

Article

Enhancing Autonomy in Preschoolers: The Role of Motor Games in Development

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Abstract: This paper is based on a project which aims to understand the contribution of motricity—in particular, motor games—to the development of autonomy in preschool children, with or without special education needs. A group of 18 children, with an average age of 4.5 years, from a public school took part in the study. An intervention program based on motor games was implemented and tested to promote the children's autonomy. The program lasted two months, with one 45-min session per week. Using a questionnaire designed for this purpose, the children's autonomy was assessed pre- and post-intervention. The children's satisfaction with the sessions was assessed throughout the intervention. The main results were improvements in the autonomy of all the children and their high satisfaction with the program. The participation of children, with and without specific needs, in the entire program shows the use of differentiated practices that allowed everyone to be included in this process.

Keywords: autonomy; inclusion; motor skills; motor games; preschool; childhood



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1. Introduction

Thinking about the development of autonomy is something that is not new, and the reflection on autonomy differs between perspectives that consider that autonomy is favored or hindered by the context [1]. The context will be a relevant factor, and autonomy will develop in interaction with the environment in which individuals find themselves, with their environment, and will therefore be a social process [1]. It is not dissociated from the development of the individual who grows and develops in interaction with his/her environment and, in this sense, according to Perrenoud [2], individuals learn to be autonomous by practicing autonomy.

Autonomy thus develops under the influence of various factors and takes place alongside the growth and development of individuals [1,3]. It is a continuous process of construction [4] which finds its foundations in childhood. Here, the context in which individuals grow and develop is of great importance [5], as is the self-knowledge that children acquire [6]. In the school context, teaching influences the construction of children's autonomy, given the freedom given by the teacher [4].

The promotion of autonomy in the school context occurs when students are allowed to manage certain situations (e.g., organization in certain spaces, participation in the construction and adaptation of materials, and participation in the development and modification of rules) [7], where the teacher can be the mediator. In other words, it means giving students a choice. And having freedom of choice is necessary for developing autonomy [3].

The Curriculum Guidelines for Pre-School Education (OCEPEs) [8] also allude to how teachers can promote the development of autonomy in the preschool setting. In

addition, they refer to the importance of providing opportunities and time; involving and encouraging children's participation in the organization and planning of everyday life; observation and questioning/listening to children about the work in the classroom; valuing and supporting children's initiatives; negotiating, encouraging, and contributing to children solving the problems they encounter; awakening children to the importance of their safety and that of others; and involving the family in this process of promoting autonomy and independence [8].

The life of the group of children in kindergarten thus meets the references found in the literature, which highlight the influence of the context on the development of autonomy [1,3,5,9]. Thus, a group in preschool plays an essential role, given that the way it is organized, where everyone's participation in making decisions about its operation in a fair manner, constitutes the basis of the social organization of that context, which enhances the autonomy of all involved [8].

Young children—preschoolers in particular—demonstrate more clearly that being in movement is a natural activity. According to Neto [10], children between the end of preschool (5 years old) and 8 years old need physical-activity games, as they are going through a time when making new discoveries, having new experiences, and building new learning, is essential for them.

It will therefore be necessary to value movement for learning and use games as a stimulus for this. The OCEPEs emphasize the relationship between physical activity and the development of children's autonomy, stating that the field of Physical Education has a relationship with the area of personal and social training, as it promotes the growth of children's independence and autonomy as well as their social interactions [8].

It is through motor skills that children discover their bodies, recognize their potential, and progressively gain more control over them, getting to know themselves and their surroundings, thus contributing to their confidence, self-awareness, and self-esteem [11]. Motor skills thus become fundamental for children's development, as they support the foundations for various essential childhood learnings and can contribute to increasing motivation, involvement, and participation of children in school and social life [12].

In this context, motor games are referred to as an educational resource which, because it is playful, makes it possible to motivate children towards activities, because it allows them to move, represents a natural task in childhood, gives them pleasure, and is part of their daily lives, thus meeting their interests [8,12]. According to Leitão and colleagues [7], the practice of physical activity, which is playful and in which children are involved, promotes the development of autonomy and interpersonal relationships.

