



Early Years Foundation Stage (EYFS) government consultation: summary of proposed changes

The changes summarised below make up the proposals within a consultation regarding Section 3 of the EYFS. These changes aim to ensure the EYFS safeguarding requirements are as comprehensive as possible for providers and are suitably robust to keep children safe. This document sets out the proposed changes to existing EYFS requirements and where the changes will apply in the current childminder and group and school-based provider versions of the EYFS. It also explains whether the proposals are for consultation or clarification (where we intend to clarify wording to ease understanding of the current requirements but will not consult on the changes as there is no change of policy).

Current EYFS reference - Group and school-based provider version	Current EYFS reference - Childminder version	Section of the consultation	Proposed new wording	For consultation/ clarification?
Safeguarding policies and procedures (requirement 3.4)	N/A	Change 'lead practitioner' to 'designated safeguarding lead (DSL)'	In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The designated safeguarding lead (DSL) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Partners. All practitioners must be alert to any issues of concern in the child's life at home or elsewhere.	Consultation

Current EYFS reference - Group and school-based provider version	Current EYFS reference - Childminder version	Section of the consultation	Proposed new wording	For consultation/clarification?
N/A	Safeguarding policies and procedures (requirement 3.6)	N/A	<p>Childminders must have and implement policies and procedures to keep children safe and meet EYFS requirements. Childminders are not required to have written policies and procedures. They must be able to explain their policies and procedures to parents, carers, and others (for example Ofsted inspectors or the childminder agency with which they are registered). Childminders must ensure any assistants follow these policies and procedures. Policies and procedures should be in line with the guidance and procedures of the relevant Local Safeguarding Partners.</p>	Clarification
Safeguarding policies and procedures (requirement 3.6)	Safeguarding policies and procedures (requirement 3.7)	Safer recruitment – obtaining references and Safeguarding training information in safeguarding policies	<p>Safeguarding policies must include:</p> <ul style="list-style-type: none"> • The action to be taken when there are safeguarding concerns about a child. • The action to be taken in the event of an allegation being made against the [the member of staff/childminder or an assistant]. • How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting. • Procedures to follow to check the suitability of new recruits. • Detail of how safeguarding training is delivered and how practitioners are supported to put this into 	Consultation

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			practice.	
Safeguarding policies and procedures (requirement 3.6)	Safeguarding policies and procedures (requirement 3.7)	N/A	<p>Safeguarding policies must include:</p> <ul style="list-style-type: none"> • The action to be taken when there are safeguarding concerns about a child. • The action to be taken in the event of an allegation being made against the [the member of staff/childminder or an assistant] or against anyone living or working on the premises. 	Clarification
Concerns about children's safety and welfare	Concerns about children's safety and welfare	Child absences	<p>[Providers/Childminders] must follow up on absences in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent or carer, attempts must be made to contact the child's parents and/or carers and alternative emergency contacts. Providers must consider a child's personal circumstances and use their professional judgement when deciding if their absence should be considered as prolonged. Consideration must be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Any concerns must be referred to local children's social care services and/or a police welfare check requested.</p>	Consultation

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			<p>[Providers/Childminders] must have an attendance policy that they share with parents and/or carers. This must include expectations for reporting child absences and the actions [providers/childminders] will take if a child is absent without notification or for a prolonged period of time, for example following up with the parents and/or carers and contacting emergency contacts if parents and/or carers are not contactable.</p>	
Suitable people	Suitable people	Safer recruitment – obtaining references	<p>[Providers/Childminders who are employing assistants] must obtain a reference. Where possible, this should be before interview, as this allows any concerns raised to be explored further with the referee and taken up with the candidate at interview.</p> <p>[Providers/Childminders] should:</p> <ul style="list-style-type: none"> • not accept open references e.g. to whom it may concern • not rely on applicants to obtain their reference • ensure any references are from the candidate's current employer, training provider or education setting and have been completed by a senior person with appropriate authority • not accept references from a family member 	Consultation

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			<ul style="list-style-type: none"> • obtain verification of the individual’s most recent relevant period of employment where the applicant is not currently employed • secure a reference from the relevant employer from the last time the applicant worked with children (if not currently working with children). If the applicant has never worked with children, then ensure a reference is from their current employer, training provider or education setting • ensure electronic references originate from a legitimate source • contact referees to clarify content where information is vague or insufficient information is provided • compare the information on the application form with that in the reference and take up any discrepancies with the candidate • establish the reason for the candidate leaving their current or most recent post, and ensure any concerns are resolved satisfactorily before appointment is confirmed. 	
Suitable people (requirement	Suitable people (requirement	Safer recruitment – obtaining	Group and school-based provider version – Providers must record information about staff qualifications and the identity checks, vetting processes and references that have	Consultation

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3.14)	3.10)	references	<p>been completed (including the criminal records check reference number, the date a check was obtained and details of who obtained it).</p> <p>Childminder version – Childminders and any assistants must be suitable; they must have the relevant training and have passed any required checks to fulfil their roles. Childminders must obtain references for any childminding assistants they employ. Childminders must also ensure any person who may have regular contact with children (for example, someone living or working on the same premises where the childminding is being provided), must also be suitable.</p>	
Safeguarding training (requirements 3.24 and 3.25)	Safeguarding training (requirements 3.26, 3.27 and 3.28)	Change 'lead practitioner to designated safeguarding lead' (DSL) and Safeguarding training annex	<p>Group and school-based provider version</p> <p>3.24 Providers must ensure that all practitioners are trained in line with the criteria set out in Annex C. Providers must ensure that practitioners are supported and confident to implement the setting's safeguarding policy and procedures on an ongoing basis. Providers should read 'What to do if you're worried a child is being abused: Advice for practitioners'.</p> <p>3.25 The Designated Safeguarding Lead (DSL) must provide</p>	Consultation

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			<p>support, advice and guidance to all practitioners on an ongoing basis, and on any specific safeguarding issue as required. The DSL must attend a training course consistent with the criteria set out in Annex C.</p> <p>3.26 Training must be renewed every three years. Providers should consider whether any staff need to undertake annual refresher training during any three-year period to help maintain basic skills and keep up to date with any changes to safeguarding procedures or as a result of any safeguarding concerns that occur in the setting.</p> <p>Childminder version</p> <p>3.26 Childminders must demonstrate that they have secure knowledge and understanding of safeguarding within the EYFS and how to implement it in their setting.</p> <p>3.27 In childminding settings, the childminder is the Designated Safeguarding Lead (DSL). The DSL must attend a training course consistent with the criteria set out in Annex C. Childminders should read ‘What to do if you’re worried a child is being abused: Advice for practitioners’.</p> <p>3.28 Childminders must provide support, advice, and</p>	

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			<p>guidance to any assistants on an ongoing basis, and on any specific safeguarding issue as required. Childminders must make sure any assistants understand the setting's safeguarding policies and procedures, and have up to date knowledge of safeguarding issues. Childminders must ensure all assistants are trained in line with the criteria set out in Annex.</p> <p>3.29 Training must be renewed every three years. Childminders should consider whether they and any assistants need to undertake annual refresher training during any three-year period to help maintain basic skills and keep up to date with any changes to safeguarding procedures or as a result of any safeguarding concerns that occur in the setting.</p>	
Paediatric First Aid (requirement 3.29)	Paediatric First Aid (requirement 3.34)	PFA training footnote	[Providers/Childminders] are responsible for identifying and selecting a competent training provider to deliver their PFA training. There is no hierarchy in relation to the range of Training Providers who offer Paediatric First Aid training, however those who work under the following Bodies are fully regulated: one that is a member of a Trade Body with an approval and monitoring scheme, the Voluntary Aid Societies and those who work under Ofqual Awarding organisations. It	Consultation

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			<p>may also be helpful to refer to HSE’s guidance about choosing a first aid training provider, which can be found at: www.hse.gov.uk/pubns/geis3.htm</p>	
Staff:child ratios (requirement 3.49)	N/A	Paediatric first aid (PFA) for students and trainees	<p>Suitable students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible and if they hold a valid and current PFA qualification.</p>	Consultation
Food and drink facilities	Food and drink facilities	Safer eating section	<p>Before a child is admitted to the setting the [provider/childminder] must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the [provider/childminder] with all staff involved in the preparing and handling of food. At each mealtime and snack time [providers/childminders] must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.</p> <p>[Providers/Childminders] must have ongoing discussions with parents and/or carers and, where appropriate, health</p>	Consultation

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			<p>professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the [provider/childminder] and shared with all staff. [Providers/Childminders] may find it helpful to refer to the BSACI allergy action plan.</p> <p>[Providers/Childminders] must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. [Providers/Childminders] may find it useful to refer to the NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk).</p> <p>[Providers/Childminders] must have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions must not be made based on age. [Providers/Childminders] must prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to</p>	

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			<p>help children move on to the next stage at a pace right for the child. The NHS has some advice [providers/childminders] may find useful to refer to: Weaning - Start for Life - NHS (www.nhs.uk).</p> <p>[Providers/Childminders] must prepare food in a way to prevent choking. This guidance on food safety for young children: Food safety - Help for early years providers - GOV.UK (education.gov.uk) includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years settings.</p> <p>Babies and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.</p> <p>Children must always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent therefore it is important for [providers/childminders] to be alert to when a child may be starting to choke. Where possible, [providers/childminders] should sit facing children whilst they eat so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing</p>	

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			<p>and be aware of any unexpected allergic reactions.</p> <p>Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate.</p> <p>When a child experiences a choking incident that requires intervention, providers should record details of where and how the child choked and parents and/or carers made aware. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.</p>	
Special educational needs (requirement 3.61)	Special educational needs (requirement 3.60)	N/A	<p>Group and school-based provider version – Providers must have arrangements in place to support children with Special Educational Needs and Disabilities (SEND). Maintained schools, maintained nursery schools and all providers who are funded by the local authority to deliver early education places must have regard to the SEND Code of Practice.⁴³ Maintained schools and maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator (SENCO) and other providers (in group provision) are expected to identify a SENCO.⁴⁴ Providers who are not funded by the local</p>	Clarification

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			<p>authority may find it helpful to familiarise themselves with the early years section of the SEND Code of Practice.</p> <p>⁴³ Children and Families Act 2014 (legislation.gov.uk)</p> <p>⁴⁴ Children and Families Act 2014 (legislation.gov.uk)</p> <p>Childminder version – Childminders must have arrangements in place to support children with Special Educational Needs and Disabilities (SEND). Childminders who are funded by the local authority to deliver early education places must have regard to the SEND Code of Practice. ²⁴ Childminders are encouraged to identify a person to act as a SENCO (SEND coordinator). Childminders who are registered with a CMA, or who are part of a network, may wish to share the role between them. Childminders who are not funded by the local authority may find it helpful to familiarise themselves with the early years section of the SEND Code of Practice.</p> <p>²⁴ Children and Families Act 2014 (legislation.gov.uk)</p>	
Toilet and intimate hygiene (requirement	Toilet and intimate hygiene (requirement	Toileting and privacy	<p>[Providers/Childminders] must ensure:</p> <ul style="list-style-type: none"> • There is an adequate number of toilets and hand basins available – there should usually be separate toilet 	Consultation

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3.71)	3.70)		<p>facilities for adults.</p> <ul style="list-style-type: none"> • There are suitable hygienic changing facilities for changing any children who are in nappies. • Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting. • There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items. 	
Information about the child (requirement 3.81)	Information about the child (requirement 3.80)	Child absences	<p>[Providers/Childminders] must record the following information for each child in their care:</p> <p>Full name.</p> <p>Date of birth.</p> <p>Name and address of every parent and/or carer who is known to the provider.</p> <p>Information about any other person who has parental responsibility for the child.</p> <p>Which parent(s) and/or carer(s) the child normally lives with.</p>	Consultation

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			<p>Emergency contact details for parents and/or carers.</p> <p>Where possible, settings should hold more than two emergency contact number for each child.</p>	
N/A	N/A	Safeguarding training annex	<p>Annex C: Criteria for effective safeguarding training</p> <ol style="list-style-type: none"> 1. Training is designed for workers caring for 0-5 year olds and is appropriate to the age of the children being cared for. 2. The safeguarding training for all [practitioners/childminders and assistants] must cover the following areas: <ul style="list-style-type: none"> • What is meant by the term safeguarding. • The main categories of abuse, harm and neglect. • The factors, situation and actions that could lead or contribute to abuse, harm or neglect. • How to work in ways that safeguard children from abuse, harm and neglect. 	Consultation

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			<ul style="list-style-type: none"> • How to identify signs of possible abuse, harm and neglect at the earliest opportunity. These may include: <ul style="list-style-type: none"> • Significant changes in children's behaviour. • A decline in children's general well-being. • Unexplained bruising, marks or signs of possible abuse or neglect. • Concerning comments or behaviour from children. • Inappropriate behaviour from [practitioners/childminders and assistants or household members], or any other person working with the children. This could include inappropriate sexual comments; excessive one-to-one attention beyond what is required through their role; or inappropriate sharing of images. • Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a child may experience emotional abuse or physical abuse because of witnessing domestic abuse or coercive control or that a girl may have been subjected to (or is 	

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			<p>at risk of) female genital mutilation.</p> <ul style="list-style-type: none"> • How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way. • The setting's safeguarding policy and procedures. • Legislation, national policies, codes of conduct and professional practice in relation to safeguarding. • Roles and responsibilities of [practitioners/childminders and assistants] and other relevant professionals involved in safeguarding. <p>3. Training for the DSL should take account of any advice from the local safeguarding partners or local authority on appropriate training courses. In addition to the areas set out in paragraph 2, training for the DSL must cover the elements listed below:</p> <ul style="list-style-type: none"> • How to build a safe organisational culture. • How to ensure safe recruitment. 	

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			<ul style="list-style-type: none"> • How to develop and implement safeguarding policies and procedures. • If applicable, how to support and work with [other practitioners/assistants] to safeguard children. • Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children. • How to refer and escalate concerns (including as described at paragraph [3.8/3.9] of the EYFS). • How to manage and monitor allegations of abuse against other staff. 	