

Cover sheet:

For this assignment i will be submitting the following:

A research paper including the following-

1. Literature Review

3. Methodological considerations

4. Ethical considerations

Within this paper I have used Gemini to support with referencing in alphabetical order.

I have some draft notes of this.

An exploration into the wellbeing of toddlers: Early years settings vs the home environment.

Introduction:

Within this article a comparison in the wellbeing of toddlers in the early Years and their home environment will be explored. Focusing on the cortisol levels and the impact on future health outcomes.

The complexity in defining wellbeing:

Defining wellbeing in relation to children and young people remains a complex task. DfE (2010) suggests that children's wellbeing has strong links to positive family relationships, although it acknowledges that further research needs to be carried out in the wellbeing of children to solidify this statement.

Similarly, La Placa *et al.* (2013) argue that defining the word wellbeing is subjective, noting how wellbeing can vary between different family units as one family's version of wellbeing may differ from the next. Statham and Chase (2010) support this suggesting that wellbeing is both subjective and objective, making it difficult to narrow down a true definition and how it is measured.

These authors continue by explaining how wellbeing is not a permanent fixture and changes throughout the lifetime of a child, its dynamic.

Furthermore, it is suggested that well-being is not a fixed state but a process that fluctuates throughout a child's life. As La Placa *et al.* (2013) uses the word "dynamic" to explain this it leads us to believe that practitioners need to constantly re-assess the needs of children rather than making assumptions from the first observation.

From these findings measuring wellbeing in children cannot be done through observation alone, therefore biological data will need to be considered to measure the cortisol levels. It has been recorded that 70- 80% of toddlers in Early years settings are showing higher levels of cortisol through the sessions daily when attending these settings and the same children are showing much lower levels when spending time at home with parents and caregivers. (Sigman 2011)

As cortisol is the measurement of stress, these statistics explain how an early year's setting may considerably impact the effect this has on toddlers. Suggesting that that greater demand may be put on them compared to being in the home environment.

This research is significant when considering the impact of stress levels on the children in later life, (Sigman 2011) particularly emphasising on the effects on neurological development. Further research by McManus *et al.* (2022) explains how higher levels of stress endured by children in childhood can impact not only on their emotional wellbeing but brain development, specifically, memory and brain structure in later life. The stresses that children endure during childhood increases the likelihood of mental health challenges faced in adulthood.

Within an early year setting there are many uncertainties that a child may face, one of these is the frequent staff changes and the lack of stability this provides to the children. Periods of detachment could also be formed during Staff break times, holidays and with staff dispersed to cover ratios within different rooms or settings, this is something that is less likely to happen when children are being cared for within the home environment Holmes, (2014). Recent government reports state how there are challenges within the workforce, around the challenges of recruiting staff members and ensuring current well established staff members stay within the sector. (Department for Education, 2024) leading to keyworker bonds being broken and children suffering without stable secondary bonds being consistent, as well as new staff members unable to recognise the individual needs of the children as they lack previous knowledge of the children and their families. This could be particularly problematic around the times of transition, when taking children from care givers could be a moment of intense stress for the child's wellbeing. Again, this could present as problematic when considering (Holmes, 2014) theory of a 'secure base.' Because of this, practitioners are unable to provide the elevated levels of consistent quality, and this clearly shows how having a consistent parent or caregiver avoids extreme stress levels and provides continuity of a secure attachment for children.

Stevens (2023) argues that throughout history the early development of children was supported by families in the home environment, continuing to explain how children are 'hardwired' to develop around love with consistent relationships, with time spent within small groups. This suggests how such small groups and one to one care and attention support neurological development and support powerful effects on all areas of development supporting a rapidly growing brain. This is supported with (Sigman, 2011) and their point of neurological development, and the unlikelihood of this being achieved within such a highly stimulating early year setting and the demand of large

groups of children who are all battling for time and attention. This reinforces the argument that care within the home environment is more suited to the needs of toddlers.

