

Reflective Paper – Leadership and Systems of Quality

According to Tayler (2015) and UK Parliament (2021) early experiences in childhood influence the opportunities and potential a child might achieve later in life; therefore, it is important that professional practitioners in early years demonstrate particular interest in providing children with the best start in life. This builds quality foundations in areas such as health and well-being, education and social care; by creating environments that are rich with experiences, supportive, nurturing and safe (CIW, 2023; CIW, 2023a).

However, Moss (2016) suggests that quality could be defined by many perspectives; a setting built on any number of stakeholder values, beliefs and interests, and consequently, without a universal understanding, quality could make for a tool that is ineffective in terms of evaluation. Cottel and Alexander (2012) suggest that practitioners understanding of 'quality' is often linked to government discourse. One teacher vocalised her frustrations when considering 'quality', suggesting many objectives and expectations that are placed on children are entirely inappropriate; furthermore, the head teacher at another school emphasized that they are not a system driven school with performance as priority, but a learning centred environment. On the other hand, Welsh Gov (2016) outlines the National Minimum Standards for Regulated Childcare for Children up to the age of 12 years; it states in standard 18: Quality Assurance, that a registered practitioner must continuously monitor and measure the effectiveness of their care, including consideration for recommendations from parents, children, CSSIW and other professional bodies.

Moreover, William (2016) recommends that for quality assurance, organisations have internal and external systems in place, such as policies and procedures to successfully reach, sustain and improve the quality of a setting. For example, qualified, experienced practitioners with ongoing professional development is important. If staff are not qualified and trained well, this could potentially impact the quality of care a child receives (*The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*). Furthermore, lack of consideration for adult: child ratios could mean children not having the attention and care that is needed, therefore, group sizes and staffing should be prioritised (American Academy of Pediatrics *et al.* 2019). Moreover, positive interactions and healthy professional

relationships are important; how one communicates can have a detrimental or positive influence on both the quality of care both staff and children perceive for example, trust, empathy, open communication and teamwork (NHS, no date; Herrity, 2023). Additionally, the curriculum and activities should be considered; if they are not developmentally appropriate or supporting a child's cognitive, emotional, social and physical development, children may not engage or feel challenged in their learning (NAEYC, 2022). Finally, health and safety within the environment provides quality service that prevents unnecessary danger; it ensures cleanliness and good hygiene that inhibits illness and disease. Age-appropriate toys that are maintained and in good condition can avoid problems (NHS, 2021; *Health and Safety at Work etc. Act 1974*). Without high-quality care, children can become disadvantaged in areas such as educational attainment, employment prospects later in life, and health outcomes (UK Parliament, 2021).

Registration and inspections ensure settings are meeting legislative requirements; with core values that place people at the heart of what they do, by questioning outcomes, provision and leadership. This provides assurance on the quality and safety of each service with scales ranging from satisfactory to excellent, and places responsibility on services to ensure they better a child's early experiences, and in turn, better outcomes for them in life (CSSIW, 2015; CIW, 2023; Estyn, 2017). However, inspections can be too focused on regulations than the quality of care being demonstrated, and although following regulations is important, it does not guarantee high-quality care for example trust is built over time (NHS Providers, no date). Furthermore, the consistency and reliability of an inspection process could be problematic when measuring quality, since different inspectors may understand regulations differently (UK Gov, 2022). But CIW (2023b) has strategic plans to achieve by 2025, to be a trusted voice that influences and pushes improvement, consistently delivering high quality service with highly skilled responses (CIW, 2021).

This assignment will critically reflect on the benefits of 2 types of quality assurance methods, promoting and ensuring quality above legal obligations. Additional methods offer opportunities for children and parents and carers to participate in plans that involve them, and they consider their rights to be heard and their voices to be taken

seriously (Alliance, 2018; Unicef, no date). To begin, the sustained shared thinking and emotional well-being (SSTEWS) scale will be discussed:

This quality assurance method was created to measure the quality of provision within early years settings by assessing the children's emotional wellbeing and sustain shared thinking; it has 47 matters within six sections and strives to observe and reflect on improving children's social, emotional, language, self-regulation and critical thinking (Seraj, Kingston, Melhuish, 2023). The SSTEWS scales also build on ECERS-R and ECERS-E/ITERS-R with focus on early learning and the adult's role to support children and pedagogy (Hoare, no date). According to the Department for Education (2021) children learn most up to the age of five than at any other time period in their lives; therefore, giving children the best start in life with quality interactions is important, and every child can succeed if they are supported correctly. Practitioners must engage children to think deeply, problem solve and reason, including the encouragement of critical thinking, creativity, communication and collaboration; such are life-long skills that children need and link back to the SSTEWS scale approach for assessing quality (HM Gov, no date).

