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# *Munch & Move* Family Day Care Evaluation Report

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**KANTAR** | Public Division

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# 1. Executive summary

*Munch & Move* is a NSW Health initiative that supports the healthy development of children aged 0 to 5 years attending NSW Early Childhood Education and Care (ECEC) services. It does this through promotion of healthy eating behaviours, physical activity, and reduced screen time. The NSW Office of Preventive Health (OPH) engaged Kantar's Public Division to conduct research to determine whether policy/ practice change and the provision of *Munch & Move* training for Family Day Care (FDC) Service Providers has resulted in practice (behaviour) change at the FDC educator level.

Both quantitative and qualitative research methods were leveraged to assess the effectiveness of policy and/or practice change at the Service Provider (organisational) level, as well as on practice implementation at the educator level. Initially an online survey (managed by OPH) was administered to FDC Service Provider representatives who had participated in *Munch & Move* training six or more months ago. A total of n=19 Service Providers across six Local Health Districts (LHDs) completed the survey. These Service Providers were then invited to participate in the qualitative stage of the research.

The qualitative stage consisted of observational site visits (managed and conducted by Kantar) within the educator setting. A total of n=12 site visits were conducted, with each site visit lasting around 3 hours. In conjunction with these, in-depth interviews with Service Providers (who oversee educators from the observational site visits) were also conducted. A total of n=6 in-depth-interviews were completed, each lasting 45-60 minutes.

The fieldwork period was from December 2018 – July 2019.

A synopsis of the key findings to emerge from the research is provided below.

## 1.1 Overall perceptions of the program

Both FDC Service Providers and Educators have a positive perception of the *Munch & Move* program. *Munch & Move* training and resources are largely perceived as useful and informative. The program was appreciated as a free and accessible resource which re-enforced existing knowledge and facilitated idea generation and engaging health-related activities. Ways in which educators engaged with the program included:

- Displaying posters within the FDC setting
- Distributing factsheets or information to FDC families
- Using the resource manual
- Facilitating play with the fundamental movement skill (FMS) action cards
- Incorporating *Munch & Move* within the daily plan

From the Service Providers' perspectives, along with assisting the implementation of good health practices and discussions, the program was also used to:

- Establish dialogue and conversations about health between the service, educators and families
- Provide Service Providers with something tangible which they can offer educators to help with the implementation of positive health practices
- Bring policies to life in an engaging and accessible manner
- Provide practical resources to implement in daily programming

## 1.2 Variation of implementation

Overall, implementation of *Munch & Move* varied greatly depending on the FDC, with some highly engaged in the program and others using it more as a support resource as and when required. While each educator self-identified that they had implemented *Munch & Move* policy and practice, were familiar with the focus areas of the program and were regularly aligning their practice to the program guidelines (either intentionally or inadvertently), there was a clear lack of uniformity between sites. This variability is due, in part, to the program's design, which does not stipulate how the program should be implemented or actioned. While flexibility in implementation can be detrimental in some settings, the evaluation shows that – to be successful in the FDC setting – in-built flexibility to accommodate a range of influencers that mediate program implementation is essential. Furthermore, it is believed that a mandatory or standardised approach to implementation would undermine what is currently valued about *Munch & Move*.

## 1.3 Factors influencing effective program implementation

While the inbuilt flexibility of *Munch & Move* is a key asset to its implementation, there are a number of key factors that influence effective program implementation from both a policy and practice perspective. These include:

- **The embedded context in which the program operates:** *Munch & Move* is considered a 'practical articulation of policy' – policy which is well established, well understood and considered to be critical to positive outcomes for children in the FDC setting.
- **Human factors:** Those tasked with program implementation are not a homogenous group. They have varying years of experience in the sector, different cultural backgrounds or social contexts, and varying types of professional qualifications influencing their interest and ability to effectively implement *Munch & Move* – from both a policy and practice perspective. In particular, program implementation is influenced by human factors such as: engrained health knowledge; individual perceived importance of the issue; desire for training and upskilling; belief in the program; capability as a teacher and experience in delivering early childhood education; and Service Provider and educator confidence and skill in having challenging conversations with parents.
- **The social context:** Understanding the social influences which contribute to an individual's willingness or ability to comply with program policy and practices is key. This directly impacts successful implementation and the likelihood of the program achieving both its short- and long-term objectives. Key social influences that impact program implementation include: low socio-economic background; struggling financially; low health literacy; being time poor; and being culturally diverse/ adhering to certain customs.
- **Program training:** The training undertaken by both Service Providers and their approach to on-training educators was seen to influence program implementation. For Service Providers specifically – recent *Munch & Move* training is correlated with an increased focus on the program, while face to face training/conferences were thought to be of increased value. For educators – the Service Provider-led approach to training (which has been revised since the evaluation started) meant training was ad-hoc, contributing to the variability of implementation across FDCs. Key areas that influenced this include: Availability of the training; the non-compulsory nature of training; mode of training; Service Provider defined focus areas; and reduced reliance when educators had received firsthand training (in another childcare setting).
- **The role of Service Providers:** Service Providers largely act as gatekeepers for the program – overseeing all aspects of program delivery, from initial training and implementation right through to how the program is embedded in the educator setting, and ensuring ongoing use and adherence to

the program messages. This means Service Providers play a pivotal role in the implementation and momentum of *Munch & Move* within the FDC setting.

#### **1.4 Validity of the measurement tool**

While the evaluation sought to assess the validity of the 'Practice Monitoring Guide' by cross referencing Service Provider feedback on educator implementation and observations made in educator setting, research limitations mean this isn't possible. What the evaluation was able to show, however, is that:

1. there is a clear need for a measurement tool that captures practice implementation in an impartial quantifiable way; and
2. there is a potential opportunity to develop a measurement tool that can be used by Service Providers and Educators to measure practice implementation to improve awareness of program objectives and provide additional data points to corroborate implementation evidence.

## 2. Research background

### Background

*Munch & Move* is a NSW Health initiative that supports the healthy development of children aged 0 to 5 years attending NSW Early Childhood Education and Care (ECEC) services through promoting healthy eating behaviours, physical activity, and reduced screen time. *Munch & Move* has been providing training and support to the ECEC sector since 2008 and extended this to include Family Day Care (FDC) in July 2016. The program provides professional development training, support and resources to FDC Service Providers who in-turn assist their FDC educators to adopt health promoting practices within the ECEC environment. The program is based on 6 key messages derived from evidence-based guidelines and recommendations (such as the *Australian Dietary Guidelines*, *Infant Feeding Guidelines* and *24-Hour Movement Guidelines for the Early Years*) and aligns to the ECEC sectors policy environment The National Quality Framework – including the National Quality Standard and Early Years Learning Framework.