Although there seems to be great difficulty in defining the word wellbeing, there does however seem to be some resemblances between opinions, and it is acknowledged that wellbeing is subjective and will need to be observed and revisited regularly to ensure accurate measurement.

The department of education (2024) demonstrated the challenges within the Early years sector regarding recruitment and staff retention. The sector in particular has a high turnaround of staff, and this is something that does affect the wellbeing of toddlers, as there is a lack of continuity of care and stable relationships being formed. This is where the home environment is favoured as children have their needs being met by parents who are attuned with their wants and needs and can provide the calm environment needed to keep cortisol levels low as recognised by (Holmes 2014.)

Overall, there is a lot of evidence to argue that both the home environment and early years settings are beneficial to toddlers for many varied reasons. Although (Sigman 2011) demonstrates higher cortisol levels in toddlers that attend the early years settings, other researchers' agree the importance of high-quality early years settings and the benefits to toddlers in ways such as social wellbeing.

To conclude, researchers such as (Sigman 2011) and (McManus *et al.* 2022) explain the impact on neurological development of toddlers and the impact of separation from parents and caregivers on young children's cortisol levels and wellbeing. It has also been explained that for toddlers, using early years settings has potential to impact mental health during adulthood in a negative way.

Methodical research

During the research project, the target population will be toddlers aged between 12-36 months. This age range has been selected as it acknowledges the work of Bowlby (1969) who considered this to be the fundamental age of attachment and consolidating bonds. Through the research conducted it should be visible to see the child at their most sensitive stage, where they are attempting to seek a secure bond

without parents and caregivers nearby. This is the reason behind carrying out this project.

The procedure involves a multi setting approach, selecting the participation of 30 toddlers, the children selected will be of average ability for consistency. Between participating settings there will be a voluntary playgroup setting, a childminder, and a private nursery setting. This variation has been selected to collect data from a varied range of care settings rather than focusing on just the one type, analysing the cortisol levels in a variety of situations. To provide a non-bias approach parents and carer will also be asked to carry out the same saliva tests at home with the same children, to compare findings.

Whilst carrying out this research, the researcher intends to use the form of salivary collection as the primary method in collecting data. De Weerth *et al.* (2007) explains how collecting saliva is a non-intrusive form of data collection with high rates of success in detecting and measuring cortisol levels.

This research has influenced why this form of biological data been chosen. However, it could be argued that although collecting through mouth swabbing is minimal and pain free, for a toddler in an unfamiliar environment, it could be considered that the test is in fact invasive if carried out by an unfamiliar practitioner. In this instance the researcher would have these carried out by parents or carers to provide the secure base (Holmes, 2014) and eliminate the chances of further psychological damage to the child.

Dimolareva *et al.* (2018) supports this data stating how there is a variety of methods to collect cortisol data such as through blood samples and urine samples. It then explained how collecting this data through saliva is less intrusive for children suggesting that collecting drool through collecting passive drool or holding a cotton wool in the mouth ensuring its saturated. This research suggests using cotton salivettes in smaller children and could have potential when carrying it out with toddlers.

To gain a clearer understanding of results the researcher intends to carry out the salivary collection multiple times throughout the day.

Sample 1 - The first collection will be carried out shortly after the child has woken up at home

Sample 2 – the second sample will be carried out shortly after the child has attended the early years setting. This period will measure the effects of the attachment bonds being detached (Bowlby 1997)

Sample 3 – as there is a varied routine in settings the third sample will be taken during a period of transition or close the middle of the day. According to Sigman (2011) this is the period at home when a child's cortisol levels usually drop, however within an early year setting this is usually a period of heightened cortisol levels.

Sample 4- the final sample will be taken once the child has returned home after the session at the setting.

This period follows Dimolareva et al. (2018) who explain that a singular sample is insufficient and does not provide evidence stating lack of a baseline in cortisol levels or a spike. Following this guidance the researcher has decided that this sampling will be carried out over a period of 3 to 4 days to gain a more clear and concise form of research.

