

What is quality?

Quality is difficult to describe, as people are unsure of how to define it, CQI (no date) defines quality as an organization performing for their stakeholders and improving aspects of the organization to run as effectively as possible, improving constantly. Mathers, *et al.* (2012) Describe quality as having three purposes, those being for regulation, research, and improve practices they agree with CQI in that improving practice plays a vital role in quality measurement and having quality assurance tools helps settings and stakeholders measure what and where needs improving. They go on to explain how in the early year's settings defines quality as a "collection of measurable characteristics in the childcare environment that affect children's social and cognitive development" (Siraj-Blatchford and Wong, 1999, page 10). Quality is measured by using different tools that consider aspects like the process and structure of quality According to Howard *et al.* (2018) the process aspect measures things that are available to the child for example activities, opportunities, and interactions as well as the materials available within the setting. Whereas the structural aspects involve, measuring the ratio of child/adult and group sizes along with the qualifications of the practitioners. Quality can be measured by using quality assurance tools such as the SSTEWS scale, foundation phase profile, quality care report, and more.

Quality is especially important within the early years setting as it impacts children so much. As Ho *et al.* (2010) explain children need high-quality education from an early age as it affects their physical, social, verbal, cognitive, and intellectual development, and having those experiences and high-quality education early on provides them with the necessary tools for them to develop in the future. Age of Montessori highlights how children absorb information like a sponge from birth to the age of six and so it is vital that in those crucial development years, children receive the best quality of education available to them.

Hatch (2010) discusses how educators can concentrate too much on children's development to compare with the higher goal of attending to their learning this goes against what Vygotsky and Piaget believe as Hatch sees their theories as being too limited, concentrating too much on children's learning levels rather than their growth, Hatch believes that their theories are downplaying children's capabilities and that children need to be given more credit and opportunities to push their boundaries. Taylor (2015) agrees with Hatch that children absorb so much information from a youthful age, they need high-quality education, a

high-quality environment, high-quality experiences, feedback, teacher-child relationships, emotional interaction and so much more, having these high-quality experiences available to them will improve not only their learning skills and development but improve their health and wellbeing too. Leana *et al.* (2009) agree with Hatch and others that giving high-quality childcare is important as it improves brain development, cognitive and language skills, improving noncognitive skills such as perseverance and motivation.

Pacey (no date) describes quality as giving children a safe, hygienic environment, good quality toys, equipment, and resources a high quality filled rich learning environment, health, well balanced and fulfilling meals, positive interactions, and feedback meaning praise, encouragement, and having educators and parents who are fully involved in their children's care. There are plenty of benefits to providing children with high quality however there are also barriers on why not every child will be able to receive high-quality services, Donoghue, *et al.* (2017) describes how some families have no quality child care services accessible to them within their communities and how this is a barrier as well as cost, limited training tools and qualified educators all factoring in leaving some children with low-quality education and environment settings and opportunities, this will be a limitation to children as they will not have the tools to support them in their development and will fall behind children who have the support of high-quality education and experiences.

The Welsh Government and their Education in Wales national mission plan (2017) are hoping to improve quality within education they state that 'An education system cannot exceed the quality of its teachers and are willing to support teachers in Wales in getting the training and qualifications needed to deliver high-quality education to children and raise the standards for all young people. They are working in line with the Well-being of Future Generations Wales Act (2015) in insuring that an emphasis remains on getting children the early interventions they need to reduce difficulties they may face later in life and to improve the quality of a child's first thousand days. It is important that the Welsh government push these changes to give children the quality of care, education that they need.

Quality Assurance tools.

