

According to Nutbrown (2012) High quality early education and care can have a positive long term impact on children's learning, development and wellbeing. Additionally, the Welsh Government (2022) states that high quality early years provision is essential to children's learning and development. Effective high-quality experiences and opportunities in the early years will have a significant positive impact, building the foundations for learning and development so that children progress through school and on into adult life. Furthermore, birth to three matters (no date) insists that a tailored pedagogy that meets each child's individual needs, improves developmental and well-being outcomes. Welsh Government (no date) asserts that It is enabling adults, effective environments and engaging experiences that ensures high-quality provision. Hoare (no date) agrees, believing that warm responsive adults with appropriate qualifications, knowledge, skills and understanding who can enable high quality interactions with children are a crucial element of quality. A high quality workforce in a high quality environment makes for a high quality experience for children. (Welsh government 2014). Quality assurance methods in early years education and care are important to ensure children's development and well-being (Palaiologou 2023).

UK Government (2010) state in Regulation 16 of the childminding and daycare (Wales) 2010 regulations that it is the legal responsibility of the designated responsible individual of registered care provisions, to ensure that there are effective arrangements in place to establish the monitoring, reviewing, improving and maintaining of quality of care. This care should be monitored and reviewed at least annually as part of a continuous improvement cycle, building on what is working well and striving for excellence. Care inspectorate wales (CIW) (2019) is the national regulatory body responsible for overseeing, inspecting and regulating care services in Wales. CIW plays a crucial role in ensuring that early years childcare providers in Wales deliver high quality care and education, ensuring settings meet the required standards for the safety, development and wellbeing of children in their care. Welsh Government (2016) state in the National Minimum Standards for regulated childcare for children up to the age of twelve years, are minimum standards produced and enforced by CIW. These standards need to be met for registration and be maintained to ensure childcare providers are safeguarding children and promoting their well-being in a quality environment. It is expected that early years provisions work

toward ensuring that these basic standards are exceeded in order to provide high quality child care. The registered person must prepare a quality of care report that must be made available to its stakeholders to view. The report includes an assessment of the standard of care and support provided and makes recommendations in regard to the improvement of service. The quality of care review is primarily for use by the childcare provider, however, the CIW may request a copy of the report as part of an inspection, for example (The Child Minding and Day Care (Wales) Regulations 2010).

Article 12 of The United Nations Convention of the Rights of the Child (UNCRC) (Unicef, no date) states that every child has the right to express their views, wishes and feelings. The need for a child centred approach, where care providers ensure that the voice of the child is heard is enshrined in The Social Services and Well-being (Wales) Act 2014 (UK Government 2014) which promotes the rights and well-being of individuals, supporting them to achieve their best personal outcomes. The quality of care review implements the rights of the child by gathering the views of the children who attend the setting, their parents and staff. The findings are analysed and the feedback used by the child care service to strive for high standards of safe quality childcare and play, offering experiences that contribute to childrens well-being outcomes as supported by The Child Minding and Day Care (Wales) Regulations 2010. (UK Government, 2010).

Sylva et al. (2010), Burchinal et al. (2017) and Vandell et al. (2010) state that by implementing the findings of the quality of care review, children's cognitive, social and emotional development will all be enhanced. Child Care Aware of America (2016) supports this, stating that a high quality environment promotes children's growth and development. The quality assessment achieved through a quality of care review will highlight strengths and weaknesses, providing practitioners with professional development by enhancing their knowledge and skill (Harms et al. 2019). A quality of care review ensures high quality provision through evidence gathered from stakeholders, there is a possibility of the data sourced being manipulated to artificially improve findings. This would undermine the integrity of the review process (Chassin and Loeb 2013). Additionally, when care providers strive to meet quality indicators the attention and resources may be diverted away from the delivery of child centred practice, tailored to the individual needs of the children and

their families. Welsh Government (2022) and Ephgrave (2020) emphasise the significance for child centred care and the important role it has on their holistic development. Therefore, it could be argued that the quality review might actually be minimising quality.

According to Crosnoe et al. (2018) and Fuller et al. (2002) quality of care reviews have proven to be popular with parents. The nature of the review means that parents are able to engage in the process, providing their views, opinions and feedback, feeling informed and happy that their children are in a safe and nurturing environment. Welsh government (2022) promotes positive relationships between practitioners and the children's families, recognising that through parents involvement in the quality of care review this is being achieved. A negative aspect of the quality of care review is the time and potential stress of the quality assurance method. Time is taken to source feedback and views from stakeholders. The quality of care report then needs to be compiled within twenty eight days, the time taken to gather, record, review and analyse feedback and findings is essentially time that could be spent providing quality experiences and care for children at the provision, potentially limiting the quality of care.