The aim of this study was to evaluate the effect of an 8-week program based on motor games on the autonomy of preschool children. We hypothesized the following: (a) the levels of autonomy in children will improve with an 8-week intervention based on motor games; and (b) the children's satisfaction levels with the sessions will be positive in all the project's sessions.

2. Materials and Methods

2.1. Participants

A group of 18 preschool children from a public school located in the central region of Portugal took part in the project. Initially, the group of participants consisted of 16 children. With 2 more children joining the group after the start of the intervention, the number of children taking part in the project increased to 18.

The group of participants consisted of 9 female and 9 male children. At the end of the intervention, the children were between 3 and 6 years old ($M = 4.5$ years). All participants were part of the same group/class, from the same school. Regarding the practice of sports outside school, no regular practice was reported by any of the participants. The group of participants included children with identified specific needs ($n = 6$) and without identified specific needs ($n = 12$). However, despite the various specific needs within the group,

all children participated in all the sessions, as well as in the two assessment moments, as intended.

2.2. Procedures

2.2.1. Data Collection

The study was conducted in accordance with the Declaration of Helsinki [13] and approved by the Ethics and Scientific Committee of Polytechnic of Leiria (CE/IPLEIRIA/20/2022).

All participants were fully informed about the nature of the study and the procedures for data recording. The main objectives and all the procedures of the project in question were explained to all the parents, clarifying any doubts and questions. All informed-consent forms were also distributed and signed to ensure that everyone involved, and their parents were aware of the future development of the project. All children participated in this study voluntarily, and confidentiality and anonymity were guaranteed. They were also informed that they could withdraw from the study at any time.

Given the age group of the participants, the administration of the surveys required the support of an adult, since the children were not yet able to read or write. Therefore, a researcher assisted the children at these two evaluation points. After explaining the response method and the survey's legend to each child, the researcher read the questions, waiting for the child's answer before moving on to the next question. In this way, all children could respond calmly, and if they had any questions about what was being asked, they could address them to the researcher. However, it is important to highlight that at no point did the researcher offer any suggestions or interfere with the participants' choice of answers to any survey question.

Similar to the studies by [14,15], the participants' satisfaction with their participation in the project was evaluated. Thus, at the end of each practical session, the children responded to the satisfaction assessment with the program. For this, participants used a response system with cards, which they placed in one of 3 available boxes, choosing the one that matched their response. Each box was labeled and corresponded to a response option, specifically "Liked it", "Did not like it", or "Liked it somewhat", represented, respectively, by the image of a happy face, a sad face, and an indifferent face [16].

2.2.2. Intervention

The intervention plan consisted of conducting practical sessions over 2 months, totaling 8 sessions, based on motor games, with a weekly frequency, lasting 45 min each, following the recommendations of the literature in this type of projects (e.g., [14,17]). Each session was organized into 3 parts: the initial part, the main part, and the final part, as conducted in the studies by Antunes and colleagues [14,17], Moreira and colleagues [18], and Teixeira Costa and colleagues [19]. In the 3 parts that make up each session, motor games were carried out, where the performance of basic motor tasks was combined with the approach to various components of autonomy, thus intending to promote their development.

To welcome the children to the session and to create a routine that ensures safety in the different activities of the sessions, also facilitating the children's involvement in the sessions, the initial part of each session included a game, always preceded by a song. This option to start the sessions with a song, in addition to the routine aspect, is related to the intention of starting from the children's interests [8,9], and, according to data collected from the group's lead educator, music would be one of the areas of interest of the participants.

In all sessions, it was requested that the adults present, as well as the researcher leading the session, follow some guidelines in order not to provide data or use vocabulary that could compromise the intention of promoting the children's autonomy through the proposed activities.

Following the structure presented above, the intervention was planned and carried out with 12 motor games, conducted over the course of 8 sessions, in accordance with the objectives of each session and each game, as detailed in Table 1. The 12 games were played by the participants for the first time over the first 4 sessions, and then repeated,

with variations, from the 5th to the 7th session. In the 8th session, participants played 3 of the 12 games previously conducted, chosen by the group at the start of the session. Before the intervention, the plan of the intervention was outlined, conceiving the games and objectives for each session, and the overall organization of the intervention. As the intervention progressed, the plan was adjusted and reorganized, culminating in the plan presented in Table 1. Despite the reformulations, the selected objectives and games remained the same, with changes only in the organization of the sessions and the planning of variants for the games.

