

Early Years Foundation Stage

Changes for September 2025

The guidance should be read alongside:

- Statutory guidance “Early Years Foundation Stage Framework safeguarding reforms” - ([Government consultation response](#)) October 2024

Safer Recruitment

Childminders and providers employing assistants must obtain references before employment and record details of staff qualifications, identity checks, vetting processes, and criminal record checks, including reference numbers and dates. All staff, including assistants and those with regular contact with children, must be suitable, trained, and pass required checks. Safeguarding policies must outline procedures for checking new recruits' suitability. References should be factual and confirm suitability to work with children, including details of substantiated safeguarding concerns meeting the harm threshold, but must exclude unsubstantiated, unfounded, false, or malicious allegations.

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.

Lead Practitioner to Designated Safeguarding Lead

Every setting must designate a practitioner as the lead for safeguarding children. The designated safeguarding lead (DSL) is responsible for coordinating with local children's services and Local Safeguarding Partners. All practitioners must remain vigilant to any concerns about the child's welfare at home or elsewhere.

Safeguarding Training Annex

Providers and childminders must ensure all practitioners are trained according to the criteria set out in Annex C, which includes safeguarding training every two years. Practitioners should be supported to implement safeguarding policies and procedures effectively, with the Designated Safeguarding Lead (DSL) providing ongoing guidance. Training should cover safeguarding concepts, abuse types, recognising signs of abuse, how to respond, and the setting's policies. Childminders, as DSLs, must ensure assistants are also trained and up to date on safeguarding issues. The DSL's training must include topics like safer recruitment, managing allegations, internet safety, and local child protection procedures. Practitioners should renew their training periodically, and refresher courses may be recommended to stay current with safeguarding updates.

Safeguarding Training Information

Safeguarding policies must outline how safeguarding training is delivered and how practitioners are supported to implement the training effectively in practice.

Paediatric First Aid for Students and Trainees

Suitable students on long-term placements, volunteers aged 17 or over, and apprentices aged 16 or over may be included in staff:child ratios at a level below their study if the provider is confident in their competence and responsibility, and they hold a valid and current PFA qualification.

PFA Training Footnote – Providers and childminders are responsible for selecting a competent training provider for Paediatric First Aid (PFA) training. There is no hierarchy among training providers, but those regulated by a Trade Body with an approval and monitoring scheme, the Voluntary Aid Societies, or Ofqual Awarding organisations are fully regulated. It is also recommended to refer to HSE guidance on choosing a first aid training provider.

[HSE Guidance](#)

Safer Eating

For food and drink facilities, a staff member with a valid paediatric first aid certificate must always be present while children are eating. Providers and childminders must gather information on each child's dietary needs, food allergies, intolerances, and health requirements before admission, and ensure all staff involved in food preparation are informed. They must collaborate with parents, carers, and health professionals to create and update allergy action plans. Staff should be aware of allergy symptoms, treatments for anaphylaxis, and how allergies can develop. Providers must prepare food to meet the child's developmental stage, considering textures and food safety to prevent choking. Children should eat in safe, distraction-free spaces, and always be within sight and hearing of staff. In case of a choking incident, providers must record the details, inform parents, and review trends to reduce future risks.

Toileting and Privacy

Providers and childminders must ensure that children's privacy is respected while balancing safeguarding and support needs during nappy changing and toileting.

Whistleblowing

Develop a clear whistleblowing policy that outlines when, how, and to whom concerns should be reported, ensuring accessibility for all staff. Provide regular training to familiarise staff with the procedures, emphasise support, and encourage reporting. Foster a culture of open communication by reassuring staff about confidentiality and protection from retaliation while taking concerns seriously. Establish clear reporting channels, including a designated lead and anonymous options, to ensure timely and fair investigations.

Notes:

