

Part 1

A catalytic leader is described by Catalytic Leadership (2022) and Eckert (2021) as a person who influences, empowers and motivates change in a person or setting. A catalyst is described as an agent that activates or speeds up a substantial change or actions. Therefore, a catalytic leader is an agent of change. Furthermore, Rengaswamy (2019) states how catalytic leaders have an influence on people that surround them making things progress quicker, kick starts ideas and do things that previously thought of as impossible to achieve. Ella Baker is a catalytic leader who in the 1940's helped young leaders find their voice as well as their leadership capacity. One of those leaders was Rosa Parks. Later she was recruited by Martin Luther King to help build the civil rights movement (Black History in a minute or so, 2020). Her style of leadership was to motivate people by actions rather than words, a role model that inspired others to become leaders in their own right (Gibson, no date). She empowered people to take charge of their future and once said '*strong people don't need strong leaders*' (Parker, 2020). Catalytic leadership supports Vygotsky's Zone of Proximal Development (ZPD) where the more knowledgeable other (the leader) is needed to help and teach the learner (children, staff and parents) by scaffolding their learning, giving them the tools needed to succeed. Gradually over time removing the scaffolding as the learner becomes more capable to complete tasks independently and increasing possibilities, boundaries and imagination (Lynch, 2021; Ness, 2020; McDowall Clark, 2012). Grantham-Caston and DiCarlo (2021) and Norton (2016) state the importance of leadership in all settings, because it is the leader who shapes the atmosphere and attitudes of the employees and service users. Childcare leadership can be noticeably different to that of other settings, nevertheless, leaders need to have the characteristics, skills and traits required to be effective leaders. According to DiFranza (2019), Victoria (2018) and Early Years Careers (2015) effective leaders are good communicators and listeners who respect the roles and ideas of their colleagues, they are knowledgeable, inspire and motivate others, supportive and confident individuals who bridge the gap between manager and practitioners. However, Robinson (2016) and Cheverie (2016) point out that there are differences between a manager and a leader. They believe a manager is someone that promotes stability in order to make things happen while a leader is someone that advocates change, has visions, goals and a sense of direction. Nevertheless, one is no better than the other nor does it replace one another, rather, the two roles complement each other. Furthermore, Campbell-Barr and Leeson (2016) say, looking to differentiate the two roles may prove to be of no use. While Garvey (2017) believes separating the two could divert people from the task in hand. However, Hall states a

setting needs the two roles because ‘Managing without leadership is unethical: leadership without management is irresponsible’ (1996 cited in John 2019, p11). Catalytic leadership differs from other leadership styles such as a directional and transactional leadership. According to Ham (2020) and Miller (no date) directional leadership is a style where the leader will tell staff what needs to be done and how to do it, almost micromanaging their staff. It is a style that restricts staff creativity, disregards the benefit of collaborative working and can affect a team’s morale. While Nwanne (2021), Indeed (2021) and Amanchukwu *et al* (2015) claim a transactional leadership is a hierarchical, results driven approach that uses rewards and penalties as a method to motivate their staff. Whereby a catalytic leader will take the approach to leadership that does not depend on authority or title and more to do with teamwork and motivating everyone to accomplish goals (Toomer, 2016). Furthermore, Reed and Canning (2012) believe that leaders who have power through a title can inflict change, however, a catalytic leader creates change as a result of progressive actions. The catalytic leadership model reassesses early childhood leadership, challenging the thought that leadership happens from the ‘top’ or from ‘the front’, as leadership can happen anywhere within a setting. According to Cooper (2014) early years practitioners worry and evade conversations regarding leadership because of not fully understanding what leadership involves. The misunderstandings do not allow practitioners to realise, understand and participate in leadership within their everyday practice. Practitioners’ reluctance to participate with leadership, access of appropriate leadership concepts and leadership practice are some of the challenges. Numerous practitioners throughout the education system are hesitant to call or consider themselves a leader (McDowall Clark, 2012; Krieg, Davis, & Smith, 2014; Fairman & Mackenzie, 2014; Rodd, 2013; Angelle & DeHart, 2011). Wilde (2017) suggests that in society, leadership is seen as something that is hard to acquire and therefore people feel they will not be able to achieve. Furthermore, he suggests that most people think of leaders as celebrities or a public figure but reinforces the idea that everybody can lead when they think outside the box to initiate change. Talan, Bloom and Kelton (2014) point out how many practitioners did not set about becoming a leader, rather, they were recognised due to the fact they were good practitioners. To overcome some of the barriers to leadership, Ryder (2016) suggest efforts have been made by governments to make early years an attractive field to work in, through leadership routes available to new and existing practitioners. Introduction of National Professional Qualification in Integrated Centre Leadership (NPQICL) and the Early Years Professional Status (EYPS) are examples at postgraduate level. Whalley (2011) and Siraj-Blachford and Hallet (2014) both share the opinion that Early Years Graduates help practitioners and leaders in becoming ‘change agents’