De Weerth et al. (2007) and Suhonen et al. (2022) explain, in order to collect accurate data regarding the saliva collection, toddlers are unable to consume food and drinks such as milk and juices for around 30 minutes before the collection of a saliva sample. If this information is not followed precisely it could lead to inaccurate data being collected and this could impact the research being carried out. The researcher is reliable for sharing this information clearly to parents and carers.

Parents and carers will be provided with accurate information as to how to carry out these tests with clear guidelines set reinforcing the importance of carrying the tests out at accurate times throughout the day. Jessop and Turner-Cobb (2008) argue the importance of testing toddlers at the same time every day, explaining how toddlers cannot stabilise their stress levels as they are still developing skills to do this. Testing at 9:00am one day and the 10:00 the following day can provide inaccuracies and lead to data being meaningless.

Observation:

To support the saliva testing, observations of the children within all these settings as well as at home with parents will be carried out by professionals. Collecting data through biological data as well as through observation will incorporate children emotional wellbeing as well as the levels of cortisol detected.

Although collecting saliva provides biological data, Birth to 5 Matters (Early Years Coalition, 2021) argues the importance of holistic observation, stating that tuning into the child is needed to understand the overall progress and wellbeing of children in the early years. It continues to explain how parents and practitioners should be working together to ensure this. Allowing parents and carers to complete the saliva tests on their toddlers' respects this and ensures that parents as the primary educator in their lives and ensures the wellbeing of the child is paramount through the swab tests.

As outlined in the *Developmental Pathways 0 to 3* (Welsh Government, 2022) there is great emphasis on the wellbeing of toddlers and how vital the role of the adult is in building relationships and providing a nurturing environment for children to develop and learn where they feel safe and comforted. The role of the adult holds such a high importance in the wellbeing of children in their care. Therefore, having a prominent level of understanding about childcare and development is essential, and this applies to the ability of observation too. Observing accurately provides an in-depth knowledge of the child, and this will support children in their time of emotional need as well as celebrating the milestones they achieve. Carrying out this research through the Leuven scale (Laevens 2005) will provide a metric scale linked to the wellbeing of toddlers in early years settings.

According to Laevens (2005) the Leuven scale was created to measure both the involvement and the wellbeing of children in the early years, acknowledging that a low level of involvement and wellbeing in children will impact learning and development opportunities. Through observation and acknowledging the frameworks of the Leuven scale practitioners will be able to assess the wellbeing of the child alongside using the saliva swab for a more thorough research and accurate findings.

Observers will use the guidelines set out by Laevens (2005) to record the levels of interaction and wellbeing witnessed in children. Initially, the first observation will be short and only a few minutes long 2/3 minutes. These initial smaller observations

provide a snapshot of the child, allowing the observer to get a glimpse before the child before they become a distraction. These will then be carried out furthermore on children that are showing lower levels of interaction and wellbeing at longer periods of time for a more in-depth investigation.

Whilst the observer is carrying out observations there are signs and signals that can be witnessed that provide more clarity and reliability to the observations according to (Laevers 2005). They continue explaining how a child displaying wellbeing at level 5 will display self-assurance and self-confidence as well as behaviours such as singing to themselves and having a keen sense of exploration. Whereas a child on the lower end of the scale for wellbeing may display behaviours of withdrawal, avoiding contact with others and be visibly upset and distressed. By defining this it is clear to identify spikes and dips in cortisol levels with methodology minimising subjectiveness.

However, it could be argued that observation does not always provide accurate information or a true reflection of the child being observed. The open university (n.d) shares information on the Hawthorne effect, where there is potential for people to act differently if they know they are being observed. There is a little risk of practitioners being more attentive during the sessions which could lead to observers giving out higher scores for wellbeing, however, as previously discussed in or to mitigate this, the parents and carers will carry out any swabbing, ensuring familiarity and almost a routine like activity causing the least amount of stress possible. Equally, there is potential there could be an element of parent bias when parents are carrying out any aspects of the sampling and observing. To overcome this, parents will be provided with a standardised protocol instruction leaflet, similarly to Jessop and Turner-Cobb (2008) to ensure the collection of data remains as consistent as possible.

