



Promoting physical activity and whole-child development through flexible kindergarten staff professional development interventions

Eivind Aadland & Katrine Nyvoll Aadland, Sogndal, Norway

Tilburg, 15. September 2026



Western Norway
University of
Applied Sciences

Department of Sport, Food
and Natural Sciences

KINDknow - Kindergarten Knowledge
and Research Centre

Sogndal & the Sognefjord – the second longest fjord in the world



Sogndal – In the heart of the Sognefjord | [Fjords.com](https://fjords.com) - [FJORDS.COM](https://fjords.com) – THE FJORDS OF WESTERN NORWAY

Large-scale cluster RCTs in kindergartens

**Active Learning Norwegian
Preschool(er)s (ACTNOW) – Design
of a Cluster Randomized Controlled
Trial of Staff Professional
Development to Promote Physical
Activity, Motor Skills, and Cognition
in Preschoolers**

OPEN ACCESS

Move-play-explore in early childhood
education (MoveEarly) – study protocol
of a cluster randomized controlled trial
of staff professional development for quality
pedagogical practices and holistic child
development in Norwegian kindergartens



Active Learning Norwegian Preschool(er)s - ACTNOW

- 2019-2022
- 46 kindergartens
- 1265 children
- Target group: 3-5 years
- **7-month intervention (+)**
- 7- and 18-month follow-up

Move-play-explore in Early Childhood Education - MoveEarly

- 2024-2026
- 49 kindergartens
- 565 children (4-year-olds)
- Target group: 1-5 years
- **18-month intervention**
- 7- and 18-month follow-up

A Tribute to Professor Jeremiah Morris: The Man Who Invented the Field of Physical Activity Epidemiology

TABLE 1. Incidence* of coronary heart disease per 1,000 men per year, 1949–1952: Age-standardized rates (4)

	Sudden death [†]	Total incidence
London: Double-decker busmen		
Ages 35–64		
Conductors	0.5	1.9
Drivers	1.1	2.7
National: Government service		
Ages 35–59		
Postmen	0.4	1.8
Telephonists [‡]	0.8	2.4

Morris JN, Heady JA, Raffle PA, Roberts CG, Parks JW. Coronary heart-disease and physical activity of work. Lancet. 1953;265:1053–1057; contd.
Morris JN, Heady JA, Raffle PA, Roberts CG, Parks JW. Coronary heart-disease and physical activity of work. Lancet. 1953;265:1111–1120; concl.

1953



Morris JN. Exercise in the prevention of coronary heart disease: today's best buy in public health. Med Sci Sports Exerc. 1994;26:807–814.

Physical activity guidelines

Spesifisering av råd etter alder



Barn bør være regelmessig aktive i hverdagen gjennom hele året. Dette bør ikke gå ut over barns behov for søvn og hvile.

1–2 åringer:

- allsidig fysisk aktivitet i minst 180 minutter fordelt utover dagen
- varierte aktiviteter av ulik selvstyrt intensitet
- desto mer bevegelse barnet får, jo bedre

3–5 åringer:

- allsidig fysisk aktivitet i minst 180 minutter fordelt utover dagen
- varierte aktiviteter av ulik selvstyrt intensitet
- minst 60 minutter av aktiviteten med moderat til høy intensitet
- desto mer bevegelse barnet får, jo bedre

De yngste barna er naturlig aktive, men ulike former for skjermbasert underholdning kan påvirke barns interesse for å velge aktiv lek.

GUIDELINES ON PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP | FOR CHILDREN UNDER 5 YEARS OF AGE

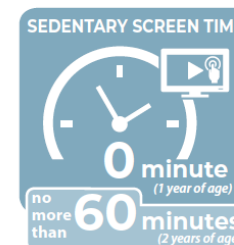


children 1–2 years of age should:

Spend at least 180 minutes in a variety of types of physical activities at any intensity, including moderate- to vigorous-intensity physical activity, spread throughout the day; more is better.

Not be restrained for more than 1 hour at a time (e.g. prams/strollers, high chairs, or strapped on a caregiver's back) or sit for extended periods of time. For 1-year-olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

Have 11–14 hours of good quality sleep, including naps, with regular sleep and wake-up times.

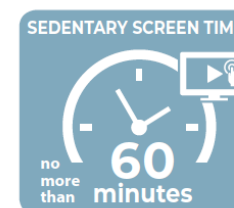


children 3–4 years of age should:

Spend at least 180 minutes in a variety of types of physical activities at any intensity, of which at least 60 minutes is moderate- to vigorous-intensity physical activity, spread throughout the day; more is better.

Not be restrained for more than 1 hour at a time (e.g. prams/strollers) or sit for extended periods of time. Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

Have 10–13 hours of good quality sleep, which may include a nap, with regular sleep and wake-up times.





Schoolification of ECEC – not a good idea

Springer International Handbooks of Education

Chapter 15
School Readiness in Europe: Issues
and Evidence

“..there is no serious evidence to support the ‘earlier is better’ position and a very significant body of evidence to support the alternative view that a later start at school might be advantageous in the long run.”

 Springer

e-mail: ugw1009@cam.ac.uk

© Springer Science+Business Media B.V. 2018
M. Flier, B. van Oers (eds.), *International Handbook of Early Childhood Education*, Springer International Handbooks of Education,
DOI 10.1007/978-94-024-0927-7_15

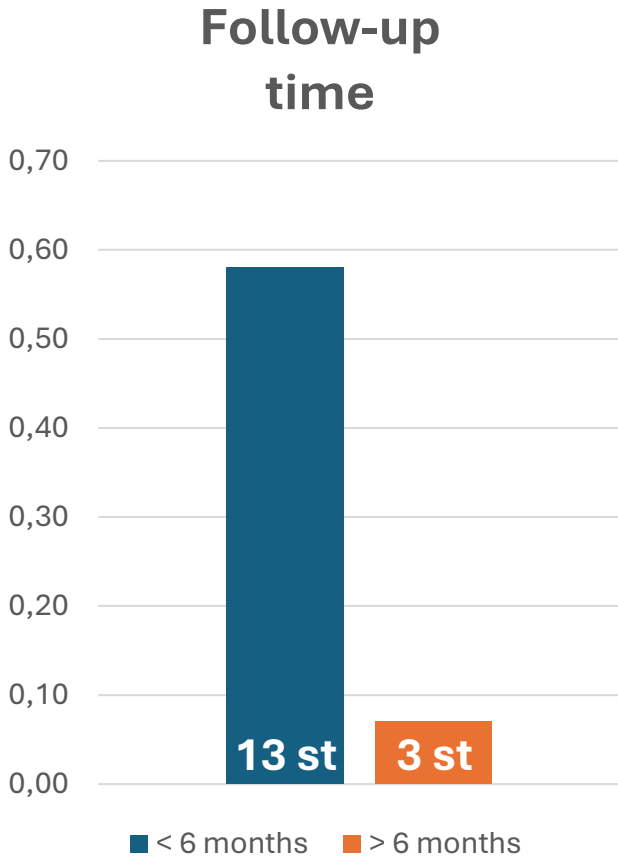
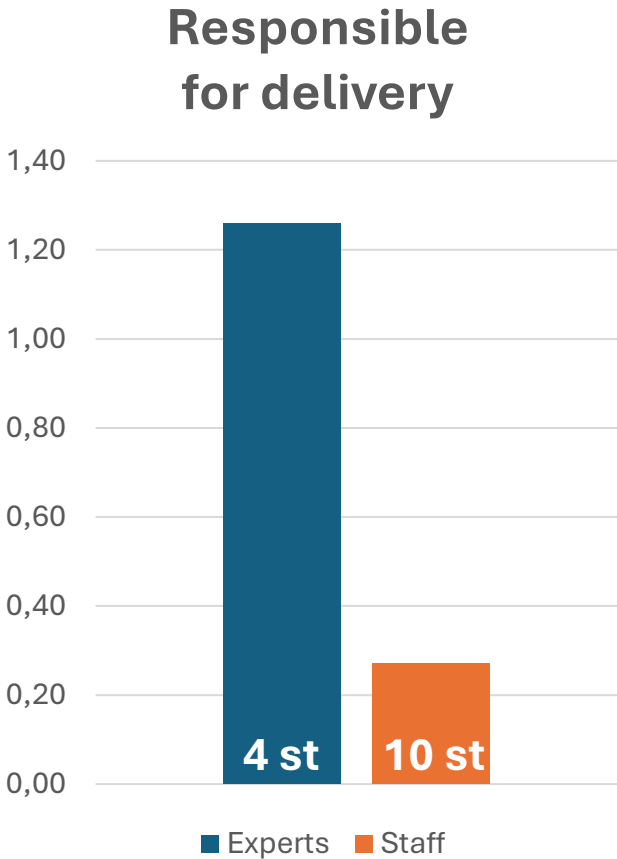
363