Table 1. Scheduling and organization of the sessions—general intervention plan.

Session	General Objectives	Games
1st	<ul style="list-style-type: none"> - Promote identity building; - Stimulate cooperation among children. 	“Blind Man’s Bluff” “Don’t Let It Fall” “Parachute Soccer”
2nd	<ul style="list-style-type: none"> - Stimulate the ability to control movements voluntarily; - Encourage decision-making and choice capability; - Stimulate cooperation among children. 	“Statue Game” “Handkerchief Game” “Hoop Train”
3rd	<ul style="list-style-type: none"> - Promote children’s responsibility for decisions made; - Foster respect for established rules; - Stimulate agility and speed in children’s movements. 	“Fox Game” “Little Fish Game” “Monkey in the Middle”
4th	<ul style="list-style-type: none"> - Enhance the ability to make choices; - Encourage the search for problem-solving strategies; - Stimulate control and coordination of movements. 	“Ball Race” “Hoop Game” “The Floor is Lava”
5th	<ul style="list-style-type: none"> - Stimulate the ability to control movements voluntarily; - Encourage decision-making and choice capability; - Stimulate cooperation among children. 	“Statue Game” “Don’t Let It Fall” “Parachute Soccer” “Handkerchief Game”
6th	<ul style="list-style-type: none"> - Promote children’s responsibility for decisions made; - Foster respect for established rules; - Stimulate agility and speed in children’s movements. 	“Fox Game” “Little Fish Game” “Hoop Game” “Hoop Train”
7th	<ul style="list-style-type: none"> - Enhance the ability to make choices; - Encourage the search for problem-solving strategies; - Stimulate control and coordination of movements. 	“Ball Race” “The Floor is Lava” “Blind Man’s Bluff” “Monkey in the Middle”
8th	<ul style="list-style-type: none"> - Enhance the ability to make choices; - Encourage the search for problem-solving strategies; - Stimulate decision-making ability; - Promote involvement and participation of children in group choices. 	Chosen by the group from those played in previous sessions

2.3. Instruments

2.3.1. Autonomy

The survey used was constructed by the researchers, taking into account the objectives of the research and supported by literature [1,8,15,20]. The survey collects, in the first part, some demographic data, such as age, sex, and sports practice, where the options are marked with an X. This is followed by 27 questions, where children are expected to answer whether “I alone can”, for example, “Dress myself” or “Choose who I want to play with”. The questions used, adapted from Lopes da Silva and colleagues [8], were selected from main themes: daily life tasks, some responsibilities that children can assume, and their participation and involvement in activities and problem-solving. An effort was also made to fit the crafted questions into the four dimensions that Montandon and Longchamp [1] mention as being part of the development of autonomy, so that the different questions would meet each of the dimensions.

The scale “For me, it’s easy” [20], which assesses personal and social skills, also served as a basis for the construction of this survey. Thus, considering the dimensions of the said scale (problem-solving, basic skills, emotional regulation, interpersonal relationships, and goal setting), some questions presented by Gaspar and Gaspar de Matos [20] were selected and adapted to the objectives and target audience, such as “Asking for help”, adapted to “Asking for help when I need it”, or “Making choices”, which led to questions like “Choosing the materials I want to use” or “Choosing who I want to play with”. To answer the questions, a response scale with 3 levels (“Yes”, “Maybe”, and “No”) was used, with a corresponding image for each response option (happy face—“Yes”; indifferent face—“Maybe”; and sad face—“No”), similar to Reis and colleagues [21]. Scores of 1, 2, and 3 were assigned to each response option for “Yes”, “Maybe”, and “No”, respectively.