that improve and shape today's practice. Furthermore, Hadfield *et al* (2012) suggests how the Early Years Practitioner Status has a considerable impact on the quality of the provision across the setting, even when they are not in leadership roles. Hadfield and colleagues study also discovered how 87% of Early Years Practitioner Status graduates said they had gained confidence and felt able to mentor and support their colleagues to improve practice, while 87% felt confident to make improvements within their setting independently. Despite this, Brind *et al* (2014) point out how these programmes are not always sustainable and sometimes discontinued due to policy changes and a shortage in funding. Even though there is a continuing growth in early childhood graduates, they are still deemed as being in the majority. Ceeda (2019) claim that in the U.K there is a considerable shortage of professional development within the early years and very few leadership development opportunities. Additionally, Coleman, Sharp and Handscombe (2016) suggests how most of today's leaders are accidental or reluctant, lacking clear vision of their leadership characteristics and practice. Whalley *et al* (2019) and Kivunja (2015) states how leaders within the early education and care settings inspire and motivate not only the staff but the children and families who attend their setting by ensuring services are accessible and actively engage with families as service users. Whalley *et al* (2019) goes on to say how the concept behind integrated early years education and care setting are to provide education, childcare, support for children and families, adult education and training as well as employment advice and support therefore practitioners are leaders who can inspire change beyond the staff and children.

Part 2

Eglantyne Jebb, founder of the Save the Children was the first person to write a draft on children's rights in 1923 named 'The Declaration of the Rights of the Child'. The declaration became the basis of The United Nation Convention on the Rights of the Child (UNCRC) in 1989 (The Museum of Cambridge, 2022 and Save the Children, 2017). The UNCRC applies to all children under the age of 18. It is a legally binding international agreement detailing the civil, political, economic and social and cultural rights of children irrespective of their abilities, religion or race. The 54 statements set out the rights of children and how everyone should work together to ensure children's needs are met and enable them to reach their full potential (UNICEF, no date; Together Scotland, 2022; Save the Children, no date). In 1989, the United Nations adopted the agreement and since then 196 countries have signed up to the UNCRC (Save the Children, no date). In 1990 the United Kingdom signed the UNCRC, and the convention was ratified on the 16th of December 1991 coming into force on the 15th of January

