

Title: Paediatric First Aid (PFA) in early years provision		Impact Assessment (IA)		
IA No: RPC15-DfE-2356(2)		Date: 15/10/15		
Lead dept. or agencies: Department for Education		Stage: Consultation		
Other dept. or agencies		Source of intervention: Domestic		
		Type of measure: Regulatory		
		Contact for enquiries: Paul Oates, Tel: 0207 783 8146		
Summary: Interventions and Options		RPC Opinion:		
Cost of preferred (or more likely) Option				
Total Net Present Value	Business Net Present Value	Net Cost to business per year (EANCB on 2009 prices)	In scope of OITO?	Measure qualifies as
-£29,778,310	-£27,479,389	£2,391,765	YES	IN

**What is the problem under consideration? Why is government intervention necessary?.**

Following a tragic incident in a nursery class, the Coroner for the case wrote to the Secretary of State recommending that all nursery staff have mandatory paediatric first aid training (PFA). The Government wants to take account of the recommendation, subsequently the subject of a 103,000 signature petition, parliamentary debate and a national review. The review has shown that parents would welcome additional reassurance that their children are safe through increased PFA provision. The Government believes that it should increase such provision so that accidents can be prevented and in this way demonstrate the importance of child safety and PFA without making PFA training mandatory for all childcare staff, and, in doing so, to generally raise the expertise of the workforce to deal with the health issues that children attending childcare settings may have. We propose to do this by building relevant first aid training into the qualification requirements for new entrants to the workforce. This will significantly increase the number of staff trained in PFA without placing a disproportionate cost on business compared to the cost of mandatory training for all staff. Government intervention is needed as changes need to be made to the Statutory Framework for the Early Years Foundation Stage.

**What are the policy objectives and the intended effects?**

To embed paediatric first aid training in the qualification requirements for new entrants to the early years workforce and thereby, over time, significantly increase the number of staff trained in paediatric first aid. This, along with a quality mark scheme, will help to raise the overall skill level of staff in the sector, help nurseries to give more reassurance to parents that staff are well trained and able to help their children where there are routine health issues or when first aid is required or there is a medical emergency. Nurseries will be able to provide a safer environment for children in which there is a raised medical awareness, better accident prevention and improved first aid skills. Significant numbers of providers already train all of their staff in PFA. Encouraging all childcare providers to apply for a quality mark will ensure that such providers are recognised for the PFA provision they already have and encourage the rest to raise their standards too.

**What policy options have been considered, including any alternatives to regulations? Please justify preferred option (further details in Evidence Base).**

Option 1 - Make no changes to the existing requirements.

Option 2 - Retain existing requirement and in addition introduce a voluntary quality mark scheme aimed at encouraging providers to train all staff in PFA. **Preferred Option (in combination with Option 4).**

Option 3 - Require all staff to have some form of PFA training (this is what the petition called for and could be a full PFA certificate for all or a full PFA certificate for some and emergency first aid training for everyone else)

Option 4 - Retain existing requirements and adopt a quality mark scheme (see option 2), **and** make it a requirement that newly qualified early years staff (with a level 2 or level 3 childcare qualification) must have a paediatric first aid or emergency paediatric first aid certificate before they can be included in the required adult:child ratios in an early years setting. – **Preferred Option (in combination with Option 2)** – this will meet the policy objective and intended effect.

Option 5 - Retain existing requirement and in addition require a greater proportion of staff to have PFA training (this could be a full PFA certificate or some staff members having emergency first aid training).