2.3.2. Satisfaction

The evaluation of the children’s satisfaction with the project sessions was carried out according to the methodology used by Spitzer and colleagues [16], which used a 3-point scale corresponding to 3 options given to the children. Each option was matched with a box labeled with a happy face (“I liked it”), a sad face (“I didn’t like it”), or an indifferent face (“I liked it more or less”), identical to the one used in the project’s initial and final evaluation surveys. As Spitzer and colleagues [16] point out, the children’s answers were given using photographs, which each child placed in the box corresponding to the option he/she had chosen.

At the end of each practical session, the participants received a card with their photo on it, and, as a group, the answer code was remembered, as well as where the answer boxes were. One child at a time answered the satisfaction survey, and, if necessary, the researcher present helped the children to identify the answers and their boxes.

2.4. Statistical Analysis

Data analyses were performed using IBM SPSS software for Windows (Version 29.0, IBM Corp., Armonk, NY, USA). Counts (and proportions), means, standard deviations (SD) 95% confidence interval (95% CI), and medians were calculated to describe both categorical and continuous variables for the total sample. Missing values and outliers were examined within the dataset. The normality of the data was verified using the Shapiro–Wilk ($n < 50$) test, and homoscedasticity was analyzed using the Levene test, as suggested by Ho [22]. The results showed that the sample does not exhibit a normal distribution for the variables under study ($p < 0.05$). In terms of homoscedasticity, the results showed that the variances are equal between groups ($p > 0.05$), as suggested by Ho [22]. Subsequently, the Wilcoxon non-parametric comparison technique was used, assuming a $p < 0.05$ to reject the null hypothesis [23], with the corresponding effect sizes (eta squared, η^2). The interpretation of the effect using η^2 was based on the following criteria: no effect if $0 < \eta^2 \leq 0.04$; minimal if $0.04 < \eta^2 \leq 0.25$; moderate if $0.25 < \eta^2 \leq 0.64$; and strong if $\eta^2 > 0.64$ (Ferguson, 2009). The data were analyzed using SPSS v.27 statistical software.

3. Results

The table below (Table 2) shows the descriptive results of the autonomy variable at each of the moments (pre-intervention and post-intervention), where the average value at moment 1 (post-intervention) is higher. It is important to emphasize that the children’s perception of autonomy, measured using the instrument described previously, could vary between 1 and 3.

Thus, based on the analysis in Table 3, we can see that there are statistically significant differences between the two moments ($p = 0.028$; $z = -2.20$), showing improvements in the median values reported (as this is a non-parametric statistic) from the pre-intervention (median = 2.72) to the post-intervention moment (median = 2.78).

Table 2. Descriptive statistics of the sample at time 0 (pre-intervention) and time 1 (post-intervention).

	Moment 0 (Pre-Intervention)		Moment 1 (Post-Intervention)	
	Mean \pm sd	(95% CI)	Mean \pm sd	(95% CI)
Autonomy	2.62 \pm 0.30	(2.45–2.80)	2.72 \pm 0.26	(2.57–2.87)

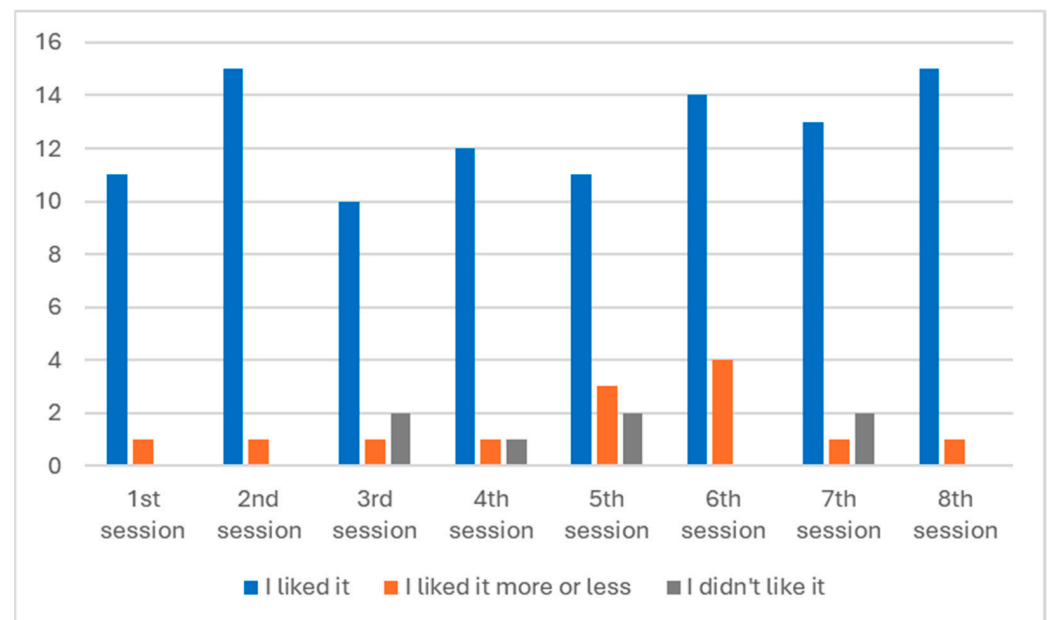
Notes: sd, standard deviation; 95% CI, 95% confidence interval.