FDC educators are qualified educators who provide ECEC to children. Many FDC educators operate from their own home (i.e. house, townhouse or apartment). Educators must adhere to ECEC National law and regulations and are permitted to care for up to 4 children aged 0-5 years. It is the responsibility of the FDC Service Provider to support their educators to provide quality early childhood education and care.

*Munch & Move* program FDC Service Providers training is delivered via a 'live' webinar series and is targeted at representatives from the Service Provider level; this could include the license holder, a nominated supervisor or a coordinator. The training then ladders down to Service Provider coordinators who provide on-training to all their educators using the Staff Development Kit. *Munch & Move* implementation for FDC is measured through a set of 13 practices which were developed and tested specifically for the FDC sector. Health Promotion Officers from the 15 Local Health Districts (LHDs) provide support to Service Providers to adopt these practices - including access to resources for the organisation, educators, and families, policy advice and tips to adopt a health promoting care environment

### Research objectives

The NSW Office of Preventive Health (OPH) engaged Kantar's Public Division to investigate the effectiveness of policy and/or practice change at the Service Provider level on the implementation of healthy eating and physical activity practices in educators' care environments. The overarching objective of the research is to determine whether this policy/ practice change, and the provision of training for FDC Service Providers, has resulted in practice (behaviour) change at the FDC educator level.

More specifically, this evaluation sought to:

- Determine the extent to which the provision of training results in policy or practice change at the Service Provider (organisational) level.
- Determine whether policy or practice change at the Service Provider level, combined with 'on training' and provision of resources to FDC educators, results in improved implementation of healthy eating and physical activity practices in educator care settings.
- Assess the validity of a set of key healthy eating and physical activity practices developed by OPH as a tool for measuring practice implementation in FDC Service Provider and educator settings (known as the Practice Monitoring Guide).

## Research methodology

Multiple lines of enquiry (qualitative and quantitative) were included in this research to assess the effectiveness of policy and/or practice change at the Service Provider (organisational) level as well as on practice implementation at the educator level. The research approach for this evaluation was designed by OPH – with Kantar commissioned to conduct the qualitative component. An outline of the research methodology is included below:

- **An online survey (managed by OPH):** Administered to FDC Service Provider representatives who had participated in *Munch & Move* training six or more months ago. The questionnaire was written by OPH and was based on the FDC practice tool. The survey was disseminated by targeted email to FDC Service Provider representatives within Western Sydney LHD, Southern NSW LHD and Western NSW LHD. Due to low completion rates, this was expanded to also include Northern Sydney LHD, Sydney LHD and South Eastern LHD. A total of n=19 Service Providers completed the survey. These Service Providers were then contacted to ask if they were willing to participate in an in-depth interview (IDI) and if their educators were willing to participate in a site visit.
- **Observational site visits (managed and conducted by Kantar):** This involved a researcher from Kantar visiting nominated FDC education and care sites and observing their daily practice. Each site visit lasted approximately three hours. During this time, the researcher recorded practices against the FDC practice tool through a mix of observation and questions directed at the educator. A total of n=12 site visits were conducted with FDC educators.
- **In-depth interviews (managed and conducted by Kantar):** Following completion of the site visits, Service Providers (who oversee educators from the observational site visits) participated in a semi-structured in-depth interview. These interviews sought to gain a deeper understanding of the Service Providers experiences using and implementing the *Munch & Move* program practices in the educator setting, as well as experiences with receiving training and delivering 'on-training'. A total of n=six in-depth-interviews were completed each lasting 45-60 minutes.

The fieldwork period was from December 2018 – July 2019.

It is important to note, low response to the online survey administered by OPH meant that recruitment of Service Providers, and subsequently educators, to participate in the interviews and observations was challenging. This extended the expected length of the evaluation period and despite best-effort, the total completion rate was lower than anticipated. Furthermore, a reliance on Service Provider willingness to participate holds implications for the types of FDCs evaluated (both at an organisational level and at an educator level) – with the potential for increased participation associated with a more 'engaged' cohort. As a result, the findings from the evaluation need to be interpreted with some caution due to potential bias. In addition, due to the low response rate, while data from the 19 completed questionnaires has been analysed and the insights incorporated into the commentary in this report, percentages and charting of this data is not included.

**All research was carried out in accordance with ISO 20252 industry standards.**

### 3. Overall perceptions of the program

Both Family Day Care (FDC) Service Providers and Educators have a positive perception of the *Munch & Move* program. There was little to no resistance in being required to engage with the program, and the training and resources were largely perceived as useful and informative. Service Providers and educators also appreciated having a program in place that provides new and accessible ideas for improving the health and wellbeing of children aged 0-5.

The program content was generally seen to align with the key health behaviours outlined in the local FDC policies and reflected what Service Providers and Educators traditionally perceive to be a healthy lifestyle for a child. As a result, with existing health policies and an embedded understanding of health, the *Munch & Move* program was perceived as more of a tool for **flexible implementation and advice, rather than one that provides 'new' health information**. By extending and building on understood good practice, *Munch & Move* was appreciated as a free and accessible resource which re-enforced existing knowledge and facilitated idea generation and engaging health-related activities.

As discussed in Section 3, the implementation of *Munch & Move* varied greatly dependant on the FDC, with some highly engaged in the program and others using it more as a support resource as and when required. The common ways in which educators engaged with *Munch & Move* included:

- **Displaying posters within the FDC setting** – to communicate the *Munch & Move* messages and connection to the program, and to act as an ongoing reminder to focus on health – in particular, healthy food choices. This included the “*Munch & Move* poster” and other *Munch & Move* resources printed and displayed in poster format. These were commonly displayed near eating areas (when child specific and food related) or located near the ‘front desk’ area when targeted at parents.
- **Distributing factsheets or information to FDC families** – *Munch & Move* resources were widely used and referenced, with Service Providers indicating they frequently share these with Educators and use these as content for their newsletters and email communication with families. Educators also share these resources with families (or display them), and in this setting they were seen to be a particularly effective starting point for conversations with parents on the topic of health. The information provided by *Munch & Move* was seen to be relatively simple to grasp by parents - with the bonus of increased message credibility coming from NSW Health.
- **Using the resource manual** – this was primarily utilised to help guide activities and as a reference point for healthy development behaviours. It was noted that having this resource as a hard copy made referring to it easier, especially ‘in the moment’ during the day when access to a computer to view content on the *Munch & Move* USB is limited.
- **Facilitating play with the fundamental movement skill (FMS) action cards** – the action cards were considered useful and engaging. Several educators commented that while they had experience in facilitating child’s play and movement, the FMS cards helped to attribute and validate ‘fun games’ to specific development skills that require practice and improvement – for example, ‘playing horsey’ and the skill of galloping, or skipping as a learnt skill.
- **Incorporating *Munch & Move* within the daily plan** – while this was less common, some referenced *Munch & Move* activities and learning outcomes specifically in the FDC daily plan.