**ANNEX A**

<b>Will the policy be reviewed?</b>	Yes	If applicable, set review date		TBC	
Does implementation – go beyond minimum EU requirements?				N/a	
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base	Micro YES	<20 YES	Small YES	Medium YES	Large NO
What is the CO <sup>2</sup> emissions equivalent change in greenhouse gas emissions?			<b>Traded</b>	<b>Non-traded:</b>	
<i>I have read the IA and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.</i>					
Signed by the responsible SELECT SIGNATORY:				Date:	

<b>Summary: Analysis &amp; Evidence</b>			Policy Option 1 (status quo)		
Description: FULL ECONOMIC ASSESSMENT					
<b>Price Base Year:</b> 2015	<b>PV Base Year:</b> 2015	<b>Time Period Years:</b> 10	<b>Net Benefit (Present Value (PV))</b>		
			<b>Low:</b> N/A	<b>High:</b> N/A	<b>Best Estimate:</b> N/A

<b>COSTS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	0	10	0	0
<b>High</b>	0		0	0
<b>Best Estimate</b>	0		0	0

**Description and scale of key monetised costs by 'main affected groups'**

None

**Other key non-monetised costs by 'main affected groups'**

None

<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	0		0	0
<b>High</b>	0		0	0
<b>Best Estimate</b>	0		0	0

**Description and scale of key monetised benefits by 'main affected groups'**

None

**Other key non-monetised benefits by 'main affected groups'**

None

**Key assumptions/sensitivities/risks**

**Discount rate (%) \_\_\_\_\_**

**BUSINESS ASSESSMENT (Option 1)**

<b>Direct impact on business (Equivalent Annual)</b>			<b>In scope of OITO?</b>	<b>Measure qualifies as</b>
<b>Costs:</b> £0	<b>Benefits:</b> £0	<b>Net:</b> £0	N/A	N/A

<b>Summary: Analysis &amp; Evidence</b>			Policy Option 2 (voluntary quality mark)		
Description: FULL ECONOMIC ASSESSMENT					
<b>Price Base Year:</b> 2015	<b>PV Base Year:</b> 2015	<b>Time Period Years:</b> 10	<b>Net Benefit (Present Value (PV))</b>		
			<b>Low:</b> N/A	<b>High:</b> N/A	<b>Best Estimate:</b> N/A

<b>COSTS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	Not Quantified	10	Not Quantified	Not Quantified
<b>High</b>	Not Quantified		Not Quantified	Not Quantified
<b>Best Estimate</b>	Not Quantified		Not Quantified	Not Quantified

#### **Description and scale of key monetised costs by 'main affected groups'**

Employers: Application fees for the quality mark. We are unable to calculate the monetised cost at this stage as the scheme will be voluntary and it is not clear how many providers will apply. We expect to have a fuller evidence base for the final IA once the procurement for the quality mark is underway (summer 2015) and a contractor to develop and manage the mark is appointed (autumn 2015).

The cost to DfE will be £75k in 2015-16. The availability of funding beyond 2015-16 is subject to the outcomes of the next spending review, though any amount needed is likely to be modest. The cost of the scheme to individual providers is likely to be in the region of £50 per applicant for the mark but exact costs will be explored with the contractor once appointed and reflected in the final IA.

#### **Other key non-monetised costs by 'main affected groups'**

None identified at this stage but we will review for the final IA.

<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	Not Quantified		Not Quantified	Not Quantified
<b>High</b>	Not Quantified		Not Quantified	Not Quantified
<b>Best Estimate</b>	Not Quantified		Not Quantified	Not Quantified

#### **Description and scale of key monetised benefits by 'main affected groups'**

#### **Other key non-monetised benefits by 'main affected groups'**

The key non-monetised benefits primarily relate to the welfare and safety of young children, which

is hard to quantify, but we believe they are likely to be considerable over time.

For parents: increased assurance that their children are safe and well looked after in an emergency situation.

For employers: Increasing the number of PFA trained staff will raise safety awareness and reduce the likelihood of accidents involving children.