1992 (ECPAT UK, 2016). Wales was the first UK nation to have made UNCRC part of its domestic law in 2011 with the Right of Children and Young Persons (Wales) Measure 2011 (Welsh Government, 2022a). The Right of Children and Young Persons (Wales) Measure 2011 ensures that the Government are constantly considering the rights of children and young people in Wales as set out in the UNCRC (Children in Wales, 2021). The measure places two responsibilities on Welsh ministers, firstly, to have due regard of the UNCRC when implementing any actions, meaning they are required to consider children's rights in all they do while also considering the affects on the Welsh language, culture, economy and environment. Secondly, they must promote knowledge and understanding of the UNCRC to the public. It is the job of the Welsh Government to ensure children and young people are informed of their rights (Welsh Government, no date a). To ensure children's rights are safeguarded and supported is the role of the children's commissioner. They also review the decisions of public bodies, including the Welsh Government (Welsh Government, no date b). In addition, they support children to know their rights, listen to what is important to them, advise children if they believe they have been treated unfairly, speak up for children on important issues while also ensuring government adheres to the promises made that affect children directly (Children's Commissioner for Wales, 2022). Natural Resources Wales (2021) state how the Welsh Government have led the way in advocating children's rights due to Wales being the first UK nation to appoint a children's commissioner, Peter Clarke in 2001 following Norway who established their children's commissioner 'Ombudsman' in 1981. During Peter Clarke's time as the children's commissioner for Wales, he reopened the 'Clywch' inquiry, an inquiry into alleged abuse within a South Wales school. Following his investigation Peter Clarke made a series of recommendations to ensure the safeguarding of all children a priority (Community Care, 2002 and BBC news, 2005). In the Clywch report were demands for changes in child protection for all school children and a recommendation that all staff should have regular inhouse safeguarding training to ensure the protection of children was made (Children's Commissioner for Wales, 2004) in line with article 19 of the UNCRC. Clarke's predecessor, Keith Towler, was keen for all children's voices to be heard especially children who were looked after, care leavers and children in need, supporting article 12 of the UNCRC where children's voices should be heard, and their views respected. He reported that professional advocacy for those children were not being met in the 2012 review 'Missing Voices' and made a number of recommendations to the government and local authorities. As the role of a children's commissioner is to hold the government accountable, he published 'Missing Voices: missing progress' (2013) a year later revealing the slow progress that had

been made since his first review. During his time as the children's commissioner for Wales he continued to promote the importance of children's voices by holding round table meetings with government officials, Welsh Local Government Association (WLGA), the Care and Social Services Inspectorate Wales (CSSIW), advocacy expert groups and providers (Towler, 2014). The current commissioner Sally Holland has been committed to improving children's mental health and continuing Keith Towler's work in advocacy. Each year Sally Holland makes recommendations to the government and demands that for every child and young person who needs advocacy in relation to their health should have access to it (Children's Commissioner for Wales, no date). During Sally Holland's time as children's commissioner, she created 'The Right Way - A Children's Rights Approach' a framework for services working with children to embed the UNCRC into decision making, policy and practice, making rights a reality for all children in Wales. The approach's aim is to ensure organisations prioritise children's rights, information is accessible to all children, children are given the opportunities to reach their potential while making authorities accountable to children by the decisions they make (Children's Commissioner for Wales, 2017). In her recent work 'coronavirus and me' she conducted a survey to find out how the pandemic had affected children in Wales, first in the UK to formally ask children and young people their views. The finding of the survey will inform the Welsh Government's approach in communicating and working with the younger generation after the pandemic and ensure all decision making is in their best interest (Welsh Government, 2020). Since 2001 the children's commissioners have worked hard to ensure children's rights are heard. Their student ambassador for children in key stage 3, 4 and 5 and the super ambassador scheme for children in key stage 1 and 2 purpose is to promote children's rights and the UNCRC in schools to ensure all children are aware of their rights. The information gathered by the scheme helps the children's commissioner work and as a consequence the ambassadors have a direct impact on the rights of children in Wales (Child Friendly Cardiff, 2022). Furthermore, the work around adverse childhood experiences have led the way to ensure settings are becoming more ACE aware moving away from seeing ACEs as a *deficit* in a child, instead using the UNCRC as a the basis in which adults are proactively taking steps to ensure children and young people are receiving the care and support needed to be happy, healthy and safe (Children's commissioner for Wales, no date). In March 2022 Wales became the second UK nation after Scotland to ban the smacking of children. The new law will mean it is a crime to punish a child using physical force (Davies, no date and BBC news, no date). The new law supports the UNCRC article 19 where children should be protected against violence. There are some comparable with Wales and Scotland such as the clear focus on children's rights and their