Overall, Service Providers and Educators appreciated that the program had a suite of resources, as this meant there was a breadth of information across various formats to suit most situations or preferences.

*“My perspective, I think that all the resources are handy, like in different ways. Like some educators like certain ones more than others – it just depends, because they’re so different, all different, it just depends what works for them. But for me, like being able to hand that pack out with all the resources in it when an educator starts, and Annie (who’s the other CEO) – like when we’re training them, is just invaluable”. – Service Provider*

While *Munch & Move* serves to assist in the implementation of good health practices and discussions, Service Providers identified several other benefits to the program, including:

- **Establishing a dialogue and conversations about health** between the service, educators and families. Specifically, Service Providers appreciated the opportunity for increased engagement with families who they do not typically interact with on a regular basis.
- **Providing Service Providers with something tangible which they can offer educators** to help with the implementation of positive health practices. In this way, *Munch & Move* can assist in building rapport between Service Providers and educators, as educators are receiving valuable knowledge and training for free.
- **Brining policies to life in an engaging and accessible manner.** While some FDCs had existing policies that outlined positive health behaviours, *Munch & Move* was thought of as an effective framework for communicating activities and providing practical advice on how to align daily practice with the guidelines.
- **Practical resources to implement in daily programming.** Service Providers noted that Educators value resources designed to engage children in learning about the *Munch & Move* focus areas that can be easily implement into their daily practices.

*“If they can get new ideas and new resources, so CD’s and the new activities, they are always keen for those kinds of practical things that they can implement. They love those”. – Service Provider*

At a headline level, the *Munch & Move* program is valued and considered useful, however the evaluation also revealed some ambiguity and flexibility in its implementation. This will be discussed in more detail in the following sections of the report.

## 4. Variation of implementation

The implementation of *Munch & Move* varied considerably in each FDC setting. While each educator self-identified that they had implemented *Munch & Move* policy and practice, were familiar with the focus areas of the program and were regularly aligning their practice to the program guidelines (either intentionally or inadvertently), there was a clear lack of uniformity between sites, with no two sites taking the same approach to how they used or promoted *Munch & Move*. This variability is due, in part, to the program design – with no strict requirements to in relation to program implementation processes, required/compulsory curriculum or instructions detailing what needs to be addressed, in which way and when.

While flexibility in implementation can be detrimental in some settings, the evaluation shows that - to be successful in the FDC setting – in-built **flexibility to accommodate a range of influencers that mediate program implementation is essential**. Consultation with key program implementers clearly shows that a mandatory or standardised approach to implementation would undermine what is currently valued and considered effective about the *Munch & Move* program. Essentially the provision of a set of guidelines to inform practice that can be tailored to fit within a specific context by making it personally relevant to the Service Provider (organisation), educator, child, and their family.

This allowance for flexibility was seen as critical to the success of the program given the nature of the FDC setting – where educators work independently, with few children, operate out of their home, and tend to have more personal relationship with the families accessing their service - distinctly different to pre-school or long day care where *Munch & Move* traditionally operates.

**Example of *Munch & Move* implementation:** This educator demonstrated a high level of engagement with the *Munch & Move* program, using the resource manual frequently to help plan and guide activities, and to ensure key health related learning and development (L&D) outcomes were being met. She would occasionally (every couple of weeks) explicitly reference '*Munch & Move*' as a key activity within her daily plan – dedicating a certain amount of time to ensure education on healthy eating and to practice fundamental movement skills. She had a strict policy on sometimes foods and felt very comfortable having conversations with parents if they were repeatedly providing 'inappropriate' lunches for their child. She had a big garden where the children learnt about planting and growing vegetables, and she placed a strong importance on sitting down as a group for lunch to ensure the children learnt to properly communicate and learnt the value of meal time. She sent parents a detailed daily newsletter including: photos of the children's activities, the key L&D outcomes practiced that day, and evidence of the children's L&D improvements. She loved the ideas that *Munch & Move* provides – and even reported losing some weight herself as a result of an increased focus on healthier eating!

**Example of *Munch & Move* implementation:** The educator printed, laminated and displayed the *Munch & Move* Fundamental Movement Skills posters on the wall in the children's outside play area. The area was equipped with a range of equipment set up for the children to access during their play time - including a balancing beam, stepping stones, climbing apparatus and different size balls. The children initiated a game of throwing/ catching, with the educator encouraging and instructing each of the children as they took it in turns to throw/catch the ball. With the FMS posters clearly visible to the educator they could easily cross reference what the children were doing, while being reminded of other key skills to look out for during play time. Displaying the FMS posters in this way also means they are visible to parents/carers providing them with access to skills and knowledge to support their understanding of physical activity needs for young children.



# 5. Factors influencing effective program implementation

As noted, the inbuilt flexibility of *Munch & Move* is a key asset to its implementation – it allows the program to be adjusted to the cultural, socio-economic, structural and participant profile, ensuring that implementation and impacts are tailored to the needs of the site and the child. While this is a positive, it does present some challenges when evaluating policy and practice implications of the implementation; as there is no one, ideal implementation approach, mode or strategy.

This section reviews some of the key factors of program implementation which have an impact on both policy and practice, with the ultimate effect of ensuring positive outcomes from children due to engagement in *Munch & Move*. The following policy or practice influences have been identified and included in this chapter:

- **The embedded context within which the program operates:** A review of the policy and practice implications as a result of the program being closely linked to National Quality Standards and current perceived best-practice for Service Providers/Educators.
- **Human factors:** A review of the effect human variability can have on policy and practice implementation.
- **The social context:** A review of the alignment of the program messages to the social context, particularly as it relates to the family enrolling their child in care.
- **Program training:** An inconsistent approach to program on-training contributes to program variability.
- **The role of Service Providers:** Consideration of the pivotal role that play in driving program implementation and momentum.

## 5.1 The embedded context in which the program operates

While an obvious point, it is important to remember that *Munch & Move* does not operate isolation within FDCs – it is a program which is closely aligned to the National Quality Standards and which is implicitly reflective of perceived best-practice for many educators (and is reflective of training that Educators have had in other care settings). Site visits and consultations with Service Providers demonstrate that *Munch & Move* is considered a ‘practical articulation of policy’ – policy which is well established, well understood and considered to be critical to positive outcomes for children in the FDC setting. More specifically, from a policy and practice perspective, positive outcomes are influenced through a range of key factors associated with the embedded and overlapping nature of the program outcomes.