Observations will be carried out with distance between children and the observers, allowing the children the freedom to explore the environment as they naturally would. Throughout the entire process the researcher will continuously refer to the nation convention rights of the child (United Nations, 1989) protecting the rights of the child. Particularly article 3 stating that “the best interests of the child must be the focus of all.” as well as article 12, explaining how children's views and opinions need to be respected. During any period of this research children remove themselves from the process. The wellbeing of children is paramount, and all research carried out will have this at the forefront of mind when carrying out observations and saliva swabs.

Ethical consideration

Although the outcome of this research is to collect accurate data and findings, the wellbeing of toddlers come before anything else. The methodology used in this study are supported with an ethical research plan to ensure the protection and wellbeing of those involved.

Throughout this research project, the researchers will be following the guidance of British Educational Research Association (BERA, 2018) to ensure the quality of the research carried out is ethical and of high quality. Through carrying out research with BERA in mind research will remain professional and legal ensuring laws and legislation are followed accurately without mistakes. Interactions with toddlers, families, workers, and any other person will be respectful. Tuning into the child throughout is valuable to measuring wellbeing and collecting accurate and meaningful data.

This research is being carried out on toddlers ages 12 to 36 months. Therefore, the children may not be able to consent themselves to participate in this, in this instance the parents and carers will be asked to give consent on their behalf. However, alongside this consent, it would be desirable for children that are able to do to give assent to joining in with this research project. (Palaologou 2012) explains how gaining children's assent alongside parents' consent is most favourable. Continuing explaining that children's assent and dissent will be clearly visible through participation, and are skilful communicators, it is in the role of the attentive adult to recognise this. Throughout any element of the research if a child shows any signs of discomfort or are no longer willing to continue participating, such as refusing swabbing, the researcher will recognise this as them withdrawing assent and any further sampling and observations will be discontinued, in line with the UNCRC (United Nations, 1989) article 12 – children have a voice and it should be heard and listened to.

Furthermore (Palaologou 2012) discusses ethical praxis and how being ethical is not just down to one element but instead, being conscious and constantly tuning into the children and their needs throughout the entire process. The researcher could argue that this research is carried out closely with parents, a way to share information and discuss children's wellbeing. The researcher's professional competence and

background in the early years sector ensures observations are carried out sensitively.

Before signing any documents, parents have been informed of all expectations in detail via an information sheet and are aware that they can remove themselves and their child at any point in the process without conditions. This project focuses on the wellbeing of children, and this will be continuously explained throughout the process, parents have no obligations to continue if it no longer suits their or the child's needs. (BERA, 2018) the information sheet is free from jargon and explains the full process of saliva swabs and observations clearly.

As well as gaining consent from parents it will be expected to gain approval from the early years environments that will be used during the research project. As the private nursery, playgroup and childminder will all need to consent to the project and understand the benefits of the research before any research can begin.

Throughout this research, parents and carers are heavily involved within all aspects. This decision has been made in the best interest of the child, ensure maximum comfort and less opportunity for their cortisol levels to spike higher causing further upset and uncertainty. Linking back with the United Nations Convention rights of the child (United Nations, 1989) article 3, parents are responsible for carrying out the saliva swabs, causing the least amount of distress to the children participating.

Ethical integrity is maintained throughout this research project by following the guidelines set out in The Data Protection Act (2018). All personal data and samples taken of toddlers throughout this project will remain confidential and handled with this act in mind, specifically the special category health data. In order to safeguard participants and their data, all information will be stored securely with a password protected, encrypted devices stored in a lockable cupboard, ensuring the safety and protection of all involved.

Confidentiality will be upheld throughout; however, the researcher is aware that there are circumstances in which this will not always be possible. Of course, the researcher and everyone involved has an ethical duty to break this if there was an instance where a participant was at risk of harm, whether this be a disclosure, an observation, or a biological finding. Confidentiality would need to be broken to inform emergency and any other relevant services. As stated by Social Services and Well-

being (Wales) Act 2014, This duty of care overrides any previous confidentiality agreements that have been made.