Effects of ECEC interventions to increase physical activity

Systematic review and meta-analysis of 16 studies using objective measures

Standardized Effect Size



Pediatric Obesity/Prevention

Effectiveness of centre-based childcare interventions in increasing child physical activity: a systematic review and meta-analysis for policymakers and practitioners

M. Finch,^{1,2} J. Jones,² S. Yoong,² J. Wiggers^{1,2,3} and L. Wolfenden^{1,2,3}

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Summary

Context: The review describes the effectiveness of physical activity interventions implemented in centre-based childcare services and (i) examines characteristics of interventions that may influence intervention effects; (ii) describes the effects of pragmatic interventions and non-pragmatic interventions; (iii) assesses adverse effects; and (iv) describes cost-effectiveness of interventions

Methods: Data sources were Cochrane Central Register of Controlled trials, MEDLINE, EMBASE, PsycINFO, ERIC, CINAHL, SCOPUS and SPORTDISCUS. Studies selected included randomized controlled trials conducted in centre-based childcare including an intervention to increase objectively measured physical activity in children aged less than 6 years. Data were converted into standardized mean difference (SMD) and analysed using a random effects model.

Results: Overall interventions significantly improved child physical activity (SMD 0.44; 95% confidence interval [CI]: 0.12–0.76). Significant effects were found for interventions that included structured activity (SMD 0.53; 95% CI: 0.12–0.94), delivery by experts (SMD 1.26; 95% CI: 0.20–2.32) and used theory (SMD 0.76; 95% CI: 0.08–1.44). Non-pragmatic (SMD 0.80; 95% CI: 0.12–1.48) but not pragmatic interventions (SMD 0.10; 95% CI: –0.13–0.33) improved child physical activity. One trial reported adverse events, and no trials reported cost data.

Conclusions: Intervention effectiveness varied according to intervention and trial design characteristics. Pragmatic trials were not effective, and information on cost and adverse effects was lacking. Evidence gaps remain for policymakers and practitioners regarding the effectiveness and feasibility of childcare-based physical activity interventions.

Keywords: Childcare, intervention, physical activity, pragmatic, systematic review.

obesity reviews (2016) 17, 412–428

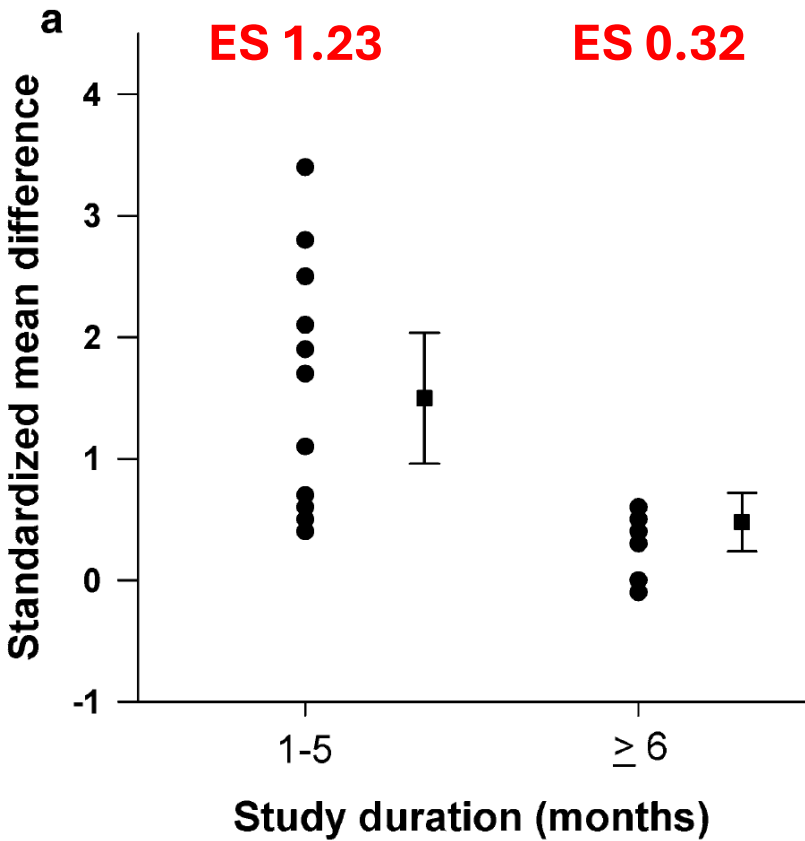
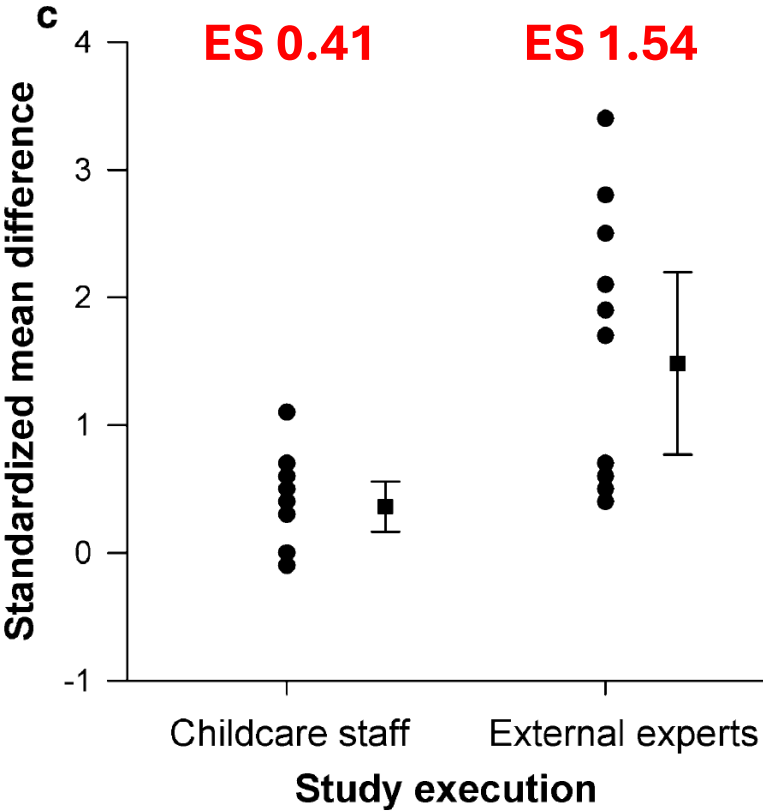
Introduction

Participation in adequate physical activity is associated with lower prevalence of overweight and obesity in preschool age children and may contribute to sustaining a healthy body weight in later childhood. A number of cross-sectional studies conducted with preschool age children have

reported positive associations between child participation in physical activity and lower levels of body fat and body mass index (1–5). Longitudinal studies have also found that participation in adequate physical activity in preschool age can protect against development of overweight and obesity in later childhood (1,6,7).

Effects of ECEC interventions to increase motor skills

Systematic review and meta-analysis of 30 studies



Sports Med (2017) 47:2045–2068
DOI 10.1007/s40279-017-0723-1



SYSTEMATIC REVIEW

Interventions to Promote Fundamental Movement Skills in Childcare and Kindergarten: A Systematic Review and Meta-Analysis

Kristin Wick^{1,2} · Claudia S. Leeger-Aschmann³ · Nico D. Monn³ · Thomas Radtke³ · Laura V. Ott³ · Cornelia E. Rebholz² · Sergio Cruz² · Natalie Gerber³ · Einat A. Schmutz³ · Jardena J. Puder^{4,5} · Simone Munsch⁶ · Tanja H. Kakebeeke⁷ · Oskar G. Jenni⁷ · Urs Granacher¹ · Susi Kriemler³

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Abstract
Background Proficiency in fundamental movement skills (FMS) lays the foundation for being physically active and developing more complex motor skills. Improving these motor skills may provide enhanced opportunities for the development of a variety of perceptual, social, and cognitive skills.

Objective The objective of this systematic review and meta-analysis was to assess the effects of FMS

interventions on actual FMS, targeting typically developing young children.

Method Searches in seven databases (CINAHL, Embase, MEDLINE, PsycINFO, PubMed, Scopus, Web of Science) up to August 2015 were completed. Trials with children (aged 2–6 years) in childcare or kindergarten settings that applied FMS-enhancing intervention programs of at least 4 weeks and meeting the inclusion criteria were included. Standardized data extraction forms were used. Risk of bias was assessed using a standard scoring scheme (Effective Public Health Practice Project—Quality Assessment Tool for Quantitative Studies [EPHPP]). We calculated effects on overall FMS, object control and locomotor subscales (OCS and LMS) by weighted standardized mean differences (SMD_{between}) using random-effects models. Certainty

Kristin Wick and Claudia S. Leeger-Aschmann are the co-first authors and Urs Granacher and Susi Kriemler are the co-last authors.

Electronic supplementary material The online version of this article (doi:10.1007/s40279-017-0723-1) contains supplementary material, which is available to authorized users.

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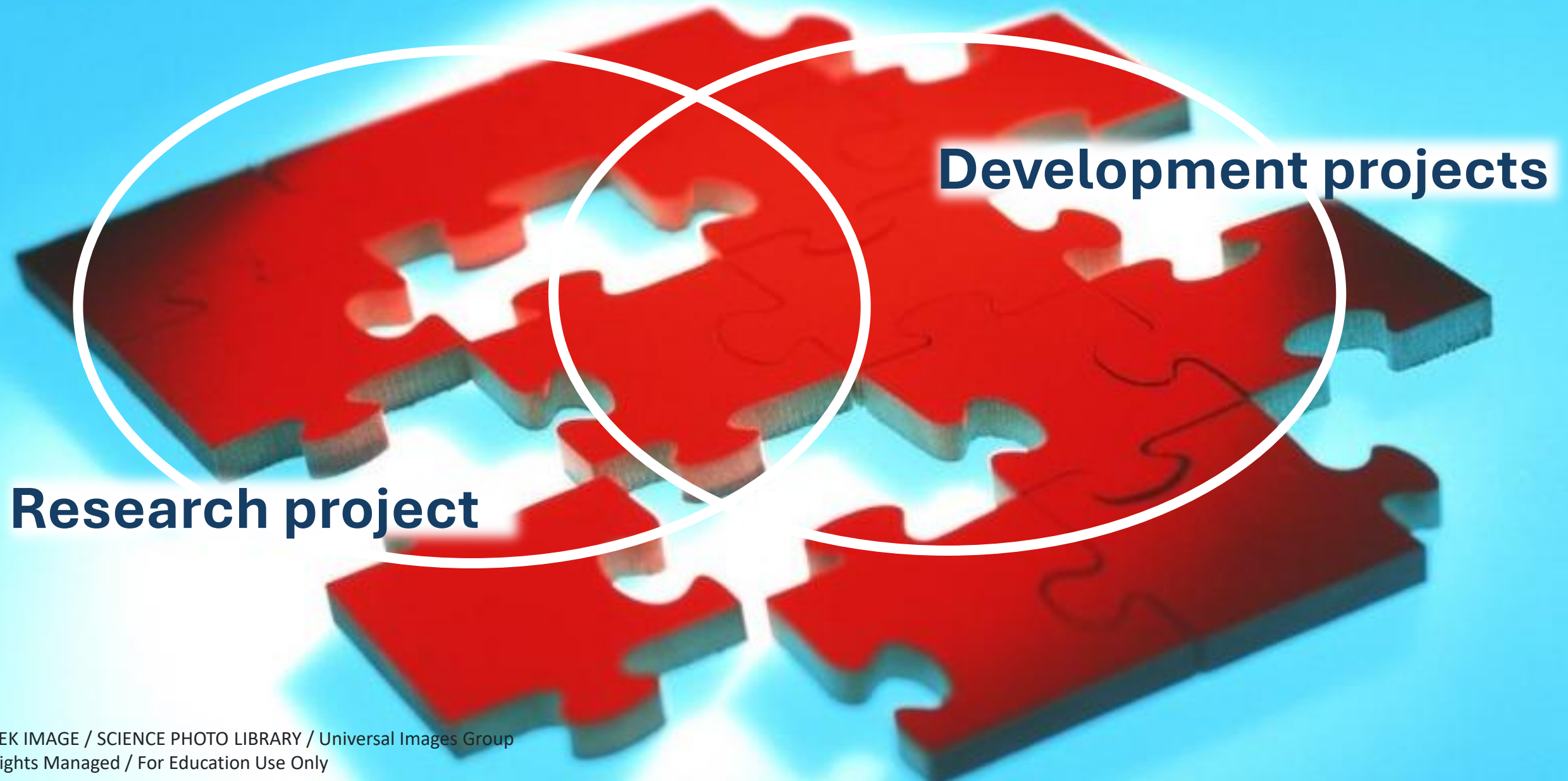
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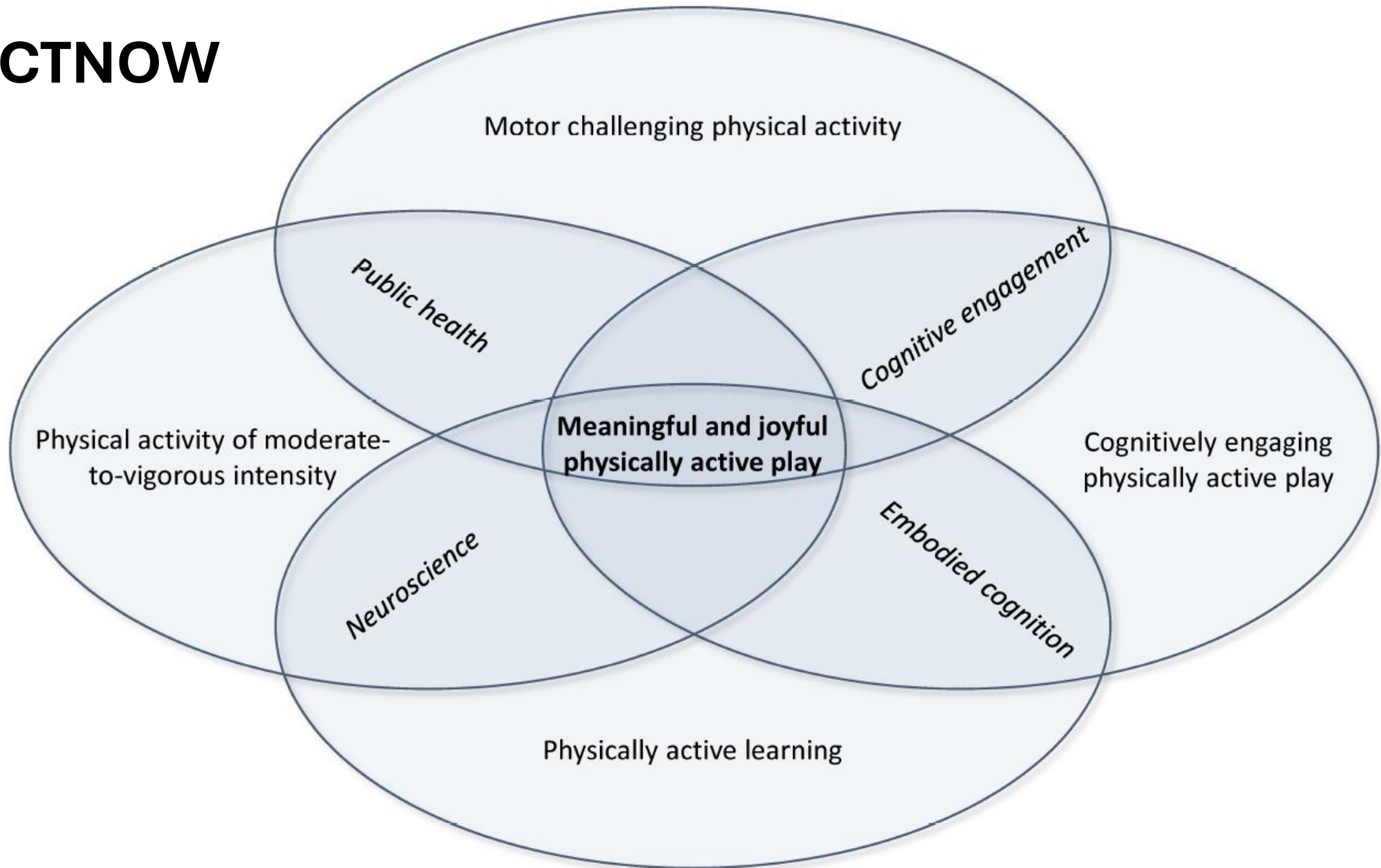
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Collaboration and co-creation is fundamental



ACTNOW

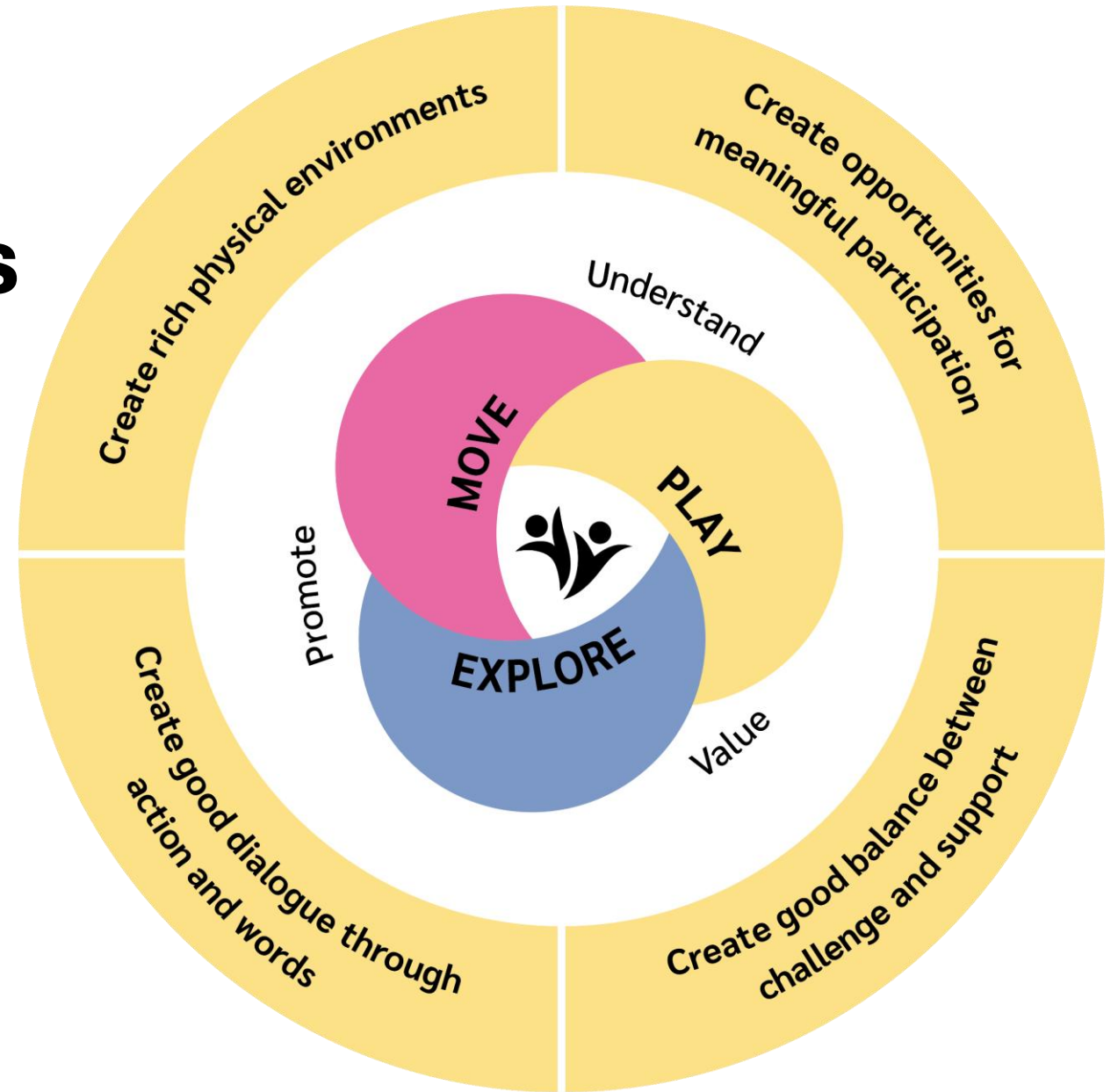


MoveEarly

Pedagogical principles

7 principles to promote movement, play and exploration

Holistic, transdisciplinary approach integrating movement with core ECEC pedagogical concepts



MoveEarly (and ACTNOW)

Kindergarten level

LOGIC MODEL

Professional development



Changed kindergarten practice



INTERVENTION

Development work

18-month professional development

- Aimed to raise staffs' competence to
- deliver the intervention's core components
- lead a development process in the staff group

e-learning toolbox

- Activities, materials, themes ideas bank
- Pedagogical principles move-play-explore
- Videoimpulses and work-shops

Support for organizational development



EVALUATION

Process evaluation

Written plans
Staff interviews
Staff observations
Staff survey

Standardized observation of the
movement environments
Staff in-service objective physical
activity monitoring

Child level

Increased child movement, play, exploration



Child developmental effects



Hypothesis under study
The intervention will improve
child holistic development
and reduce social inequality

Outcome evaluation

Child objective physical
activity monitoring
Child interviews
Child observation

Movement competence	Self-regulation
Creativity	Vocabulary & numeracy
Playfulness	Socio-emotional health
Explorative behaviour	Well-being
Physical fitness	
Weight status	

MoveEarly co-creation process 2022-2023

Physical meetings with educators (directors, teachers, assistants) from 20 kindergartens (3 owners)