Table 3. Comparison between the two moments (pre-intervention vs. post-intervention).

	Pre-Intervention Median	Post-Intervention Median	Z	p	η^2
Autonomy	2.72	2.78	−2.20	0.028	0.346

Notes: Note: z = t-test value; p = significance level; η^2 = effect size.

The evaluation of the children’s satisfaction with the project showed high levels of satisfaction, as evidenced by the data collected at each session, shown in the graph below (Figure 1). In all sessions, the majority of the children ($n \leq 10$) reported having enjoyed the sessions.

**Figure 1.** Evaluation of children’s satisfaction with each project session.

4. Discussion

The aim of this study was to analyze the effect of an intervention program, based on motor games, on the autonomy of preschool children. The two tested hypotheses ((a) the levels of autonomy in children will improve with an 8-week intervention based on motor games; and (b) the children’s satisfaction levels with the sessions will be positive in all the project’s sessions) were confirmed.

The data collected in the research seem to suggest the effectiveness of promoting the autonomy of preschool children through the implemented motor games program, given that statistically significant differences were observed between the pre-intervention and post-intervention phases. These results are present in the autonomy variable, which recorded a statistically significant increase between the two phases. Thus, the findings align with the indicators found in the literature, demonstrating the importance of motor skills in promoting children’s autonomy [7,8,10,23]. Therefore, considering this relationship between motor skills and the promotion of autonomy, and based on the obtained results, we could consider that motor games appear to be a strategy with the potential to promote the

autonomy of preschool children. This assumption is consistent with that of Lopes da Silva and colleagues [8], who emphasize the relationship between motor skills and children's learning and development. This relationship exists because, according to the authors, mastery of the body and the discovery of its potentials are the foundation of all development and learning processes and are the bridge for children to become more autonomous.

The implementation of motor games, applied in an organized manner, with a routine that provided some predictability and, consequently, security to the participants, was a first step towards the children's willingness to participate in the activities [8]. Similarly, by catering to the natural interest of preschool-aged children in engaging in physical activities, allowing them to move, and in doing so, discover new things and solve problems [10], the real interests of the children were addressed. The time allocated for each game, considering what the children need to try, explore, think, and evaluate, i.e., to complete tasks with a possibility of success while enjoying what they were doing [8], was relevant, especially for children with specific needs.

Thus, by combining interests, security, and an atmosphere with some freedom to discover, participate, make choices, and interact with peers, it was possible to conduct inclusive activities, where the whole group participated and showed involvement, and interest in having their peers play and achieve the activity goals [8]. These are also games that depend on the contribution of all members for success, noting that, when there is some withdrawal, some of the members of the same team encourage the child to quickly return to the game. This may be another data point that could highlight that the promotion of participation and inclusion of all children is possible through this type of program, as indicated by Monteiro and colleagues [24].