To ensure excellent quality within the settings, practitioners could use different quality assurance tools. Two assurance tools that work well are the quality-of-care review and the

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Sustained shared thinking and emotional wellbeing tool (SSTEWE). Hoare (no date) explains how SSTEWE works with two scales the Early childhood environment rating scale (ECERS) and the Infant/toddler environment rating scale (ITERS). They focus on the pedagogy within the setting and the role of the adult in supporting learning and development. And according to Siraj and Kingston (2015), the SSTEWE scale has 5 subscales and 14 items these subscales are; Building trust, confidence, and independence, Social and emotional well-being, Supporting and extending language and communication, Supporting learning and critical thinking, and Assessing learning and language these subscales are measured similarly to the environmental rating scales where practitioners use a scale that scores each item out of 7 however they must hit each target in order to move up to the next score for example if observing children do with supporting learning and critical thinking the setting may hit everything on the inadequate part of the scale but may not fulfill all the requirements on the minimal part meaning they will only be able to score 3 on the scales.

The SSTEWE scale works differently from the quality care report as it focuses on the adult. Siraj, I *et al.* (2015) explain how sustained shared thinking is included in the SSTEWE scale, when practitioners use sustained shared thinking, it benefits the child as practitioners recognize the child is developing, achieving, and responding to learning, the child should be put at the center and when observing individuals would make sure that the needs of the child are put first. To complete the SSTEWE scale a morning typically, 3-4 hours should be kept free, and all areas that children have access to should be available for observation. If observing 3-5-year-olds ECERS should be used alongside the SSTEWE scale and if observing 2-year-olds ITERS should be used.

The SSTEWE scale focuses heavily on adult interaction as Siraj *et al.* (2015) states all the items on sustained shared thinking describe what adults do to support children in working with others to explore and understand the world. Adult-child interaction is especially important and is the key to successfully observing children. Moss (2016) discusses what quality is and why we cannot get beyond it, Moss raises the fact that it is external bodies that define quality and how it should be stakeholders, not only academic experts, as they will have a different more personal take on what quality means to them and what tools are needed to ensure quality is provided, Moss agrees with Siraj in that adults are very important when it comes to observing children. Moss explains how “quality is a choice and not a necessity”, what moss meant by this is that individuals need to take responsibility for the choices they make and not take them for granted for example the national minimum standard looks at what we choose to do as a

minimum not what we chose to do for people, it should be down to the individual and setting to decide what is important and what is going to drive them, for example, if a setting sets a certain standard to achieve they must do everything they can in order to achieve that, and it is that choice to do everything that they can to ensure good quality, that makes good practice. The setting should make sure this happens regardless of what quality assurance tool they use.

The national minimum standards (2016) have a responsibility to provide effective quality assurance and quality monitoring systems and make sure that they are in place and continuously monitored. Cottle, M, and Alexander, E (2013) agree, they look at Practitioners views on parent partnership in relation to 'quality' practitioners respected the relationships they had with parents and recognized that parents hold a vital role in communicating and having important discussions needed in order to provide high-quality care. They described parents as being a child's first educators and so they hold a particularly significant role in ensuring children receive the best quality available. although collaborating with parents can be beneficial at times it can cause tension when educators and parents disagree.

The SSTEWS scale is beneficial as it gives a detailed overview of certain aspects however if settings only use the SSTEWS scale they may miss details about other aspects, meaning important things are not being listened to, settings should look at multiple quality assessments tools to cover a range of different areas and have a more positive outcome. Perhaps that is where the quality-of-care review would also be a suitable option.

A barrier to using the SSTEWS scale is that the observer cannot see everything, they can try to observe as much as possible however they will miss things and so perhaps the rating scale may not always be fair, as well as this it can depend on who is reviewing on the day as different observers are going to rate things differently and so this can also be a disadvantage and give unfair gradings to compare with the quality care review.

Another quality assurance tool settings could use is the quality-of-care review. According to CSSIW (2017), the quality care review is a self-evaluation form giving individuals an opportunity to see what can be done to improve the services they provide. The template differs from the SSTEWS report as it has two parts, the first being an opportunity for those who use the services to give their point of view of the quality that the setting offers. The second part is an opportunity for you as an educator to evaluate your provision and judge how well you think your provision is doing.

