



Department
for Education

Early Years Foundation Stage (EYFS) safeguarding reforms: Summary of changes

This document sets out the planned changes to existing EYFS requirements (with new wording in **blue**) and where the changes will apply in the current childminder and group and school-based provider versions of the EYFS.

Current EYFS reference		Section(s) of the consultation response	Planned changes to existing EYFS requirements (with new wording in blue)
Group and school-based provider version	Childminder version		
Safeguarding policies and procedures (paragraph 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) lead practitioner is responsible for liaison with local statutory children's services agencies, and with the LSP (Local Safeguarding Partners). All practitioners must be alert to any issues of concern in the child's life at home or elsewhere.
Safeguarding policies and procedures (paragraph	Safeguarding policies and procedures	Safer recruitment – references and Safeguarding	Safeguarding policies must include: The action to be taken when there are safeguarding concerns about a child.

3.6)	(paragraph 3.7)	training information in safeguarding policies	• 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 practice.
Concerns about children's safety and welfare	Concerns about children's safety and welfare	Child absences	[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 patterns and trends in a child's absences and their 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. [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: implementing the setting's safeguarding procedures, following up with the parents and/or carers and contacting emergency contacts if parents and/or carers are not contactable.
Concerns about children's safety and	Concerns about children's safety and	Further comments	[Providers/Childminders] must put appropriate whistleblowing procedures in place for staff to raise concerns about poor or unsafe practice in the setting's safeguarding provision. This must include when and how to report concerns and the process that will be followed

welfare	welfare		after staff report concerns. [Providers/Childminders] must ensure staff are aware of the setting's whistleblowing procedures and must ensure all staff feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously by the senior leadership team. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other channels are open to them: • NSPCC whistleblowing advice line is available. Staff can call 0800 0280285 – 08:00 to 20:00, Monday to Friday and 09:00 to 18:00 at weekends. The email address is: help@nspcc.org.uk. Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH. • Ofsted provides guidance on how to make complaints about a childcare provider: Complaints procedure - Ofsted - GOV.UK (www.gov.uk). • General guidance on whistleblowing can be found via: Whistleblowing for employees.
Suitable people	Suitable people	Safer recruitment – references	[Providers/Childminders who are employing assistants] must obtain a reference before employment. [Providers/Childminders] should: • 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

			• 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	Suitable people	Safer recruitment – references	References should be provided for previous employees upon request in a timely manner. When asked to provide references, [providers/childminders] should ensure the information confirms whether they are satisfied with the applicant's suitability to work with children and provide the facts (not opinions) of any substantiated safeguarding concerns/allegations that meet the harm threshold*. They should not include information about concerns/allegations which are unsubstantiated, unfounded, false, or malicious. * The harm test is explained in the Disclosure and Barring service Guidance: Making barring referrals to the DBS and Section 35(4) of the Safeguarding Vulnerable Groups Act 2006.
Suitable people (paragraph	Suitable people (paragraph	Safer recruitment –	Group and school-based provider version – Providers must record information about staff qualifications and the identity checks, and vetting processes and references that have been completed (including the