Any documentation will not hold names of participants however they will be labelled referring to the participant as 'child A. for example.

Practitioners' vulnerability

As this research is being carried out to measure the wellbeing and stress levels in children, it is also ethical to consider the affect the research has on the practitioners of the setting also. If the findings of the research explains that children show particularly higher cortisol within a private nursery setting this could have an impact on practitioners' reputations with stresses put upon them feeling judged and stressed. To mitigate this, the researcher will ensure The Data Protection Act (2018) is adhered to and all settings will be listed as settings X, Y and Z to preserve confidentiality and offer fair information. Practitioners will be reminded that the research is being carried out to identify the effects of the environment on the children's cortisol rather than their efforts, values, and attentiveness of staff members.

After all results have been analysed and processed, feedback will then be distributed back to the participants, families, and settings that participated within the research. If the findings come back that children's cortisol levels remain steady throughout their day and attending early years provisions does not impact the cortisol levels of the toddlers, the practice will remain the same without input and recommendations. However, if the feedback suggests that elements of the early years impact the wellbeing of toddlers, this could then be used to support future research and support settings in adapting and improving overall wellbeing for toddlers and parents.

Institutional compliance:

Overall, the ethical oversight of this research is University of Wales Trinity Saint David (UWTSD) Research Ethics and Integrity Policy (2025). The researcher is aware that following these guidelines is a strict obligation rather than a merely a requirement. The (UWTSD 2025) policy explains how students carrying out research must handle data and accurately, as any inaccuracies could lead to severe consequences, this could be data being destroyed or even a disciplinary action.

The researcher is aware that their actions, and how this research is carried out impacts The University of Saint David, however the university acknowledge that there is an element of risk to reputation associated with this. When working with gatekeepers such as the private nursery setting, the childminder, and the playgroup there is a level of respect and clarity needed from the researcher. Information shared clear and concisely with a straightforward view and intention is beneficial rather than jargon filled documents that has the potential to cause confusion and potential mishaps further down the line. Transparency is key. Through this, positive, professional relationships are formed with the early years sector and the risks will it mitigated with the reputation of the university and all other early year's sectors upheld. (UWTSD 2025)

Furthermore, the university policy (UWTSD 2025) explains the legal recommendations for managing information, discussing laws such as data protection, and explaining how the university is the data controller, in charge of or the data carried out in this project. this links to the collection of the saliva from the children. This methodology is acceptable as it works for the benefit for the community and it serves the public. Though following the data protection policy that is outlines through the university policy, researchers ensure that the privacy of participants is protected, any devices that hold information are securely stored and are password protected.

Reference list:

Bowlby, J. (1997) *Attachment and Loss: Vol. 1. Attachment*. London: Pimlico. (Original work published 1969).

British Educational Research Association (BERA) (2018) *Ethical Guidelines for Educational Research*. 4th edn. London: BERA. Available at: <https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018> (Accessed: 13 May 2026).

Data Protection Act 2018, c. 12. Available at: <https://www.gov.uk/data-protection> (Accessed: 15 May 2026).

Department for Education (DfE) (2010) *Childhood wellbeing: A brief overview*.

London: DfE. Available at:

<https://assets.publishing.service.gov.uk/media/5a7acd89ed915d71db8b2946/Child-Wellbeing-Brief.pdf> (Accessed: 28 April 2026).

Department for Education (2024) *Maintaining quality early years provision in the face of workforce challenges*. Available at:

<https://earlyyears.blog.gov.uk/2024/05/13/maintaining-quality-early-years-provision-in-the-face-of-workforce-challenges/> (Accessed: 4 May 2026).

De Weerth, C., Jansen, J., Vos, M.H., Maitimu, I. and Lentjes, E.G. (2007) 'A new device for collecting saliva for cortisol determination', *Psychoneuroendocrinology*, 32(8-10), pp. 1144–1148. doi: 10.1016/j.psyneuen.2007.03.005.