Policy/Practice influence	Specifics	Policy/Practice implications
<p><b>Awareness, practice and implementation is influenced by previous experience and engagement with higher order policy setting</b></p>	<ul style="list-style-type: none"> <li>The program has been supporting the healthy development of children attending NSW early childhood education and care (ECEC) services since 2008 and the FDC sector since 2016. As a result, there is high awareness of the program and its focus areas, and its alignment with policy further cements its implementation.</li> <li>As an indication of its breadth, 88% of centre based ECEC services are currently participating in the program, meaning that the awareness of and experience with the program is drawn from a range of childcare settings and that there is diversity in educator training/knowhow.</li> </ul>	<ul style="list-style-type: none"> <li>From a policy perspective, this means that there is often a strong pre-existing understanding of the core areas of the <i>Munch &amp; Move</i> program prior to training – and that training serves to cement the importance of the policy objectives and drive the practical implementation of policy settings inside FDCs.</li> <li>What it also means is that ‘good or best practice’ implementation in FDCs cannot be attributed to <i>Munch &amp; Move</i> in isolation – it is likely that it is a contributor to positive practice, but not the only contributor – meaning that attribution of impact using any monitoring or evaluation tool is difficult, and potentially confounded (see Section 5 on the validity of the measurement tool).</li> </ul>
<p><b><i>Munch &amp; Move</i> makes sense within the FDC setting - acceptance of policy areas reduce the friction of adoption</b></p>	<ul style="list-style-type: none"> <li><i>Munch &amp; Move</i>, in practice, is seen as simple, practical, intuitive and to represent best practice. This ensures the program is implemented in a smooth manner – without questioning of its value, relevance or applicability by Service Providers and Educators. The protocols and processes make sense to Service Providers and this allows them to train Educators in an expedient and efficient manner – ensuring that knowledge and process is imparted quickly and that best practice processes are implemented in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>The program makes intuitive sense from a policy perspective, which in turn ensures that practice changes which benefit young people in the FDC setting are adopted quickly and without resistance or reticence.</li> </ul>
<p><b>While it is embedded in broader practice, <i>Munch &amp; Move</i> facilitates the flexibility of implementation</b></p>	<ul style="list-style-type: none"> <li>While attribution of specific benefit may be difficult, it is clear that <i>Munch &amp; Move</i> policy and Service Provider training allows the program to be moulded around the specific needs of FDCs. Service Providers and educators have the latitude to implement elements of the policy and practice in a way that suits their FDC – and while there is scope to improve the tailored nature of implementation (see comments on the Cultural Context in this report) – this flexibility of implementing</li> </ul>	<ul style="list-style-type: none"> <li>Flexibility and tailoring of training and content is critical for the success of the program in practice. Steps can be made to improve this flexibility, but it must be maintained to ensure the program continues to be seen as fit-</li> </ul>

<b>required in FDC settings</b>	is a key driver behind the adoption of best practice by both Service Providers and educators in FDC settings.	for-purpose by Service Providers and Educators.
<b>While attribution may be difficult – the Program provides a conduit for change</b>	<ul style="list-style-type: none"> <li>• As noted above, pre-existing knowledge and awareness of the policy framework means that the practical impact of <i>Munch &amp; Move</i> may be hard to attribute- but <b>the fact that the program provides a conduit for change cannot be overlooked.</b></li> <li>• <i>Munch &amp; Move</i>, encompassing both policy and practice, provides the opportunity to change FDC practice via a pre-existing and accepted <b>channel for change.</b> This is a key aspect of the program – as noted above, it is aligned with perceived best practice and there is a natural fit between the policy and practice focus of the program and what is considered best practice. As a result, while attribution of direct impact may be difficult given close alignment with current Standards, the acceptability of the <i>Munch &amp; Move</i> process proves a clear and accepted pathway for change should new policies and practice be introduced.</li> </ul>	<ul style="list-style-type: none"> <li>• The program provides a key opportunity to not only influence current best practice, but to drive change as policies adjust and as priority areas change.</li> <li>• This is an aspect that can sometimes be overlooked when attribution for practice change is overlooked – however it is key to the future success of <i>Munch &amp; Move</i>.</li> </ul>

## 5.2 Human factors

People have an impact in the way in which the program is implemented and the impacts of its implementation. Those tasked with program implementation are not a homogenous group, with varying years of experience in the sector, different cultural backgrounds or social contexts, and varying types of professional qualifications influencing their interest and ability to effectively implement *Munch & Move* – from both a policy and practice perspective.

*“Because they are all different. With our educators, they are all different ages, they are different qualifications, years’ experience and we don’t see them daily so we put a lot of trust in them and hope in them that they actually are implementing”. – Service Provider*

Every FDC site is different – every Service Provider is different, every educator is different, and every articulation of the program is different. As such, the quality and consistency of program implementation is influenced by the Service Provider or Educator’s:

- **Engrained health knowledge** – while a Service Provider or Educator might think they understand what a healthy lifestyle should look like, the evaluation reveals instances of misalignment between what is perceived as healthy versus what is actually healthy. For example, confiscating cookies as ‘sometimes foods’ from a lunch box, however permitting jelly to be eaten as part of the main lunch meal.
- **Individual perceived importance of the issue** – for example, if the educator does not think a small amount of screen time is detrimental, they are likely to permit it regardless of the *Munch & Move* recommendations. Their perceived importance of an issue can also influence the extent to which it is focused on – sometimes at the detriment of other focus areas.

*“One of the guys that was seen as part of the program, he was really, really into outdoor ... so he is all into getting out and getting active but it was funny after the session, I was actually at his place and looking at what he was doing and I noticed that he did nothing about the healthy eating and healthy snacks.” – Service Provider*

- **Desire for training and upskilling** – individual motivation, interest and commitment to remaining up to date on best-practice health behaviours will determine the Service Providers and educator’s level of engagement with *Munch & Move* and how it is incorporated within the FDC.

*“There are still some educators that just in it to get some money, to pick the kids up after school basically. About eighty percent of them are very open and wanting to learn. The other twenty percent are a bit like I will sit in here for two days a year because I have to do this, I have to sit there and show I turned up for training and are not going to put a lot of effort into anything else.” – Service Provider*

- **Belief in the program** – if the Service Provider or educator genuinely believes that *Munch & Move* is providing value, they will demonstrate a higher level of engagement and interest. On the other hand, lower engagement can be expected from those who perceive *Munch & Move* as a program that only provides known information.
- **Capability as a teacher and experience in delivering early childhood education** – this can serve as both positive and negative in the implementation of *Munch & Move*. While for some, years of experience means a greater ability to interpret the program information and implement fun activities to convey health information, however, for others, years of experience can mean engrained health attitudes and an unwillingness to learn new information (as they ‘know it all’).
- **Service Provider and Educator confidence and skill in having challenging conversations with parents** – this was often referenced in relation to parents providing their children with unhealthy food options. While some Service Providers and Educators felt that they could comfortably discuss the

importance of healthy food choices with a parent (or Educator) and be firm in terms of compliance requirements, others indicated that this would be a challenging conversation, often exacerbated by the closeness of relationships that the FDC setting affords and the relationships Service Providers may have with Educators. In these instances, educators (who are often tasked with having 'parent' conversations) were conscious of how these conversations were perceived by parents, with concern that this could be interpreted as judging the parent's 'ability to parent'.