January 2023



BERGEN
KOMMUNE



Norlandia
BARNEHAGENE



Osterøy kommune
Utvikling, samhold, livskvalitet

February 2023



BERGEN
KOMMUNE



Norlandia
BARNEHAGENE



Osterøy kommune
Utvikling, samhold, livskvalitet

March 2023



BERGEN
KOMMUNE



Norlandia
BARNEHAGENE



Osterøy kommune
Utvikling, samhold, livskvalitet

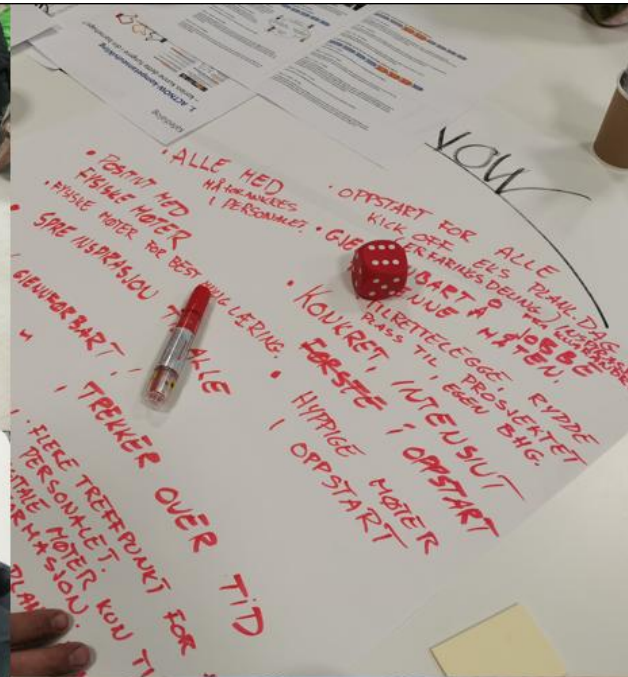
May 2023

**Present the final
intervention model
for kindergartens**

August 2022

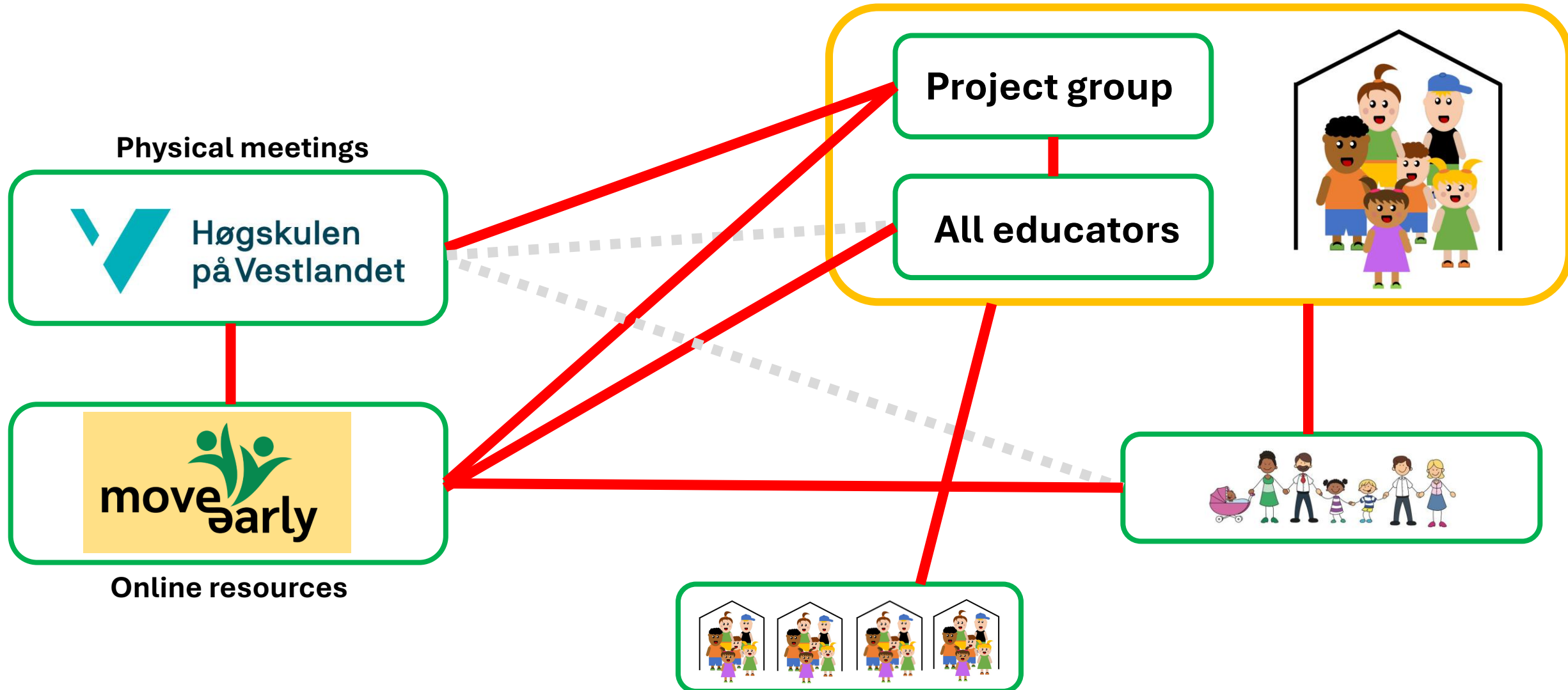
Advisory board

March 2023



Co-creation of professional development

MoveEarly development work/professional development





MoveEarly professional development

Physical seminars (6 days)

Kindergarten visits (2 times)

Written work, including online meetings

Support from researcher

Online resources

(Optional)
15
credits

Complex interventions: how “out of control” can a randomised controlled trial be?

Penelope Hawe, Alan Shiell, Therese Riley

Complex interventions are more than the sum of their parts, and interventions need to be better theorised to reflect this

Summary points

Standardisation has been taken to mean that all the components of an intervention are the same in different sites

This definition treats a potentially complex intervention as a simple one

In complex interventions, the function and process of the intervention should be standardised not the components themselves

This allows the form to be tailored to local conditions and could improve effectiveness

Intervention integrity would be defined as evidence of fit with the theory or principles of the hypothesised change process

Example of alternative ways to standardise a whole community intervention to prevent depression in a cluster trial*

Principle of intervention	Type of standardisation	
	By form	By function
To educate patients about depression	All sites distribute the same written patient information kit	All sites devise ways to distribute information tailored to local literacy, language, culture, and learning styles
To improve detection, management, and referral of patients in primary care	All sites hold a series of three in-service training workshops for general practitioners with preset curriculums	Local health authorities are provided with materials and resources to devise in-service training tailored to local schedules, venues, and preferred learning methods
To involve local residents and decision makers in order to increase uptake, effectiveness, and sustainability of the intervention	A local intervention steering committee is convened in each site with representatives of pre-specified organisations	Mechanisms are devised to engage local key agencies and consumers in decision making about the intervention. Suggested options: steering committee, consultations, surveys, website, phone-ins
To harness and facilitate material, emotional, informational, and affirmational support across social networks of people in particular life stages	All mothers of new babies are invited to join discussion and mutual support groups. People moving into nursing homes receive three friendly visits from a designated resident	Methods to alter network size, network diversity, contact frequency, reciprocity, or types of exchanges are tailored to subgroup preferences

* Hypothetical example drawing on published studies¹³⁻¹⁶ and reflecting a sample of principles depending on the intervention theory.

Interventions should be context-specific



OPEN ACCESS

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Rethinking children's physical activity interventions at school: A new context-specific approach

Russell Jago^{1,2,3,4*}, Ruth Salway^{1,2}, Danielle House¹,
Michael Beets⁵, David Revalds Lubans^{6,7,8}, Catherine Woods⁹ and
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Physical activity is important for children's health. However, evidence suggests that many children and adults do not meet international physical activity recommendations. Current school-based interventions have had limited effect on physical activity and alternative approaches are needed. Context, which includes school setting, ethos, staff, and sociodemographic factors, is a key and largely ignored contributing factor to school-based physical activity intervention effectiveness, impacting in several interacting ways.

Conceptualization: Current programs focus on tightly-constructed content that ignores the context in which the program will be delivered, thereby limiting effectiveness. We propose a **move away from uniform interventions that maximize internal validity toward a flexible approach that enables schools to tailor content to their specific context**.

Evaluation designs: Evaluation of context-specific interventions should explicitly consider context. This is challenging in cluster randomized controlled trial designs. Thus, alternative designs such as natural experiment and stepped-wedge designs warrant further consideration.