Dimolareva, M., Gee, N.R., Pfeffer, K., Maréchal, L., Pennington, K. and Meints, K. (2018) 'Measuring Cortisol in the Classroom with School-Aged Children—A Systematic Review and Recommendations', *International Journal of Environmental Research and Public Health*, 15(5), p. 1025. doi: 10.3390/ijerph15051025.

Early Years Coalition (2021) *Birth to 5 Matters: Guidance by the sector, for the sector*. Available at: <https://birthto5matters.org.uk/observation-assessment-and-planning/> (Accessed: 11 May 2026).

Holmes, J. (2014) *John Bowlby and Attachment Theory*. 2nd edn. London: Routledge.

Jessop, D.S. and Turner-Cobb, J.M. (2008) 'Measurement and meaning of salivary cortisol: A focus on health and disease in children', *Stress*, 11(1), pp. 1–14. doi: 10.1080/10253890701365527.

Laevers, F. (ed.) (2005) *Well-being and Involvement in Care: A Process-Oriented Self-Evaluation System (SiS)*. Brussels: Kind & Gezin.

La Placa, V., McNaught, A. and Knight, A. (2013) 'Quality of life and well-being: in search of a conceptual framework', *Journal of Health, Social and Environmental Issues*, 14(1), pp. 11-23.

McManus, E., Haroon, H., Duncan, N.W., Elliott, R. and Muhlert, N. (2022) 'The effects of stress across the lifespan on the brain, cognition and mental health: A UK biobank study', *Neurobiology of Stress*, 18, p. 100447. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9170771/> (Accessed: 3 May 2026).

Open University, The (n.d.) 'Observing children's development', *An introduction to social work*. Available at:

<https://www.open.edu/openlearn/mod/oucontent/view.php?id=99099§ion=2.2> (Accessed: 12 May 2026).

Palaiologou, I. (ed.) (2012) *Ethical Practice in Early Childhood*. London: SAGE Publications.

Sigman, A. (2011) 'The biological impact of daycare on children: a review of the evidence', *Biologist*, 25(3), pp. 14–21. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3113944/> (Accessed: 28 April 2026).

Social Services and Well-being (Wales) Act 2014, anaw 4. Available at: <https://www.legislation.gov.uk/anaw/2014/4/contents> (Accessed: 15 May 2026).

Statham, J. and Chase, E. (2010) *Childhood wellbeing: a brief overview*. London: Childhood Wellbeing Research Centre. Available at: <https://assets.publishing.service.gov.uk/media/5a7acd89ed915d71db8b2946/Child-Wellbeing-Brief.pdf> (Accessed: 3 May 2026).

Stevens, K.B. (2023) 'Raising Young Children at Home', in *Rebuilding American Capitalism*. Washington D.C.: American Compass, pp. 79–81. Available at: <https://static1.squarespace.com/static/61a6e29e6f344c078ba0d376/t/64930b5bf52a8a588583df14/1687358299583/Raising-Young-Children-at-Home.pdf> (Accessed: 5 May 2026).

Suhonen, J., et al. (2022) 'Change in toddlers' cortisol activity during a year in childcare: Associations with childcare quality, child temperament, and well-being', *Stress*, 25(1), pp. 102–112.

UNICEF UK (2019) *A summary of the UN Convention on the Rights of the Child*. London: UNICEF UK. Available at: https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf (Accessed: 13 May 2026).

University of Wales Trinity Saint David (UWTSD) (2025) *Research Ethics and Integrity Policy 2025-26*. Lampeter: UWTSD.

Welsh Government (2022) *Early childhood play, learning, and care: developmental pathways 0 to 3*. Cardiff: Welsh Government. Available at: <https://hwb.gov.wales/api/storage/56774946-48aa-4fab-adda-f27508d8dc8f/early-childhood-play-learning-and-care-developmental-pathways-0-to-3.pdf> (Accessed: 11 May 2026).