It was also clear that Educators who are highly engaged with *Munch & Move* are more motivated in other aspects of their FDC service – for example, they have detailed activities planned for the day, they provide detailed newsletters to parents, there was evidence of structured discussions around healthy food and little evidence of 'sometimes foods' in lunchboxes, and educators indicated they monitor FMS to ensure improvement and practice. In contrast, the educators who took a more relaxed approach to the running of their FDC, often didn't explicitly mention *Munch & Move* within their daily activities and used the program resources less frequently. Having said this, while some didn't explicitly refer to *Munch & Move*, many of their FDC practices incorporated activities similar to suggestions within *Munch & Move* – indicating the close alignment between the program and existing health knowledge and practices.

Finally, a child's willingness or ability to comply with the behaviours outlined in the program was considered to influence implementation– in particular, resistance to certain behaviours can inhibit the educators resolve to consistently comply with the program guidelines. A number of educators spoke of their responsibility to educate and encourage children to engage in healthy behaviours – and strategies they use to promote this – however, it was also noted that persistent resistance on behalf of the child can be a barrier, with educators weighting up the cost/benefit of enforcing compliance. Resistance to certain actions was often attributed to one of the following factors:

- Physical / mental disability.
- Preference and behaviours.
- Different ages / and levels of development.

It is important to note, ECEC principles employ a play-based approach to education and care which respects a child's choice. As such, the program does not dictate *what must happen*, instead promoting flexible implementation so that educators can ensure children aren't forced to do something they are not comfortable with.

**Implications for policy and practice:**

Influence	Specifics	Policy/Practice implications
<p><b>The program acts as a behaviour legitimiser and provides support for prioritisation of positive behaviours</b></p>	<p>The alignment of <i>Munch &amp; Move</i> with policies that govern and guide early childhood education and care means that the behaviours promoted by the program are both legitimised and certified – and that compliance is necessary and can be enforced.</p> <p>Service Providers indicated they are frequently working with educators to meet the guidelines outlined in the policy, reiterating what is required of them and providing them with skills and knowledge to overcome the internal and external barriers that inhibit compliance. Knowing that they are backed by concrete guidelines that clearly outline what is (and is not) appropriate behaviour for educators to be permitting or promoting allows Service Providers to objectively say, “this is how things should be done and this is what is expected of you”.</p> <p>In turn, the alignment to policy also allows educators to have similar conversations with families – ensuring that consistent messaging around healthy development is shared and lived at all levels of the FDC service, right down to the child in care.</p> <p><i>“If there’s a compliance issue not happening [with an educator]... a lot of the time it’s not because they are doing it to get away with things or anything it’s just that they aren’t sure, there is so much to know, especially when you are in a family day care”.</i> – Service Provider</p>	<p>No implications as this is a direct benefit of program implementation and a key benefit for Service Providers in terms of management and influence in FDC settings.</p>
<p><b>Attitudinal barriers and role definition uncertainty reduce program implementation and effectiveness</b></p>	<p>By nature of its flexible and adaptable design, a degree of risk exists when it comes to implementation from a practice perspective. Key human factors that underpin potential risks to the program include:</p> <ul style="list-style-type: none"> <li>• <b>Experience and attitude:</b> It was clear that implementation of the program is influenced by educator’s who dismiss the program based on the belief that they simply do not need a program to inform their practice or that they already know better. Among these educators, a lack of response efficacy results in the belief that the program will not result in an outcome that warrants the effort required to implement it. This resistance can be apparent in terms of initially engaging with training for the program, as well as when it comes to the implementation of actions that align with the program’s objectives.</li> <li>• <b>Limited knowledge:</b> Some educators lack the knowledge and/or experience to be able to easily implement the program. While all FDC educators are required to have a minimum standard of education and training, this does not necessarily equate to a comprehensive understanding of how to align</li> </ul>	<p>There may be benefit in reviewing these specific implementation challenges as part of enhanced program roll-out – particularly the attitudinal or definitional barriers which are not necessarily currently addressed in training material or by Service Providers.</p> <p>While we recognise that this is difficult, addressing these internal issues may result in more consistent adherence to the practice aims and objectives of the program and, ultimately, healthier and happier children.</p>

	<p>practice and policy when it comes to supporting healthy child development as outlined by the program. In this way, limited knowledge is often aligned with low self-efficacy, which undermines the educator's capacity to implement and adhere to the actions outlined by the program.</p> <ul style="list-style-type: none"> <li>• <b>Role definition:</b> How an educator views and defines their role is also key to their capacity and willingness to implement <i>Munch &amp; Move</i>. Some educators display a genuine interest in the education and development of young children, however, it was noted by Service Provider's that others are less interested in this aspect of the role or see it outside the scope of their duties. These educators are more likely to view themselves in a supervisory role – overseeing the children, but not actively contributing to their education or development. In this way, the priorities of the educator strongly influence the implementation of the program, and an alignment between policy and practice.</li> </ul>	
<p><b>A lack of confidence to overcome resistance may reduce program effectiveness</b></p>	<p>How parents/children respond to the program's focus areas can impact ease of implementation. A parent/child who resists or challenges what the program is trying to achieve creates a difficult situation for the educator who is tasked with deciding the best course of action to take- to enforce compliance at the risk of difficult retaliatory behaviour, or to dismiss the programs guidelines for amiable behaviour. In this way, the educator is required to assess the cost verse the benefit of implementing and adhering to the program objectives, weighing up if it is it worth the effort to overcome resistance.</p> <p>Knowing how to respond, or what course of action to take normally falls into two camps:</p> <ul style="list-style-type: none"> <li>• Self- efficacy: <i>Do I have what it takes to overcome resistance?</i></li> <li>• Response efficacy: <i>Is overcoming resistance going to have the desired outcome?</i></li> </ul> <p>Depending on the educator's level of experience and expertise, and support from their Service Provider, resistance to program guidelines can be difficult to overcome. Resistance can also cause a ripple effect, exacerbating the situation but impacting others – including other children, the educator, parents, and the Service Provider.</p>	<p>It is important to ensure that <i>Munch &amp; Move</i> does not appear so rigid that educators feel like they are 'failing', which may result in disengagement.</p> <p>There may be an opportunity for the program to include practical advice and suggestions to overcome resistance that results from a child's individual needs and behaviours. This information should be designed to improve self-efficacy and response- efficacy at an educator level.</p>