3.14)	3.10)	references	criminal records check reference number, the date a check was obtained and details of who obtained it). 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 a reference 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 is suitable.
Safeguarding training (paragraphs 3.24 and 3.25)	Safeguarding training (paragraphs 3.26, 3.27 and 3.28)	Change 'lead practitioner to designated safeguarding lead' (DSL) and Safeguarding training annex	Group and school-based provider version 3.24 Providers must ensure that all practitioners are trained all staff in line with the criteria set out in Annex C. to understand their safeguarding policy and procedures and ensure that all staff have up to date knowledge of safeguarding issues. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include: • 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 from children. • Inappropriate behaviour from practitioners, 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 girl may have been subjected to (or is at risk of) female genital mutilation. Providers must ensure that practitioners are supported and confident to implement the setting's safeguarding policy and procedures on an ongoing basis. Providers should may find it helpful to read 'What to do if you're worried a child is being abused: Advice for practitioners'. 3.25 The Designated Safeguarding Lead (DSL) lead practitioner must provide support, advice and guidance to all practitioners any other staff on an ongoing basis, and on any specific safeguarding issue as required. The DSL lead practitioner must attend a child protection training course¹⁸ consistent with the criteria set out in Annex C. that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect (as described at paragraph 3.8). ¹⁸ Taking account of any advice from the LSP or local authority on appropriate training courses. Training must be renewed every two years. Providers may consider whether any staff need to undertake annual refresher training during any two-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. Childminder version 3.26 Childminders must demonstrate that they have secure knowledge and understanding of safeguarding within the EYFS and, including how to
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			implement it in their setting as part of their registration with Ofsted or a CMA. 3.27 In childminding settings, the childminder is the Designated Safeguarding Lead (DSL). The DSL Childminders must attend a child protection training course¹⁴ consistent with the criteria set out in Annex C. that helps them to identify, understand and respond appropriately to signs of possible abuse and neglect at the earliest opportunity. These may include: • 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 from children. • Inappropriate behaviour from assistants, 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 girl may have been subjected to (or is at risk of) female genital mutilation. Childminders should may find it helpful to read ‘What to do if you’re worried a child is being abused: Advice for practitioners’. 3.28 Childminders must provide support, advice, and guidance to any assistants other staff on an ongoing basis, and on any specific safeguarding issue as required. Childminders must make sure any assistants understand
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			the setting's provider's safeguarding policies and procedures, and have up to date knowledge of safeguarding issues. Any Childminders must ensure all assistants are trained ing provided to assistants must be in line with the criteria set out in Annex C enable them to identify, understand and respond appropriately to signs of possible abuse and neglect (as described in paragraph 3.9). ¹⁴ Taking account of any advice from the LSP or local authority on appropriate training courses. Training must be renewed every two years. Childminders may consider whether they and any assistants need to undertake annual refresher training during any two-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.
Paediatric First Aid (paragraph 3.29)	Paediatric First Aid (paragraph 3.34)	PFA training footnote	[Providers / Childminders] are responsible for identifying and selecting a competent training provider to deliver their PFA training. Training is available from a wide range of providers including: those who offer regulated qualifications; or the Voluntary Aid Societies (St John Ambulance, the British Red Cross and St Andrew's First Aid who together are acknowledged by the Health and Safety Executive (HSE) as one of the standard-setters for currently accepted first aid practice for first aid at work training courses); or those who operate under voluntary accreditation schemes; or one that is a member of a trade body with an approval and monitoring scheme; or those who operate independently of any such accreditation scheme. The Register of Regulated Qualifications may help providers identify PFA providers, which can be found at: http://register.ofqual.gov.uk/qualification. It may also be helpful to read HSE's guidance about choosing a first aid training provider, which can be found at: www.hse.gov.uk/pubns/geis3.htm

			Replaced with: [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 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
Staff:child ratios (paragraph 3.49)	N/A	Paediatric first aid (PFA) for students and trainees	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.
Food and drink facilities	Food and drink facilities	Safer eating section	Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate. 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. [Providers/Childminders] must have ongoing discussions with parents

			and/or carers and, where appropriate, health 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. [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). [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 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). [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. Babies and young children should be seated safely in a highchair or
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			appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised. 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 and be aware of any unexpected allergic reactions. 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.
Toilet and intimate hygiene (paragraph 3.71)	Toilet and intimate hygiene (paragraph 3.70)	Toileting and privacy	Group and school based provider version Providers must ensure: • There is an adequate number of toilets and hand basins available – there should usually be separate toilet facilities for adults. • 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.

			Childminder version Childminders must ensure: • There is an adequate number of toilets and hand basins available. • 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	Information about the child	Child absences	Where possible, settings should hold more than two emergency contact numbers for each child.
N/A	N/A	Safeguarding training annex	Annex C: Criteria for effective safeguarding training 1. Training is designed for staff 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: • 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.

			• How to identify signs of possible abuse, harm and neglect at the earliest opportunity. These may include: • 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 at risk of) female genital mutilation. • 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
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			practice in relation to safeguarding. • Roles and responsibilities of [practitioners/childminders and assistants] and other relevant professionals involved in safeguarding. 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: • How to build a safe organisational culture. • How to ensure safe recruitment. • 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. • How to ensure internet safety.
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