**Key assumptions/sensitivities/risks**

**Discount rate (%)** \_\_\_\_\_ 3.5 \_\_\_\_\_

Our intention is to create an incentive to childcare providers to voluntarily train all their staff in PFA rather than requiring all of them to be trained through regulation. However, at this stage we do not know how many nurseries currently train all their staff or how many would be encouraged to do this by the creation of the quality mark. We expect that initially the majority of applications for the quality mark will come from nurseries that have **already** trained all their staff. This means there is likely to be a limited impact/benefit in terms of more nursery staff being trained in the short term, therefore the preferred option is to combine this with a regulatory route to guarantee at least 15,000 extra staff trained per year. We will test this and explore the likely take-up with the contractor of the quality mark (once appointed). We will also discuss with them how they will encourage other childcare providers to train all their staff and apply for the quality mark. We will review the costs and benefits for the final IA in light of the latest evidence.

**BUSINESS ASSESSMENT (Option 2)**

**Direct impact on business (Equivalent Annual)**

**In scope of OITO?**

**Measure qualifies as**

**Costs:**  
£TBC

**Benefits:**  
£TBC

**Net:**  
£TBC

N/A

N/A

<b>Summary: Analysis &amp; Evidence</b>			Policy Option 3 (require all staff to have training)		
Description: FULL ECONOMIC ASSESSMENT					
<b>Price Base Year:</b> 2015	<b>PV Base Year:</b> 2015	<b>Time Period Years:</b> 10	<b>Net Benefit (Present Value (PV))</b>		
			<b>Low:</b> -£321,007,691	<b>High:</b> - £266,575,509	<b>Best Estimate:</b> - £302,863,631

<b>COSTS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>		10	£32,303,282	£266,575,509
<b>High</b>			£38,848,282	£321,007,691
<b>Best Estimate</b>			£36,666,616	£302,863,631

#### Description and scale of key monetised costs by 'main affected groups'

Employers: fees for one day of paediatric first aid training.

Employers: cost of one day's pay for paid employees when they are on the paediatric first aid training course.

#### Other key non-monetised costs by 'main affected groups'

We have not estimated the costs to providers of Level 2 and Level 3 childcare qualifications from redesigning their courses in order to incorporate paediatric first aid training. These will all be public sector bodies and therefore out of scope of OITO. We have also not monetised any negligible familiarisation costs to childcare providers.

<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	Not Quantified		Not Quantified	Not Quantified
<b>High</b>	Not Quantified		Not Quantified	Not Quantified
<b>Best Estimate</b>	Not Quantified		Not Quantified	Not Quantified

#### Description and scale of key monetised benefits by 'main affected groups'

#### Other key non-monetised benefits by 'main affected groups'

Parents: increased assurance that their children are safe and well looked after in an emergency situation.

Employers: increasing the number of PFA trained staff will raise safety awareness and reduce the likelihood of accidents involving children.

**Key assumptions/sensitivities/risks**

**Discount rate (%)** 3.5

Assume that 30% of staff are already trained.

Courses cost between £50-£150. Assume that the average cost nationally is at the mid-point of this range.

Assume 15,000 new qualifiers per year, 66% have Level 2 and 33% have Level 3, as is currently the case. Assume that they all work in the early years sector.

The overall number of staff in the sector who need training remains the same throughout the period.

Low cost scenario assumes that 50% of staff are already trained.

High cost scenario assumes that 20% of staff are already trained.

### **BUSINESS ASSESSMENT (Option 3)**

<b>Direct impact on business (Equivalent Annual)</b>			<b>In scope of OITO?</b>	<b>Measure qualifies as</b>
<b>Costs:</b> £24,325,715	<b>Benefits:</b> £0	<b>Net:</b> - £24,325,715	Yes	In

<b>Summary: Analysis &amp; Evidence</b>			Policy Option 4 (require newly qualified L2/L3 staff to have training)		
Description: FULL ECONOMIC ASSESSMENT					
<b>Price Base Year:</b> 2015	<b>PV Base Year:</b> 2015	<b>Time Period Years:</b> 10	<b>Net Benefit (Present Value (PV))</b>		
			<b>Low:</b> -£39,704,413	<b>High:</b> -£19,852,207	<b>Best Estimate:</b> -£29,778,310

<b>COSTS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>		10	£2,553,642	£19,852,207
<b>High</b>			£5,107,284	£39,704,413
<b>Best Estimate</b>			£3,830,463	£29,778,310

**Description and scale of key monetised costs by 'main affected groups'**

Employers: fees for one day of paediatric first aid training.

Employers: cost of one day's pay for employees when they are on the paediatric first aid training course.

**Other key non-monetised costs by 'main affected groups'**

We have not estimated the costs to providers of Level 2 and Level 3 childcare qualifications from adapting their courses in order to incorporate paediatric first aid training. These will all be public sector bodies and therefore out of scope of OITO. We have also not monetised any negligible familiarisation costs to childcare providers.

<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	Not Quantified		Not Quantified	Not Quantified
<b>High</b>	Not Quantified		Not Quantified	Not Quantified
<b>Best Estimate</b>	Not Quantified		Not Quantified	Not Quantified

**Description and scale of key monetised benefits by 'main affected groups'**

**Other key non-monetised benefits by 'main affected groups'**

Parents: increased assurance that their children are safe and well looked after in an emergency situation thereby providing further incentives for more parents to use childcare particularly as we are concurrently expanding the 3-4 year-old free entitlement to 30 hours to enable more parents to work.

Employers: Increasing the number of PFA trained staff will raise safety awareness and reduce the likelihood of accidents involving children and enable staff to better treat any accidents that do occur.

**Key assumptions/sensitivities/risks**

Assume 15,000 new qualifiers per year, 66% have Level 2 and 33% have Level 3, as is currently the case. Assume that they all work in the early years sector.

**Discount rate (%)**

3.5

The costs of training range between £50-£150. Assume that the average cost nationally is at the mid-point of this range. It is assumed 100% of the initial training costs are borne by



early years training providers rather than individuals before hiring. The cost of renewing the training every three years is met by employers.

Costs could rise if the demand for newly qualified workers rises, the costs of training rises or if pay rises significantly from current levels.

**BUSINESS ASSESSMENT (Option 4)**

Direct impact on business (Equivalent Annual)			In scope of OITO?	Measure qualifies as
<b>Costs:</b> £2,391,765	<b>Benefits:</b> £0	<b>Net:</b> -£2,391,765	Yes	In

<b>Summary: Analysis &amp; Evidence</b>			<b>Policy Option 5 (require a greater proportion of staff to have training)</b>		
<b>Description:</b>					
<b>FULL ECONOMIC ASSESSMENT</b>					
<b>Price Base Year: 2015</b>	<b>PV Base Year: 2015</b>	<b>Time Period Years: 10</b>	<b>Net Benefit (Present Value (PV))</b>		
			<b>Low:</b> -£42,201,100	<b>High:</b> -£126,603,300	<b>Best Estimate:</b> -£84,402,200

<b>COSTS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>		<b>10</b>	<b>£5,065,344</b>	<b>£42,201,100</b>
<b>High</b>			<b>£15,196,033</b>	<b>£126,603,300</b>
<b>Best Estimate</b>			<b>£10,130,689</b>	<b>£84,402,200</b>

#### **Description and scale of key monetised costs by 'main affected groups'**

Employers: fees for one day of paediatric first aid training.

Employers: cost of one day's pay for employees when they are on the paediatric first aid training course.

#### **Other key non-monetised costs by 'main affected groups'**

We have not estimated the costs to early years training providers from adapting their courses in order to incorporate paediatric first aid training. These will all be public sector bodies and therefore out of scope of OITO. We have also not monetised any negligible familiarisation costs to childcare

providers.