Primary outcome: A collective focus on average minutes of moderate-to-vigorous intensity physical activity may not always be the most appropriate choice. A wider range of outcomes may improve children's physical activity and health in the long-term. In this paper, we argue that greater consideration of school context is key in the design and analysis of school-based physical activity interventions and may help overcome existing limitations in the design of effective interventions and thus progress the field. **While this focus on context-specific interventions and evaluation is untested, we hope to stimulate debate of the key issues to improve future physical activity intervention development and implementation.**

KEYWORDS

physical activity, children, trial, context, intervention—behavioral

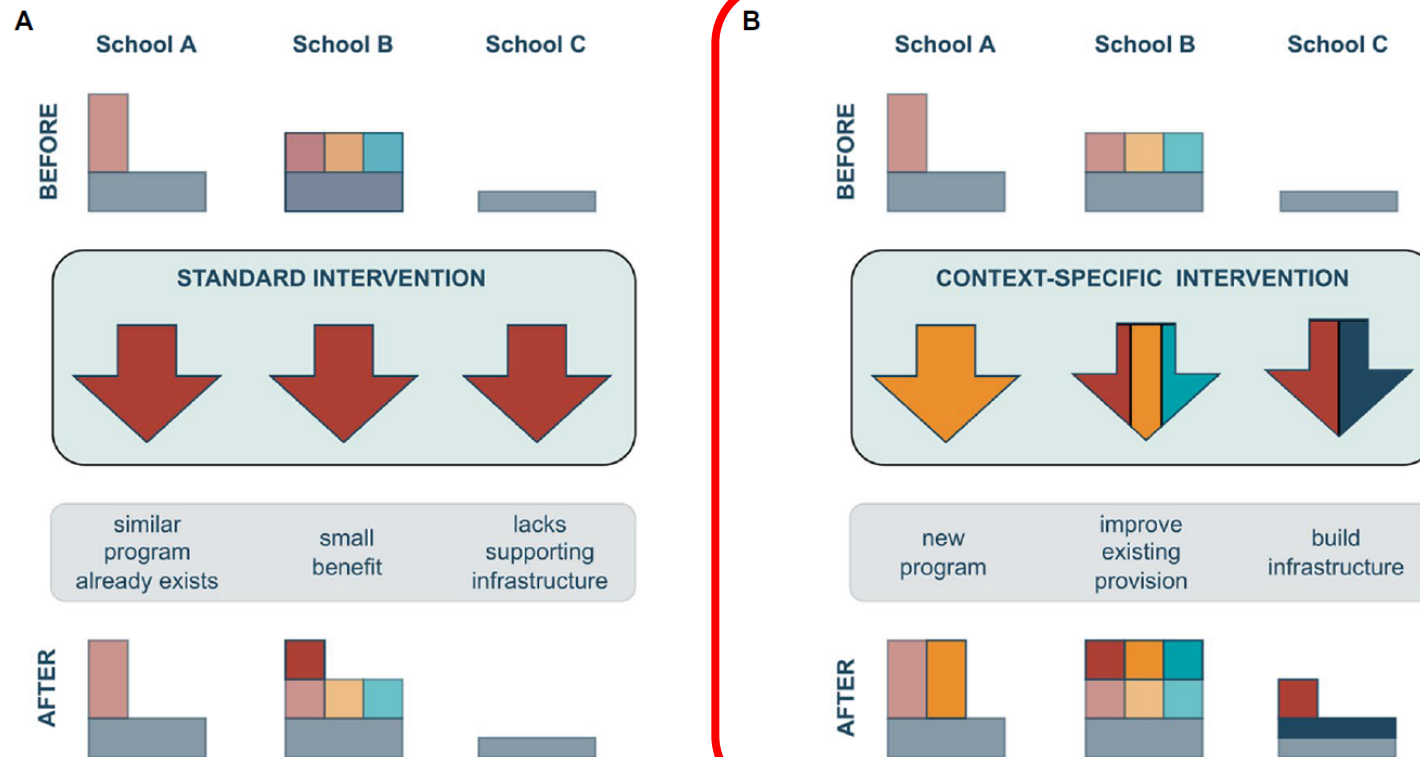
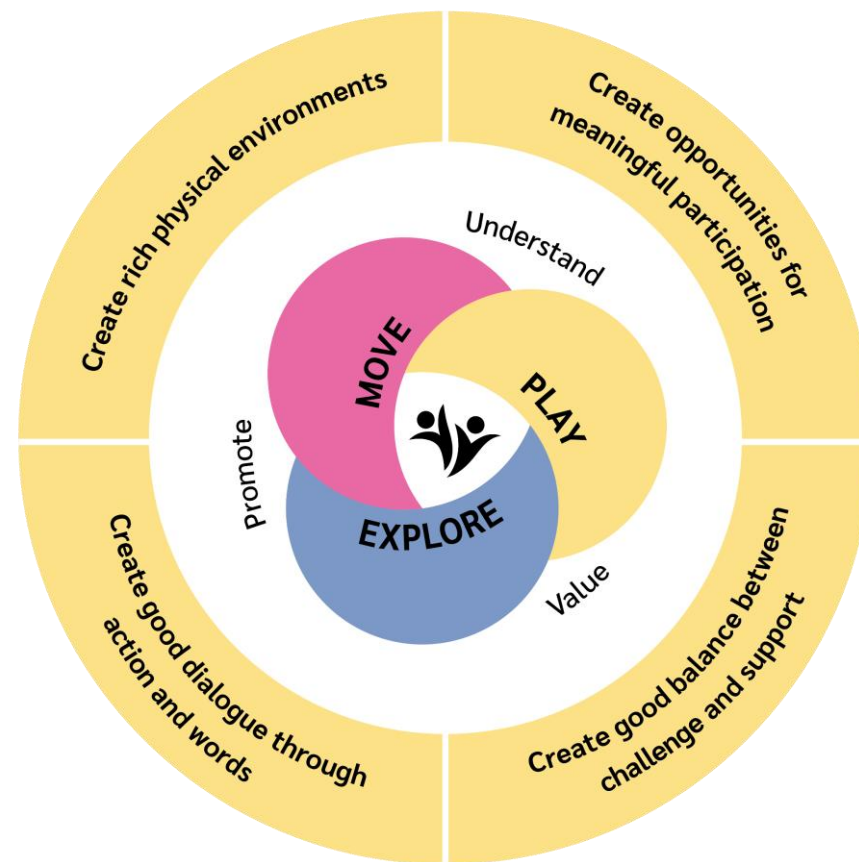


FIGURE 1

Standard intervention (A) compared to context-specific intervention (B). In a standard intervention, each school receives the same intervention, regardless of school-specific context. In a context-specific intervention, the intervention is tailored to be most effective for each specific school.

MoveEarly cluster RCT 2024-2026

Intervention: 25 kindergartens



Norwegian kindergartens

- Voluntary
- Age 0-5 (6)
- No schedule
- ≈ 100 euros per month
- 1:3 staff:children < 3 years
- 1:6 staff:children > 3 years



MoveEarly (and ACTNOW)