### 5.3 The social context

The social context in which an FDC is operating can have implications on how effectively *Munch & Move* is implemented. Understanding the social influences which contribute to an individual's willingness or ability to comply with program policy and practices is key, as this directly impacts successful implementation and the likelihood of the program achieving both its short- and long-term objectives. While the factors that inform social context are wide ranging, the evaluation identified a number of common areas that influence how *Munch & Move* is received and adhered to. These social factors sit predominantly within the family unit, with the various expressions of their impact related directly to the parents (and subsequently the child). It is important to note that while we are focusing on the common social factors that can have a negative impact on successful implementation, the inverse of these factors can have a positive impact by underpinning or driving successful adoption of the program (these are not covered in detail for brevity).

Key social influences that impact program implementation include:

- low socio-economic background;
- struggling financially;
- low health literacy;
- being time poor;
- culturally diverse/ adherence to certain customs.

These factors are usually very personal and deeply embedded, making them difficult to change. This means that a high degree of sensitivity is required when trying to address attitudes or behaviours that are linked to one's social context, and that 'push back' is highly likely if social and cultural norms are acting in opposition to program objectives. It is important to note that shifting socially or culturally informed behaviour requires ongoing and often long-term strategies to increase knowledge and awareness in order to support positive attitudinal change.

Social factors were often referenced in relation to the **food packed by parents**. As such, it was recognised that addressing poor food choices can be particularly difficult for educators. As an example: one of the educators who participated in the evaluation was required to respond to a parent who was packing the inside of a meat pie as part of the lunchbox. The educator and Service Provider had to engage and educate the parent as to what foods were healthy / unhealthy for lunch, however this conversation required a high degree of sensitivity and care.

*"We have a family that have been referred and they've got a three year old who is just starting to eat solids because mum has really severe anxiety and so she has been providing the insides of a meat pie for him to eat. Our educator is beside themselves about how inappropriate that might be but we have to work with that family to not be nagging that family about the inappropriateness of that and how we actually introduce, or keep introducing more foods at the level that that mum can tolerate as new information" – Service Provider*

Changing behaviour takes time and often requires the involvement of both parent and child:

*"So, the parents bring the food with the child and you are just trying to encourage that healthy eating and less processed food, more fruit and veggies and water. But, you've got to push for it but then you don't want to starve the child, you're not going to take everything away in their lunchbox. It's just trying to slowly train, and you've got to train the parents as well as the children I think because some don't understand the importance really I suppose". – Service Provider*

While it is clear that the social context can have a negative influence on program practice, broader societal trends were also seen to positively influence the types of foods parents provide for their children. The evaluation observed several children with 'naked lunch boxes' – a socially-trending concept which emphasises that food should not be packaged to avoid overly processed foods and waste/plastics.

**Implications for policy and practice:**

<b>Policy/Practice influence</b>	<b>Specifics</b>	<b>Policy/Practice implications</b>
<p><b>The program promotes equity through the provision of consistent health goals</b></p>	<p><i>Munch &amp; Move</i> drives equity by helping to address the impact social factors have on healthy eating and physical activity for young children. The program does this by outlining consistent health goals that apply to <b>all</b> children, regardless of their social context. By communicating clear guidelines and (most importantly) through the provision of information and practical support, the program communicates <i>what</i> health looks like for a young child and <i>how</i> carers can support a child’s healthy development. Furthermore, a key benefit of the program is that it engages all parties involved in a child’s care - supporting improved health literacy for Service Providers, Educators, and parents – while also including the child. In this way, everyone is working together to address and overcome social influences that can impact a child’s health.</p>	<p>There may be an opportunity to further support Service Providers/ Educators by providing practical information/resources that encourage compliance, even if this is just taking steps towards the end goal. This staged approach is considered particularly important in cases where there is a considerable misalignment between current behaviour and what is considered healthy, potentially as a result of the cultural or socioeconomic status of the FDC site.</p>
<p><b>There is potential for the program to unintentionally alienate or disengage</b></p>	<p>It is evident that FDC caters to families who come from diverse and distinctly different backgrounds – and that a program designed to address health must be cognisant of the factors that both facilitate and inhibit compliance with its objectives. While it is important that the program sets consistent guidelines (and that consistency is not undermined), strict adherence to those guidelines may not be universally achievable due to social influencers. As such, the program must allow for flex / tailoring of implementation to accommodate the social context of the family and FDC and acknowledge that achieving an end goal can include a process of progression.</p> <p>One area where this is particularly relevant is expectations around lunchbox choices. While an educator can provide health resources to parents to inform healthy food choices, the barriers (income, time, knowledge, cultural background) to providing a healthy lunch can inhibit compliance. While the program allows for (and benefits from) flexibility in implementation at an organisation and site-specific level, concerns about its ability to adjust to the broader social context of families were raised:</p> <p><i>“The issue for our educators is that we have families right on the other end that aren’t complying, and they are the hardest ones for us to bring towards the ‘sometimes’ and ‘everyday’ foods because we know that they are not probably having them. They are probably time poor, don’t have the knowledge or understanding, have never had that in their own upbringing - so there are a lot of embedded practices that have happened for us to start changing to this. They say, well that is unaffordable. I can’t afford to buy apples and fruit. That is really expensive. We can’t afford to have that”.</i></p>	<p>There may be an opportunity to better support both Service Providers and Educators to deliver the program in a way that is sensitive to this context and the challenges it presents. This could include the development of additional resources that are designed to address certain social barriers by providing tailored information to increase health literacy or support compliance with guidelines.</p> <p>As an example, while the resource on food swaps is well liked and widely used – the food options listed can be a barrier to engagement if they are outside the scope of what is attainable or achievable from a financial or cultural perspective. As such, the program could also include resources that are about facilitating progression to the ‘best case’ scenario – not necessarily achieving it in one swap.</p> <p>In addition, the program could further support Educators by providing</p>

	<p style="text-align: right;"><i>- Service Provider</i></p> <p>In order to ensure the ongoing success of the program in the FDC setting, it is important that <i>Munch &amp; Move</i> enables or facilitates positive health behaviours in those who may not be able to do them easily, while not alienating those who do it well (and vice versa).</p>	<p>information/resources on how have challenging conversations with parents such as those around lunchbox inclusions.</p>
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## 5.4 Program Training

Another key factor which determines effective implementation of *Munch & Move* is the training that Service Providers and Educators receive. Specific to Service Providers, the evaluation team identifies the following variations in training:

- **The recency of *Munch & Move* training** – if a Service Provider had undertaken the training quite recently, there was greater top of mind awareness of the program, both in terms of policy and practice. It was noted that directly following training there was a greater focus on the program, and increased effort to drive implementation among educators.
- **The format of the training** (online vs face-to-face) – Service Providers who remembered receiving face-to-face training in 2011 and 2012 indicated that they really valued this format as it ‘brought to life’ the content covered. In particular they noted, in person training meant there was the opportunity for the trainer to demonstrate specific parts of the program (such as the FMS) and for the participants to also practice these. It also facilitated greater conversation around the content covered – both in terms of the ability to ask question to the trainer and to leverage the knowledge and experience of other participants.

