.
- 7 Let me take risks.** I'm getting braver when I'm moving. I may want to climb higher or run faster, this is okay as long as you keep an eye on me.
- 8 Balancing.** Try making a balancing path for me to follow, see if I can do it without stopping off, make it shorter or longer, or send it in different directions.
- 9 Help me make my arms strong, this will help me learn to write.** Throwing different objects helps me master hand-eye coordination and make my arms strong.
- 10 Help me sit in different positions.** I will cope you if you do it first.

All activities can be adapted for those with disabilities. Support your child to move as much as possible (arms, legs, head). If in a wheelchair and there's room, spin on the spot and move around, build up the energy in the room. Where movement is not possible, as suggested, set them to touch and feel the equipment to involve them in the activity.

The Ten Tips for Movement are part of Greater Manchester's work to give every child the best start in life. Find out more by visiting greatermanchester-ca.gov.uk

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Mini Motor Skills

Mini Motor skills is a programme of activities developed and written by Stockport Children's Therapists Sally Holmes (Occupational Therapist) and Jodie Wynne (Physiotherapist), for children in the Early Years (Birth-5yrs) to develop Physical Skills and School Readiness at a Universal and Targeted Level. It was commissioned by the GMCA School Readiness Programme, as part of the Greater Manchester Early Years Delivery Model.

More information can be found on the GMCA [website here](#).

Providers for Physical Activity

External providers, such as sports coaching companies can support with the provision of offering new and unique experiences for children in your settings and introduce activities not typically offered in your setting. In collaboration with physical activity and early years partners from across GM, we have put together some considerations for selecting providers. More information can be viewed on the GMCA [website here](#).

External websites and resources

A range of other supporting resources, to help develop a PD pathway can also be found on the [GMCA website here](#).

Workforce Skills, Competencies and Training

- **GM REFLECT**

A single workforce competency framework to support integrated working, training and professional development across a GM multi-agency early years workforce. It consists of a number of elements including:

- **GM REFLECT *competencies***: A PDF of the skills, knowledge, abilities and characteristics that everyone who works with young children and families from conception to age 5 is expected to have
- **GM REFLECT *digital tool***: A licensed digital version of the competencies with additional functionality.
- **GM REFLECT *eLearning***: Open access, free to use eLearning modules designed to improve levels of confidence across a range of competencies.
- **GM REFLECT *on practice***: Case studies which demonstrate how the GM REFLECT resources have been used by localities and organisations to support local priorities.
- **GM REFLECT *on policy***: Documents developed to highlight how the GM REFLECT competencies align with and support other national agendas and priorities.

More information can be viewed on the GMCA [website here](#).

- **GM Physical Development Train the Trainer**

Practitioners from across the multiagency Early Years workforce understand that developing a child's physical development skills, are crucial to ensuring that all children have the best start in life. However, not all practitioners understand 'why' certain activities are put in place to assess physical development, or 'why' it's important for children to develop gross and fine motors skills, and how they support with the development of handwriting, balance, and co-ordination once they start school. This understanding helps us in our conversations with families about their child's development and how they can support this too.

This training is aligned to the GM REFLECT competencies and aims to explain how all this fits together, and what you can do in your setting, school, or service to further improve Physical Development outcomes. It will also provide you with lots of practical ideas and activities that you can do, which don't have to cost anything.

More information can be viewed on the GMCA [website here](#).

Acknowledgements

With thanks to the following colleagues who have led and/or supported development of this guidance and wider work to strengthen our work in Greater Manchester to support Physical Development in the early years.

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- Jess Simons, Active Children Lead, GM Moving
- Hannah Bowler, Active Communities Children & Young People Manager, Life Leisure, Stockport

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