Kindergarten level

LOGIC MODEL

Professional development



Changed kindergarten practice



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Child developmental effects



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The intervention will improve
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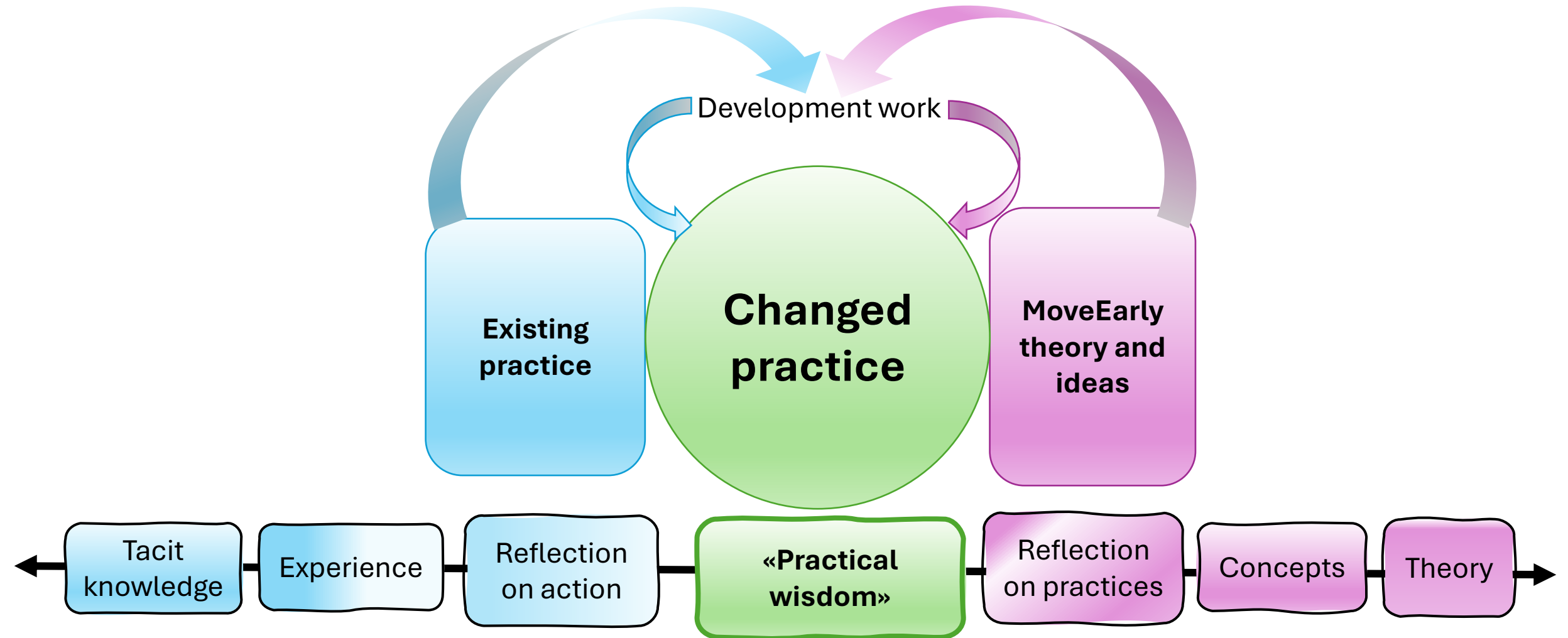
Outcome evaluation

Child objective physical
activity monitoring
Child interviews
Child observation

Movement competence
Creativity
Playfulness
Explorative behaviour
Physical fitness
Weight status

Self-regulation
Vocabulary &
numeracy
Socio-emotional
health Well-being

Co-creation of pedagogical practices



Three ways of thinking about development work

DEBATE

Open Access



The theory of expanded, extended, and enhanced opportunities for youth physical activity promotion

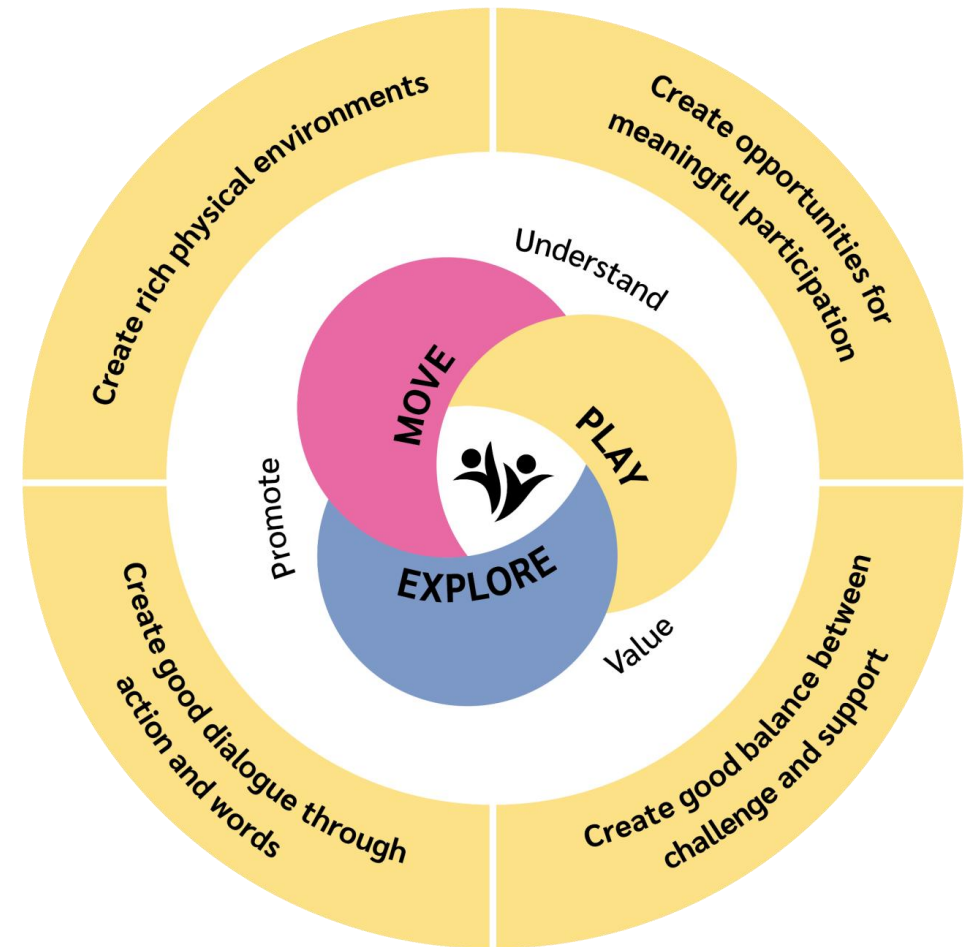
Michael W. Beets^{1*}, Anthony Okely^{2,7}, R. Glenn Weaver¹, Collin Webster³, David Lubans⁴, Tim Brusseau⁵, Russ Carson⁶ and Dylan P. Cliff^{2,7}

Three ways of thinking about development work

**Introduce
something new**

**Do more of what
you already do**

**Do what you
already do, but
with higher quality**



> 100.000 users worldwide



English

TOPICS ▾ RESOURCES ▾ ABOUT ACTIVE IN PRESCHOOL CONTACT

Welcome to your preschool physical activity toolbox!

Here you find activities, programmes and resources for a physically active preschool day!



Age

☐ 0 - 2 years
☐ 3 - 5 years

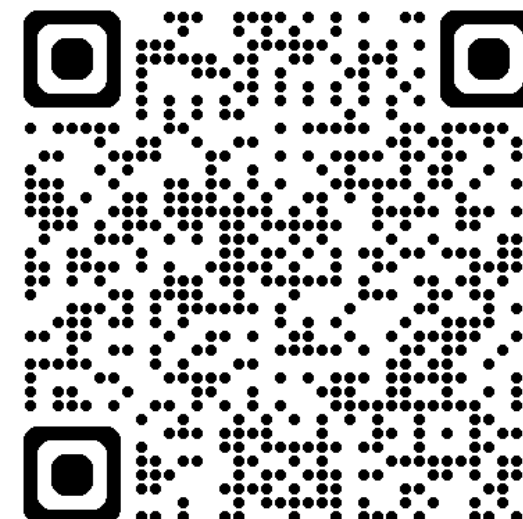
Area

☐ Large space
☐ Small space

Motor skills

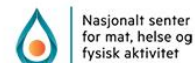
Learning areas

Activity type



DO YOU HAVE QUESTIONS OR FEEDBACK?