work with European Network of Young Advisors (ENYA) a project that involves children's voices to be heard at a European level (ENOC, 2015). The Children and Young People's Commissioner Scotland (CYPCS) Bruce Adamson is working on approaches to engage with children under the age of 4 through parent interaction. The early stages of a child life are important to their outcomes in later years (Cross, 2015) this is something the Welsh children's Commissioner is not doing currently as most of their work conducted have been for children who are 3 years and above. However, Wales is one of a small number of countries that has in place an official way to inspect how decisions affect children's rights. When any decisions are made the Welsh Government complete a Children's Rights Impact Assessment. The Children's Rights Impact Assessment presents evidence that children's rights are being considered with due care in all Welsh Government work. The assessment offers extra transparency and allows for others to participate and give feedback (Welsh Government, 2014 and Welsh Government, no date b). Going forward First Minister Mark Drakeford reinforced the importance of the children's commissioner's role as he appointed Rocio Cifuentes as the new children's commissioner starting in April 2022. He stated that the need for a strong voice for the children whose lives have been affected by the pandemic will help shape the future for a generation of children. The voices of children and young people are essential now more than ever in any decisions made by the Welsh Government going forward (Welsh Government, 2022).

Part 3

Children's experiences during the early stages in their lives have an enormous impact on their growth, development, feelings and behaviours as well as their physical and mental health (Manchester University NHS Foundation Trust, 2022 and Public Health Scotland, 2022). Adverse Childhood Experiences (ACE's) are events that take place in childhood that are traumatic and stressful. Such traumatic events may include experiencing violence, abuse and or neglect, and a family member dying. In addition, environmental issues that will cause a child to feel unsafe or lack of attachment due to parental separation or where a member of the household is in prison, living in a house where there is mental health issues or substance abuse (CDC, 2021). The environment plays a crucial role in the development of a child's brain and for many children their environment is a place that is unsafe and unstable. This will cause the child's brain to become hyper-sensitive to the threat around them and will react with the fight, flight or freeze reaction (Adverse Childhood Experiences, 2021). The fight, flight or freeze reaction is the body's natural survival response to the threat of danger. When this occurs, it will instantly trigger hormonal and physiological changes to prepare the person of the dangers

(Nunez, 2020 and Lennon, 2021). Research suggests how toxic stress in childhood can damage the endocrine, nervous and immune system, and the experiences can change the physical structure of DNA through the epigenetic mechanisms that are sensitive to environmental effects (Shonkoff *et al.* 2012; Shonkoff and Phillips, 2000). Toxic stress on the brain can result in impulsive behaviour and effect decision making, attention, emotions, a person's response to stress and their learning (Shonkoff *et al.* 2012). Public Health Wales published in 2016 the first Welsh adverse childhood experiences study. The study revealed that 47% of adults in Wales have been subjected to a minimum of one adverse childhood experience and 14% subjected to four or more during childhood (Public Health Wales, no date). According to Time to Change (2022) 1 in 4 people experience mental health issues while 1 in 6 people suffer at least one mental health problem in any given week such as stress or anxiety. Furthermore, between 300-500 people in Wales commit suicide every year, three times the amount of people who are killed in car accidents. Public Health Wales (2016) claim that mental illness is connected to poorer quality in physical health, higher health risk behaviours and poor education and employment. In Wales, mental illness is a considerable burden on the NHS, society and the economy, costing £7.2 billion a year. Furthermore, Mental Health Foundation (2022) state around 68% of women and 57% of men who suffer mental illness are parents, therefore, a large number of children are living in an environment where they are exposed to mental health issues. Hogg (2013) and Gajos and Beaver (2015) suggest when a parent suffers mental health issues during pregnancy or within the first year of a child's life this will affect the way in which they bond and care for the child and can have an impact on the child's psychological, social, emotional and intellectual development. Challenges that face young children can include not fully understanding what is happening, worrying that they may be the cause of their parent's illness and concerned they may be separated from their parent. In addition, children will become anxious, withdrawn and feeling depressed preventing them from receiving support. And, in some cases, develop the same illness where there is a history within the family (Young Minds, 2021; Royal College of Psychiatrists, 2022). However, NSPCC Learning (2021) points out how some parents living with mental illness can manage their condition to reduce the effects on their children especially when they have access to the right support. According to Manchester Safeguarding Partnership (2022), Council on Accreditation (2018) and Harvard University (2022) developing resilience in children can help negate stress induced changes to the brain. To facilitate resilience requires a supportive and nurturing relationship with a trusted adult. Through caring adult relationships, children will improve their cognitive and emotional skills while developing resilience and learning how to adapt in difficult situations. However,