*“I think face to face training is always more engaging because you can ask questions. You are getting the information in a number of ways, so it says with you”. – Service Provider*

In addition to initial program training, Service Providers also felt participating in the Healthy Eating and Active Play Conference was beneficial as it refreshed program knowledge and reinvigorated focus on implementing *Munch & Move* within their FDC’s. Again, they valued the contribution to their professional development, the opportunity to consult with ‘experts’, as well as share ideas and make connections with other Service Providers.

*“I like the face to face and I feel that it's because you can see it visually and they can show you different games, different ways of showing the children to do fundamental skills... I think you go back after a Munch & Move conference feeling energetic and motivated again and that's really good because you want to go back and change this and just coming as a group you can hear other services and get ideas and listening to others with what they do and implementing. I just find that face to face is so much easier.” – Service Provider*

The approach taken to Educator training is also recognised as critical in influencing implementation of the *Munch & Move* program. The initial design for Educator training involved Service Provider’s being solely responsible for on-training staff. This approach meant educator training was often ad-hoc, contributing to the variability of implementation across FDC. Key areas that influenced this include:

- **Availability of the training** – there was an inconsistency in *how much* training educators received, and what specific areas they received training on – with this determined at the Services Providers discretion.
- **Non-compulsory training** – as the *Munch & Move* training is not compulsory some educators have not received any training. Some educators also indicated that while they had received training outside of the FDC setting but this had not been updated recently or for the FDC context specifically. Positively, some Service Providers indicated they have made the new training compulsory to drive educator engagement and improve consistency of awareness/knowledge across their workforce.
- **Mode of the training** – the mode of training was seen to have an impact on the ability for educators to participate. Given the nature of FDC (all day, five days a week, without the option for educator relief) it was considered challenging for educators to attend in person training (for regional participants, this was exacerbated the need to travel to a central hub). Despite this, training that convened a group of educators together was still a valued approach as it facilitated socialisation,

conversations and idea generation - especially as FDC educators often operate independently. It was also felt that there would be value in the training being attended or delivered by a representative from the program, as this would add credibility to the information and advice delivered.

*“I just wish we could do this face to face and they could come and do the Munch & Move with our educators. I know that would change their whole mindset as a group and know that it is more fun and enjoyable, and I just know my girls would learn a lot better that way than sitting down having to read word to word on a screen.” – Service Provider*

*“It would probably be really good to have their involvement I feel. Just because we’re the faces they see all the time and we just know, we’ve experienced that somebody professional coming from the outside and doing the training, they seem to respect that a lot more than us doing it”. – Service Provider*

- **Service Providers define focus areas** – a reliance on Service Providers to train Educators meant that there was a tendency to focus on specific areas that they were either personally interested in, had greater experience with, or that they felt warranted increased attention. This contributes to an inconsistency of awareness and implementation across the *Munch & Move* focus areas.
- **Reduced reliance on Service Providers** – among the educators who had received training there was a reduced reliance on Service Providers to assist with implementation of the *Munch & Move* principles in their daily programming; for example, the inclusion of fundamental movement skills, incorporating outside play, and ensuring lunch boxes complied with dietary guidelines.

**Implications for policy and practice:**

<b>Policy/Practice influence</b>	<b>Specifics</b>	<b>Policy/Practice implications</b>
<p><b>Inconsistencies in training processes may limit the program's effectiveness</b></p>	<p>Variation in the format, recency and content of training received contributes to a lack of consistency in program implementation and focus. In particular – the reliance on Service Providers to on-train Educators means training is ad-hoc and subject to personal interpretation and modification. It also means that training varies not only between FDC Services, but also from Educator to Educator within the same service.</p>	<p>Since this evaluation commenced changes have been made to how program training is offered to Educators – with a self-paced eLearning training package now accessible at their level.</p> <p>This approach is endorsed by the evaluation team as it helps to reduce some of the inconsistencies in training previously present by ensuring all participants receive the same information about the program. It also allows educators to have increased ownership over how they implement <i>Munch &amp; Move</i> within their individual settings – supporting efficacy when it comes to addressing the programs focus areas.</p>

## 5.5 The role of Service Providers

Service Providers play a pivotal role in the implementation and momentum of *Munch & Move* within the FDC setting. While this is inherent in the programs design, it is important to consider the extent to which Service Providers are responsible for facilitating *Munch & Move*, and the influence this has over program implementation from a policy and practice perspective. While it is acknowledged that the program's model for training educators has evolved to take some of the onus off Service Providers, they remain the gatekeeper for the program – overseeing all aspects of program delivery from initial training and implementation right through to how the program is embedded in the educator setting and ensuring ongoing use and adherence to the program messages. The degree to which the program is prioritised in the FDC setting sits largely with the Service Provider – and this has a direct impact on uptake and delivery at an educator level. As such, Service Providers have a direct influence on the potential success of *Munch & Move*, and the likelihood that the program will achieve its short- and long-term goals of shifting attitudes and behaviour around the healthy development of children aged 0-5 years. Under the current program structure, Service Providers are responsible for driving program implementation – including:

- Adoption of the program at an organisation level.
- Implementation of policies that align with *Munch & Move*.
- Organising training/ on-training Educators and other support staff in *Munch & Move* specifics.
- Proactively sharing program resources with educators.
- Monitoring educators to ensure practices align with *Munch & Move* and identifying areas of concern or focus.
- Upskilling educators to address behaviours that do not align with *Munch & Move* policies and practices.
- Facilitating ongoing learning to build efficacy among educators to deliver the program.
- Idea generation to inspire educators to refresh how they communicate and educate children on focus areas.
- Developing strategies to overcome implementation challenges.
- Evaluating program implementation at a site-specific level.
- Ensuring the program maintains momentum.

While this list is in no way exhaustive of all tasks undertaken by the Service Provider when it comes to *Munch & Move*, it does serve to demonstrate the breadth of responsibility they have to ensure program momentum. It also demonstrates the extent to which program implementation extends beyond educator training.