Contact us at [e-mail](#)



<https://moveearly.no/>



← ↻ 🏠 <https://moveearly.no>



[Hjem](#) | [Idébank](#) | [Pedagogiske prinsipper](#) | [Kompetanseutvikling](#)

En ressurs for **utforskning**
i din barnehage



Idébank

Prøv ut idéer for bevegelse, lek og utforskning i din praksis. Start med en aktivitet, en fortelling, et tema eller miljø og materialer



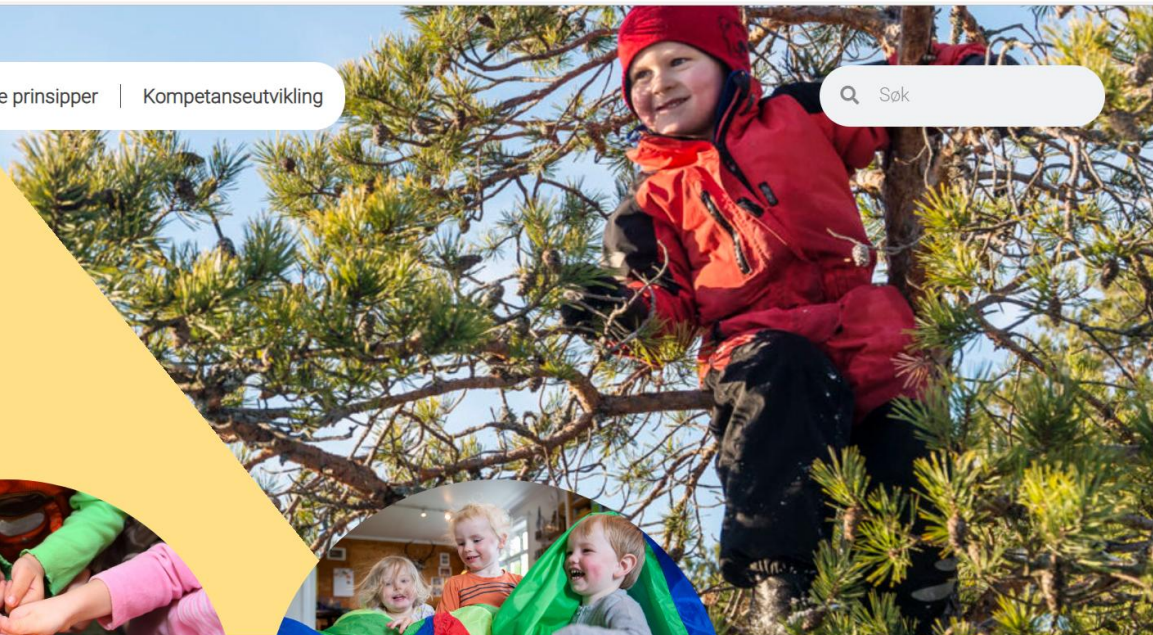
Pedagogiske prinsipper

Les mer om de syv pedagogiske prinsipper, utviklet i MoveEarly-prosjektet, og hvordan du kan ta de med inn i arbeidet i barnehagen



Kompetanseutvikling

Få tilgang til korte seminar, verksted og refleksjonsspørsmål knyttet til temaene i MoveEarly



Ideas bank

Pedagogical principles

Professional development



Physical environments













Staff motivation, engagement and confidence

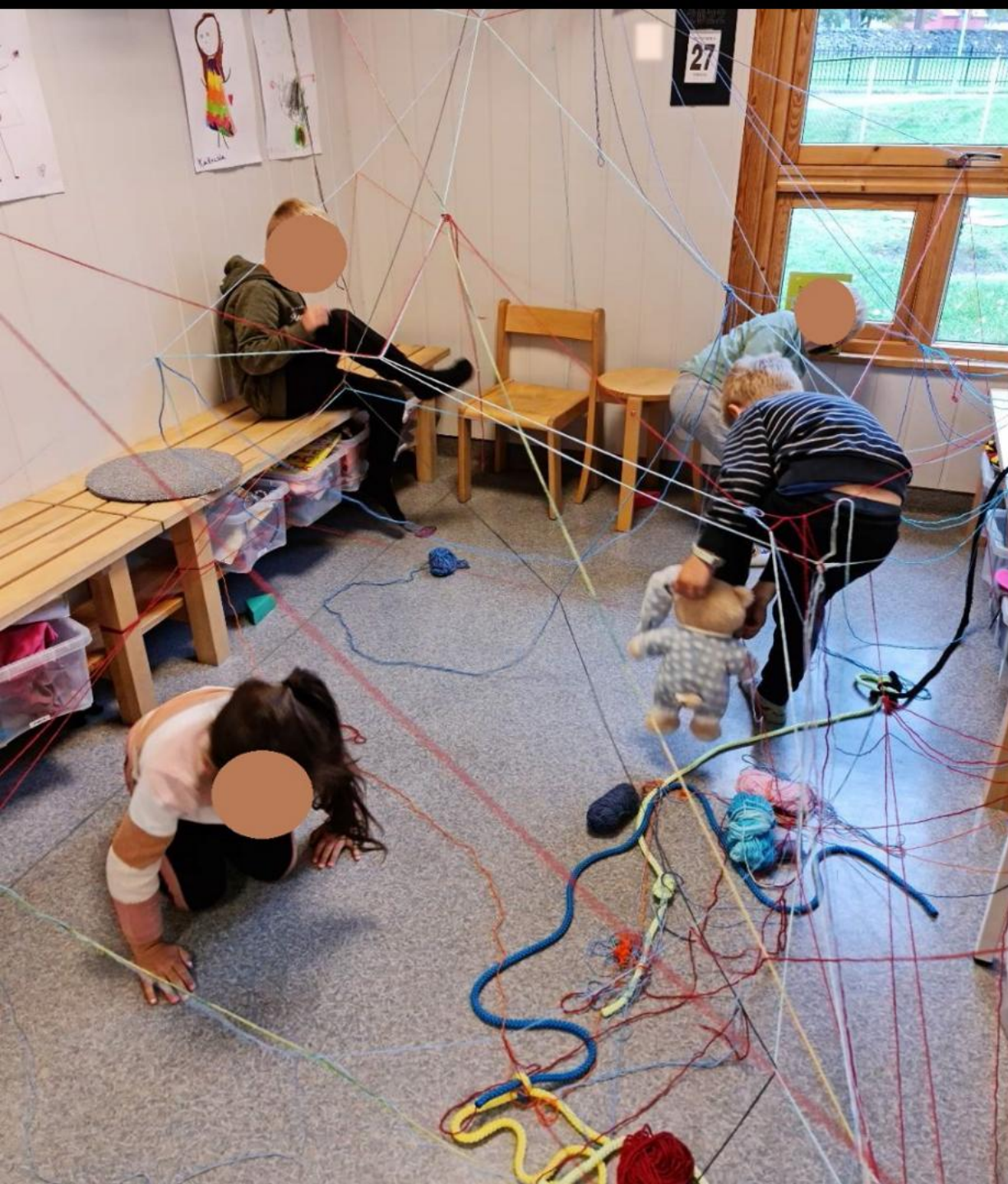


Hands-on experience



Taken for granted practice







Core values

Life skills and health

Kindergartens shall promote good health, play a preventative role and help even out social inequalities. They shall promote physical and mental health in the children. They shall contribute to the children's well-being, happiness, attainment and feeling of self-worth, and they shall combat harassment and bullying. If a child experiences harassment or bullying, the kindergarten must deal with, stop and follow up on it.

Kindergarten shall be a safe and challenging place in which the children can experiment with different aspects of interaction, community and friendship. The children shall be given support in coping with adversity, tackling challenges and exploring their own feelings and those of others. The children shall be given opportunities for quiet, rest and relaxation over the course of the day.

Kindergarten shall be an arena for daily physical activity, and it shall promote joy of movement and motor development in the children. Meals and cooking in kindergarten shall give the children a starting point for developing an appreciation for food and healthy habits.

Due to their day-to-day close contact with the children, kindergartens are well placed to observe and obtain information about the children's care situation and personal circumstances. Staff must be conscious of the fact that children may be victims of neglect, violence and sexual abuse, and they must be aware of how this can be prevented and detected. Staff must be familiar with their duty of disclosure to the child protection service, cf. Section 46 of the Kindergarten Act.





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Department of Sport, Food
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Thank you for your attention!

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