Adverse Childhood Experiences (2021) state how the adult should be knowledgeable in order to support the child in need. Trauma informed adults will have the tools to repair the brain and in turn reverse the psychological damage and lifelong difficulties such as emotional, mental, economic and social problems. However, Kazdin and McWhinney (2018) point out how building trust is difficult when children have learned to be wary of others due to their experiences and therefore would require time and a practitioner who is highly skilled to gain the trust of the child and support them through difficult issues. While Kornhaber *et al* (2016) state to some degree, practitioners' skills are defined by their qualifications and experience and by the support given by managers and settings. Nevertheless, according to Asmussen *et al* (2020) and Gloucestershire Healthy Living and Learning (2022) early intervention during the first 1000 days, pre-school, primary and secondary school is key in improving children's lives and outcomes and preventing problems reoccurring. The Wellbeing of Future Generations (Wales) Act 2015 presents the basis of all public services to work together in the approach to wellbeing (Welsh Government, 2021a). While the Prosperity for all: the national strategy (Welsh Government, 2017a) outlines the government's pledge in establishing lifelong wellbeing such as investment in the early years and the prevention of ACE's. Furthermore, the A Healthier Wales: our plan for health and social care accepts the importance of tackling adversity in childhood (Welsh Government, 2021b). Therefore, placing responsibility on all sectors, including that of early years settings. Interventions that support parents to develop confidence and positive attachments are vital in reducing ACE's and improving children's outcomes (Beckmann, 2017). Interventions such as The Parent Nurturing Programme equips parents with the tools to understand and manage feelings and behaviours. Over a ten-week period parents learn how to achieve a positive and nurturing relationship with their children while empowering parents with knowledge and resilience that provides an emotionally healthy start for their lives (Flying Start, no date). Early years practitioners are also in a position to provide support for parent and where required able to encourage them to seek help through their GP (Croner-i, 2019). For children it is important to respond to their trauma through building their resilience by developing coping and emotional strategies, promote wellbeing and where necessary a tailored treatment (Di Lemma *et al*, 2019). Emotional literacy support assistant (ELSA) is an intervention that provides an individualised support programme meeting the emotional need of children delivered by a practitioner. A practitioner role is to nurture children to build their self-esteem to ensure positive outcomes. The programme is overseen by an educational psychologist who support, advise and give their professional knowledge of children's social and emotional development. Therefore, ensuring safe practice and high

quality of care (ELSA, 2017). Similarly, The Thrive Approach can reverse the damage caused by ACE's by working to identify children's unmet needs. The approach works at repairing interruptions in a child's development by looking at what a child needs now rather than what has happened to them. During the course of the programme the practitioner will use positive relational experiences, creativity and play as a way to decrease the impact on the brain and support them in becoming resilient, self-assured and capable individuals (Thrive, 2020). Where a child's needs require a tailored treatment, early years mental health teams such as Community Child and Adolescent Mental Health Service (CAMHS) work with educational settings to manage the impact of ACE's (Manchester University, 2022). CAMHS provide flexible support to help children manage difficult feelings, behaviours or relationships (Oxford Health, 2021). However, Specialist CAMHS are there to support the needs of children with severe or complex health issues. Therefore, educational settings need a good knowledge of other support available within their area (Mentally Healthy Schools, no date). Outside of CAMHS in Wales is Team Around the Family (TAF). TAF is a multi-agency approach aimed at providing support for families with wide ranging issues to make positive changes. They look at the needs of the family and deliver targeted early help to meet the required needs to strengthen the family situation. This allows the family to recognise what is working and how to develop an area to improve their situation (Pembrokeshire County Council, 2021; Welsh Government, 2017b). Taking Wales Forward 2016-2021 (no date c) recognises ACEs as a barrier to children reaching their full potential. Therefore, The Welsh Adverse Childhood Experience (ACE) Hub was established in 2017 by Cymru Well Wales funded by the Welsh Government over 3 years seeking to bring transformative change in Wales (Riley *et al*, 2019). The programme has delivered training to over 600 schools across Wales to raise awareness around ACE's and their impact and how they can mitigate the impact allowing every child in Wales the best possible start in life (Welsh Government, 2021c).

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