The relationship between Service Provider and educators is also a key influencing factor of program implementation. A supportive respectful relationship between Service Provider and Educator - whereby the Service Provider is viewed as a *trusted advisor* - can aid program delivery and focus. In fact, when it comes to program implementation and capacity to adhere to program guidelines, the Service Providers support, experience and expertise is highly valuable. Inversely, there is a risk to program implementation if the Service Provider is viewed in an *auditor* capacity – checking in and reprimanding non-compliance as this undermines the capacity for open communication around challenging areas – a necessity to overcome the social factors that influence compliance.

While this report focuses on the role of the Service Provider in driving program implementation, it is important to note that the program model also includes the provision of support (face-to-face, over the phone and via email) from an LHD Health Promotion Officer. This support includes assistance to review and implement

policies, order program resources (including family fact sheets for the educators), invitations to attend additional professional development opportunities, ideas to inspire educators and overcome implementation challenges. Service Providers indicated that they appreciated the support they received and that for the most part their LHD contacts are proactive in terms of providing program information and support, and are also responsive and helpful when contacted,

*“They’re great. If I ring or whatever or email, I usually seem to get an email back very quickly”. –  
Service Provider*

*“One of our educators actually got onto the local girls and she needed some information on an activity to do with Munch & Move, and they researched it and got back to her with all the resources she needs” – Service Provider*

**Implications for policy and practice:**

<b>Policy/Practice influence</b>	<b>Specifics</b>	<b>Policy/Practice implications</b>
<p><b>Service Providers enable efficient amplification of program messaging</b></p>	<p>Utilising Service Providers to drive program implementation and momentum is an efficient way to reach educators and amplify the <i>Munch &amp; Move</i> messaging. By way of demonstration - the six Service Providers who participated in this research are responsible for 233 educators (and 1670 children).</p> <p>However, this also demonstrates the necessity of sustained engagement across the FDC organisational level as one unengaged Service Provider equates to many unengaged Educators.</p>	<ul style="list-style-type: none"> <li>• It is important that steps are taken to onboard and then maintain ongoing engagement of Service Providers in order to harness the value of program amplification possible.</li> <li>• There may be benefit in creating additional opportunities to regularly engage Service Providers (and facilitate ways for Service Providers to engage Educators) to ensure program momentum and focus – these engagement opportunities do not need to be formal, but efforts to build the sense of community for Service Providers within the context of <i>Munch &amp; Move</i> implementation could help keep the program front of mind in what is a busy and fast-moving setting.</li> </ul>
<p><b>Reliance on Service Provider can hinder the Program's potential</b></p>	<p>The current approach to program implementation means there is a reliance on the Service Provider to drive implementation and maintain program momentum. Delivery of the program from a policy and practice perspective draws heavily on Service Provider's knowledge, skills, experience and expertise – both of the program and childcare more broadly – to sustain the program. This presents a risk to program delivery and implementation. This is because:</p> <ul style="list-style-type: none"> <li>• An inability to meet the requirements of the role (as outlined above) can hinder the program's potential.</li> <li>• A reliance on Service Provider's experience and expertise results in inconsistent program adoption and expression across the FDC setting</li> <li>• The structure of FDC means that Educators have limited contact with other providers/educators, exacerbating their reliance on the Service Provider as a source of information and support.</li> </ul>	<ul style="list-style-type: none"> <li>• The new approach to educator training (adopted in April 2019) will allow educators to have greater ownership of the program through first-hand training, reducing the onus that has traditionally been placed on Service Providers to drive engagement with the program.</li> </ul>

	<p>In addition, despite an inherent alignment between the Service Providers position description and program responsibilities, competing priorities can side line program focus. In fact, it was noted by some Service Providers that program focus had waned since initial engagement/training – indicating a real threat of disengaging with the program.</p>	
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## 6. Validity of the measurement tool

As part of the overall evaluation, there was a requirement to assess the validity of the 'Practice Monitoring Guide' (the Guide) in terms of its ability to measure the practice implementation of *Munch & Move* in FDC Service Provider and Educator settings. The Guide was specifically designed for use by LHD Health Promotion Officers to evaluate FDC Service Providers and their educators on a set of key 'Program Adoption Indicators' that cover the healthy eating and physical activity behaviours the *Munch & Move* program seeks to address. Additionally, the Guide evaluates the extent to which the *Munch & Move* program has been embedded within Service Providers policies and documentation. Following assessment by LHD Health Promotion Officers, information and support provided can be tailored to suit the individual needs of Service Providers and educators addressing areas of the program where they are underperforming.

While the Guide was not designed to be used by Service Providers or educators specifically, this evaluation utilised the same evaluation framework included in the Guide as a means of assessing the implementation of *Munch & Move* within the FDC setting both at a Service Provider level (self-assessment of educator behaviour via an online survey) and at the educator level (Researcher observations of educators). While it was hoped the results of these two measures could be cross referenced to assess accuracy of Service Provider assessment of practice implementation, limitations of the available data mean this is not possible. What this evaluation can say, however, is:

1. there is a clear need for a measurement tool that captures practice implementation in an impartial quantifiable way; and
2. there is a potential opportunity to develop a measurement tool that can be used by Service Providers and Educators to measure practice implementation to improve awareness of program objectives and provide additional data points to corroborate implementation evidence.

While the evaluation team feel there is a need for a tool that assesses program implementation from both a Service Provider and Educator perspective, it is felt the current Guide may not be adequate for this context. As such, it is felt that a monitoring tool designed for Service Providers and educators should address:

- **Ambiguity of Program Adoption Indicators** – While it is acknowledged that the current Guide is designed to be verbally administered by a Health Promotion Officer with Service Providers able to seek clarification if necessary, the evaluation indicated that there is the need for clearer indicators if the Guide was to be used by either Service Providers or Educators. For example, what equates to an '*intentional learning experience*'. Further to this, there was confusion around what activities are legitimate indicators of addressing program guidelines.
- **Limited awareness of the program requirements** - from an Educator's perspective, there was often limited awareness of specific policies, procedures or guidelines that align with the *Munch & Move* program. That is not to say educators are totally unaware –they are just often unable to articulate specific requirements and elements of the program.
- **Increased nuance of measurement** – greater granularity could assist the assessment of *how* effectively *Munch & Move* practices have been implemented. This could include: additional detail in each Program Adoption Indicator to assist Service Providers/ educators to understand what behaviours/actions count or adding a scale of measurement for each indicator / increasing the nuance captured currently

It is noted however, the Guide should continue to articulate the programs objectives in a way that it balances including enough information to improve clarity and capture the diversity of implementation without making it **too prescriptive**.