There are strengths linked to the SSTEWS scale as a quality assurance method, one being it has been tested and developed in many settings demonstrating reliability and validity within its structured and comprehensive approach, and furthermore, it is widely used in the UK and internationally (Howard *et al*, 2018). However, its method only ranges from two to five years which does not serve early years entirely, and according to Hoare (no date), many of the subscales may not even be used because settings and staff are not ready for them. However, SSTEWS can find what is working well in a setting, and areas in need of improvement; it supports the continuing of self-evaluation and enhancement (Hoare, no date). Moreover, practitioners seeking professional development can also improve their knowledge of exceptional practice which can benefit growth in the quality of service that they provide (Hoare, no date).

But there are limitations: children have internal experiences as well as behaviours and interactions that might not be observed and the SSTEWS therefore, may not be able to obtain every aspect of their emotional wellbeing and sustain shared thinking. Moreover, what of bias, based on the perception of individual observers? The

approach used merely relies on the assessor's subjective judgments, and this could look different from one practitioner to another, for example based on personal beliefs or values, or whether a practitioner is genuinely listening to a child, tuning in, showing interest and respecting the choices children are making. Additionally, the practitioner must have a thorough understanding of child development to understand what they are seeing and how to interact with each individual child for example, sustained verbal and non-verbal communications such as inviting a child to elaborate. Furthermore, recapping; offering own experience and clarifying ideas (Melhuish, Siraj, Kingston, 2015; Hoare, no date; Department of Education, 2021).

Overall, the SSTEW approach could be a beneficial method for assessing the quality of an early years setting for children aged 2-5 years, evaluating their emotional well-being and sustain shared thinking. However, one might consider using it alongside other quality assurance approaches because of the limitations.

Secondly, parental feedback questionnaires will be discussed: this method of measuring quality assurance is often used in early childcare settings to measure the quality of care because they are cheaper options compared to other approaches, and they are simple tools; parents can provide information highlighting their experiences and their level of satisfaction (Bryson and Taggart, 2016). However, they do face some challenges that could impact the validity and credibility of the questionnaires for example, the quality of design; the number of responses; and the authenticity of those represented (Melhuish and Petrogiannis, 2016).

One possible problem with parental feedback questionnaires is that some parents might have bias responses; those who are unhappy with the quality of care within the setting might be more likely to complete the questionnaire as oppose to parents who are pleased with the care their children receive. This could then lead to an overestimation of the number of dissatisfied parents. Additionally, other parents might give socially desirable responses or may not feel comfortable sharing their genuine feelings about the setting, again leading to an underestimation of the number of unhappy parents. Furthermore, the sample of represented parents could be a cause for concern, because if the number of responses is low, or do not

represent the wider parental population, then the outcome might not be accurate to the reflecting opinions of all parents (Bond and Bond, 2021).

To ensure a valid and credible result with this method of measuring quality assurance in an early year setting, these barriers must be mitigated (Bond and Bond, 2021). A well-designed parental feedback questionnaire must be supported with relevant information (Li, 2016; Shaw and Kitzman, 2021), and the sample of parents as representative as possible; the design, implementation and analysis are important to the success of the questionnaire and done well ensures valuable feedback can be provided from the viewpoint of a parent (Bond and Bond, 2021). For example, tailoring questions to specific contexts of individual setting – one early years setting might be in a rural area with ample outdoor space and nature, therefore, questions related to outdoor play will make it more meaningful to that setting; on the other hand, if a setting is based in a city with no outdoor space, tailoring questions to resources and materials could be more authentic.

One benefit can be the identification for areas of improvement and with honest feedback, this could help the setting make excellent changes resulting in better quality of care. Furthermore, it can strengthen the standard of communication between practitioners and caregivers; this is because parents are being provided with a platform to share their concerns (Li, M. *et al.* 2016). Moreover, it could lead to a positive development in parental engagement; parents voices can be heard and listened to which impacts the quality assurance process (Shaw, S. R., & Kitzman, H. (2021). Additionally, if these surveys are successfully implemented regularly, practitioners can measure the parental satisfaction or dissatisfaction over time which means the ongoing results can continuously support improvements (Kanyal, M., and Sharma, M., 2019).

However, it should be addressed that such questionnaires should be used together with other tools for measuring quality assurance within an early year's setting for example observations and self-evaluations; and because of the limitations with questionnaires, the results must be regarded with caution to identify reliable and valid patterns (Ofsted, 2018; Early Education, 2017).

To conclude, this assignment has discussed and reflected on the term 'quality' in context of an early years setting. It has considered perceptions of quality and the importance of quality assurance methods as tools to ensure going above the expectations of Welsh Gov (2016) National Minimum Standards for Regulated Childcare up to the age of 12, to provide the best possible care for children and to give them the best start in life, supporting, encouraging and influencing positive outcomes in the earliest days and beyond.

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