The first part will be looking at the views of the children as well as the views of parents and carers. It will also consider the views of other professionals working with the setting and must include any schemes that the setting is part of. The second part will collect information such as the strengths and areas of the setting and areas to improve, the actions you require to take, and how they will be monitored and measured.

The review will rate how well you are doing in these set areas; Well-being, Care and Development, Environment, Leadership, and Management, and will then be placed into one of the four categories, these being poor, adequate, good, and excellent.

Little Cherubs Day care Nursery (2016) states how the quality care review aims to listen to children's views and appreciate and recognize their achievements, ensuring that all children are respected and valued which is important under article 12 of the UNCRC which respects the views of the child. Care quality commission (2022) agree to state that every individual has a set standard that they should receive, these standards are that they are respected, kept safe, have qualified staff taking care of them.

The service provider or manager has the responsibility of making sure the review is handed out to stakeholders, which include, children, parents, staff, any other governing bodies, or authorities that are interested in the content. They will then need to collect the responses, before discussing the feedback and putting a plan of action into place. Care inspector Wales (2016) states how it is the managers and leaders of the setting's duty to ensure that the rights of the individuals within their care are being met and that they receive the best outcomes after the review is done.

To compare the Quality assurance review is better than the SSSTEW report in collecting stakeholders opinions about the quality of the setting as the SSTEWE report observer is unfamiliar with the setting and focuses more on the adult rather than the child, this means that the quality of care review collects information that is more personal and comes from individuals with first-hand experiences, however, a critique of the quality of care review is that perhaps because of this the setting is not graded as harshly as the SSTEWE scale, as individuals may not want to mark too badly, it may be more effective if they use an approach like the SSTEWE scale where external bodies with no connection to the setting give their opinion. With that being said it could be a good thing that stakeholders get to voice their thoughts as they are familiar with how the setting runs all year round to compare with how they perform on the day of the review and so the quality-of-care review would work better in supporting stakeholders

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and prioritizing children, which will benefit the review as the feedback and responses will be more accurate. To conclude both quality assurance tools work well but focus on different things and so settings should use both to get the best feedback to improve the quality provided.

Personal reflection.

Before I began this module, I was unsure of what quality meant, I had only heard of the word quality when describing whether something was good or bad for example, “this piece of clothing is bad quality” and so I had never stopped to think what quality means especially within early years setting. I felt a little lost when I first started researching the definition as it was not clear, however after reading articles, and seeing examples of practice using good quality tools I am now much more aware of what it means and why having practitioners, settings and tools with good quality is so important.

I now understand that providing good quality means giving a service that you are constantly trying to improve, it is about putting others first and ensuring they are provided with the best service possible. This is because it impacts children so much, it improves their social, emotional, and cognitive development and they need the best quality services available to them in order for them to grow and learn.

Within settings, this means things can be improved to meet the needs of our stakeholders, this can be done by feeding children’s interests by keeping the environment fun and busy. Within the setting, we should meet requirements on time for example ensuring that the quality assurance review is renewed and up to date. We should meet with parents to give them the opportunities to share information and concerns on what could improve their or their children’s experiences. Within the setting, we should supply staff with opportunities to develop for example extra training and ensure all forms and information is kept on top of and in date. Providing good quality means prioritising engagement and recognising that we need to support involvement. We should constantly be trying to improve and better practice for everybody involved and make sure that the views of our stakeholders are listened to and valued, we should be looking at where we currently are and where we need to go to improve.

If all is carried out it will show excellent quality within our settings and shows stakeholders that we care about their views and opinions and that the setting is trying to do everything that they can to constantly improve. However, it is important that these quality

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assurance tools are being used and reviews are being done regularly to keep bettering practice and supplying good quality assurance.

Now that I have gained valuable information on what quality is and what different quality assurance tools are and why they are important, I now feel confident about applying it to practice, and feel as though if an opportunity presents itself to me to take part in a review, I could confidently know what to look out for and could easily see if the quality is up to a required standard.

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