Siraj et al. (2015) reveals the Sustained Shared Thinking and Emotional Wellbeing (SSTEWS) scale as another tool used in early education and care settings to assess the quality of interactions. SSTEWS scale encourages practice that supports children from two to five years of age to develop skills in sustained shared thinking and emotional wellbeing. Moreover, Hoare (no date) states that the SSTEWS scale offers a standardised method of assessing the quality of interactions and evaluating sustained shared thinking and emotional well-being across different early years settings. Sustained shared thinking is an approach used by early years practitioners as a measure of quality that focuses on collaborative problem solving and exploration. According to Docherty (2022) sustained shared thinking promotes collaborative learning through exploration and problem solving. It encourages children to extend their cognitive abilities and think critically through direct interaction with others. Facione (2015) explains that critical thinking skills are crucial for children's intellectual development in order to enhance academic performance, promote creativity, and foster adaptability. This helps the children to learn from the world around them. The SSTEWS scale provides early years settings with informative feedback identifying areas of strength and areas for improvement whilst supporting

children's learning and emotional development (Hoare no date) and (Siraj, Kingston and Melhuish 2023).

Early intervention can ensure support for children who may be identified as experiencing low levels of well-being or emotional distress. Emotional development can also be supported as children learn to express their emotions, regulate their behaviour and develop resilience in dealing with challenges.

Ephgrave (2018) states that quality learning opportunities are achieved when the skilled practitioner is able to bring learning to the child's current focus. Practitioners are then able to share the quality interaction, extending the child's learning by contributing to their structured thinking. Furthermore, Sustained shared thinking can enhance children's language and communication skills and develop vocabulary as children engage in conversations and collaborative activities (Siraj, Kingston and Melhuish 2023). This supports Vygotsky's idea of using social interactions to encourage cognitive development. Practitioners work directly with children scaffolding their learning (Smoulcha and Smolucha, 2021). Hamre et al. (2013) believes that these high quality interactions between the adult and child go beyond minimum standards, Practitioners interactions are paramount for children's learning. Lippard et al. (2018) found that interaction quality affects levels of problem behaviours. Higher levels of interaction quality are associated with lower levels of behaviour problems. Furthermore Sylva (2004) believes that these interactions provide positive well-being and self regulation. Using a SSTEW scale to promote high quality care will ensure these vital interactions are taking place and allow improvements to be made. However, Brodie (2014) insists that interacting with children and listening is not a new idea. Although it does not cost to interact with the children, practitioners will require some training to be knowledgeable enough to implement the SSTEW scale effectively. Siraj, Kingston and Melhuish (2015) states that accurate assessment relies on understanding the criteria. Therefore if SSTEW is not implemented effectively then it will not add to the quality of care. There is also a risk that some children may dominate discussions and receive more time and attention than others leading to inequitable learning experiences, so staff will need to understand how to adapt accordingly.

MacDonald, Gealy and Tinney (2019) state that early years settings using the SSTEW scale enhance their professional development as their skills are strengthened through training and high quality interactions. These interactions are

strengthened by attachments that are created between the adult and the child. The building of relationships corresponds with Bowlby's (1969) theory of attachment; children are biologically pre-programmed to form attachments with others, because this will help them to survive. Holmes and Holmes (2006) state that through creating a strong relationship with the practitioner they will form an attachment providing them with confidence that comes with emotional resilience and security.

The SSTEWS scale also considers the emotional well-being of children within the early years setting. It assesses whether children feel secure, valued and emotionally supported by adults. This aspect of the scale examines the quality of interactions between the adult and child and how effective these are in promoting positive emotional experiences. Notably, early years settings are not a one size fits all and the SSTEWS scale does not reflect this. The physical environment and staff to child ratios are not taken into account. Practitioners may not have the time or emotional capacity to offer the quality of interaction that is needed to ensure the effectiveness of the SSTEWS scale.

According to Siraj, Kingston and Melhuish (2023) implementation of the SSTEWS Scale offers opportunities for professional growth. Through reflection on assessment results, practitioners can engage in ongoing professional development initiatives aimed at enhancing interaction quality and promoting positive outcomes for children. Furthermore, Yazejian (2015) states that professional training and development will ensure practitioners have increased knowledge and skills in order to implement high quality care and provision. Staff should be enthusiastic and passionate about utilising the SSTEWS scale, if not there poses a risk that it could be treated as a 'tick-box' activity and therefore minimise the quality or not provide accurate findings. Gilander and Jimenez (2019) reveal this limits the consistency of quality care.

The SSTEWS Scale offers reflection and self evaluation. Providing structured feedback on interaction practices, This highlights the strengths and weaknesses of individual practice. SSTEWS relies on adult facilitation (Siraj, Kingston and Melhuish. 2015). It can be seen as a challenge to implement due to time restrictions to complete as well as to train staff. Additionally if practitioners are scoring and observing, this could raise assessment bias as a concern which will then question the reliability.

Overall the SSTEW is a standardised scale that will ensure high quality interactions are taking place. If the SSTEW framework is carried out effectively settings will have a reliable and valid assessment to highlight strengths and weaknesses. Although it is important to understand the drawbacks of the framework to consider whilst assessing.

The quality of care review and the SSTEW scale are two different types of quality assurance methods that are used in early years practices. Both methods are proven to be effective tools in gaining information, offering reflection and ensuring quality care is provided to children at early education and care settings. It is important for staff to be aware of any drawbacks in order to overcome these as best they can. The positive aspects of both of these quality assurance methods outweigh the negatives and the quality of care at early years provision will be enhanced if these arrangements are in place.

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