Through motor games, it seems possible to achieve this goal and truly motivate and involve the children in the activities [10]. The data obtained from the evaluation of the children's satisfaction indicate that motor games meet the motivations and interests of the children; that high levels of participation and satisfaction are possible; and that, through this type of activity, it is possible to achieve goals relevant to the development of preschool children, particularly autonomy. Despite the high levels of satisfaction recorded, on a general note, we should not ignore the fact that, for some sessions (e.g., fifth and sixth sessions), the number of children who did not like the activities increased slightly. These data may be related to difficulties also felt by the researcher leading the sessions, as from the fifth session onwards, time management became more complex due to the addition of an activity per session. Perhaps it was also more difficult for the children, perhaps they did not have enough time to play as they would have liked, or perhaps they just did not play their favorite games in those sessions. This will be a question that remains open, but which was taken into account by the researchers in the preparation and implementation of subsequent sessions.

Lastly, the results and data collected from the research, in addition to suggesting improvements in the development of all children, due to the importance that motor skills have in human development (e.g., [23,25]), may indicate that a program like this, conducted for the preschool context, based on motor games, where the aim is to promote the autonomy of the entire group of children, whether they have special needs or not, can also be an inclusive program, with activities adjustable to all children, regardless of the heterogeneity of the groups. As advocated by Decree-Law No. 54/2018 [26], of 6 July, this type of programs aims to give all children the opportunity to participate in their educational context and to have experiences that meet their interests and needs, while allowing them to develop essential skills for their future life, including autonomy.

This study thus presents some implications that should be considered by professionals working with children of this age group. Therefore, the implementation of programs based on motor games, as exemplified by this project, where practices that enhance the participation and involvement of all children are used, appears to be an effective tool for the objectives it proposes and capable of promoting high levels of satisfaction among participants, in addition to being a strategy that requires few spatial and material resources, and

is able to adjust to heterogeneous groups in terms of their capabilities (as is characteristic in these age groups). In summary, the adoption of strategies like those used in this project, starting from motor activity to achieve other objectives, particularly due to the potential they may have for the development of children with specific needs, seems to be relevant and effective, both in terms of satisfaction and the promotion of skills.

However, despite the results obtained indicating some success, the study presents limitations to be considered in future research, such as the small sample size and the absence of a control group. It will be important for future studies to overcome some of the limitations of the current study, namely by having a larger sample size to allow for the use of more robust statistical techniques and to enable a more representative approach to reality. It would also be important to have a control group to monitor the possible effect of other variables (such as the learning that occurs in a classroom context). We also recognize that the duration of our pilot study is too short, so it will be crucial to analyze the effect of a longer program (minimum of 12 weeks), in addition to a higher weekly frequency (2 to 3 times per week), on children's autonomy. Lastly, we consider it important that future studies also take into account the analysis of the opinions of the parents (or legal guardians) of the children through interviews.

The duration of the study, with an intervention of only 2 months, could also be considered a limitation. Possibly, with a longer intervention and, simultaneously, with a larger weekly volume (for example, twice a week) combining the abovementioned aspects, the results could be more significant and provide more useful information for practice, since autonomy is built over time, and the period dedicated to the present study may have been too short for clearer evidence.

5. Conclusions

This study, which arose from the need to find inclusive strategies to promote children's autonomy in the preschool context, led us to discover excellent tools to achieve what was intended. It allowed us to explore motor skills, through motor games, and to achieve the sought-after inclusion, participation, and involvement of all participants, at all times of the intervention project. It is a great satisfaction to observe the results obtained from promoting children's autonomy, indicating that, indeed, what was envisioned could have a positive outcome.

In summary, given the results obtained, we can see that, through a program of motor games, it seems possible to promote children's autonomy, whether they have specific needs or not, revealing that the strategies used are inclusive and enhance the participation of everyone. And, last but not least, we note the satisfaction that a program like the one implemented can bring to children, which is always relevant, especially to ensure correct participation throughout the program. Therefore, we must highlight that this was an intervention where the willingness to participate and the enthusiasm of the participants were always constant, proving that their satisfaction with the evaluation they conducted is truly exciting and motivating for the continuation of using this type of strategy.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study. Written informed consent was obtained from the patient(s) to publish this paper.

Data Availability Statement: The original contributions presented in the study are included in the article, further inquiries can be directed to the corresponding author/s.

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