<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price)</b>	<b>Years</b>	<b>Average Annual (excl. Transition) (Constant Price)</b>	<b>Total Cost (Present Value)</b>
<b>Low</b>	<b>Not Quantified</b>		<b>Not Quantified</b>	<b>Not Quantified</b>
<b>High</b>	<b>Not Quantified</b>		<b>Not Quantified</b>	<b>Not Quantified</b>
<b>Best Estimate</b>	<b>Not Quantified</b>		<b>Not Quantified</b>	<b>Not Quantified</b>

#### **Description and scale of key monetised benefits by 'main affected groups'**

#### **Other key non-monetised benefits by 'main affected groups'**

Parents: increased assurance that their children are safe and well looked after in an emergency situation.

Employers: Increasing the number of PFA trained staff will raise safety awareness and reduce the likelihood of accidents involving children.

#### **Key assumptions/sensitivities/risks**

**Discount rate (%) \_\_\_\_\_3.5\_\_\_\_\_**

Employers train 2 extra paid staff, which can be any staff member in the setting – 1 member of staff for the 'low cost' scenario and 3 members of staff for the 'high cost' scenario. **Courses cost between £50-£150.**

Assume that the average cost nationally is at the mid-point of this range.

It is difficult to estimate how many additional trained PFA staff would be needed given the wide variation in layout of premises and numbers of children of varying ages.

#### **BUSINESS ASSESSMENT (Option 5)**

<b>Direct impact on business (Equivalent Annual)</b>	<b>In scope of OITO?</b>	<b>Measure qualifies as</b>

<b>Costs:</b> <b>£6,779,103</b>	<b>Benefits:</b> <b>£0</b>	<b>Net:</b> - <b>£6,779,103</b>	<b>Yes</b>	<b>In</b>
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## Evidence Base

1. **Problem** – to respond to the coroners statement, the campaign led by Mr and Mrs Thompson, the parents of a child who died at a nursery, and their subsequent petition that all staff in nurseries should have mandatory PFA training, and to provide extra reassurance and encouragement to parents to access childcare and demonstrate the importance of child safety and PFA. The Government wants to increase the number of nursery staff with this training, and provide a proportionate response to the demands, made via a petition, for all nursery staff to have PFA training. The Government has to act because the ‘Thompson’ case revealed to parents that it is not mandatory at present which is a source of worry and concern as many can’t see why this should be the case.
2. We want to ensure that there are enough staff with PFA training available to cover staff leave. From discussions with early years providers we estimate that around 30% of staff already have PFA training (this information is not collected centrally). This leaves some 458,150 early years staff that would need training if the coroner’s recommendation is accepted.
3. The Statutory Framework for the Early Years Foundation Stage (EYFS), which is the relevant regulatory measure for these arrangements, already makes clear that at least one person with a current PFA certificate must be on the premises and available at all times when children are present, and must accompany children on outings. PFA training must be appropriate for workers caring for young children and, where relevant, babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond quickly to emergencies. This means in practice that providers need more than one paediatric first aider so that cover can be provided for holidays and sickness. In addition, large premises with several rooms and or with more than one floor need more PFA trained staff to enable that quick response. We estimate that about 30% of providers already have all their staff PFA trained. These providers have found that it makes it easier to deal with cover for sickness and holidays etc.
4. However, the response to the petition has shown that these requirements do not provide enough reassurance to parents about current PFA provision in early years settings and findings from our review show that it would be possible to prevent at least some accidents, thereby reducing the number of children injured.
5. In order to find a proportionate response, the preferred option must ensure that the risk of harm to children will be reduced and that they will be safer. It also needs to show that it adequately addresses the concerns raised by the coroner and those who signed the petition.
6. **Rationale for intervention** – The coroner’s statement and the petition demanded that all nursery staff have mandatory PFA training. The sheer scale of the petition has shown that a significant body of parents do not believe their children are always safe and so would welcome additional reassurance of that. The Government does not want this to be a disincentive to parents accessing childcare at a time when it is radically increasing the free entitlement for 3 and 4 year-olds and so that more parents can access sufficient childcare to return to work.
7. This is supported by a survey conducted by Child Accident Prevention Trust (CAPT) for Child Safety Week in 2012, which showed that 78% of parents with children aged 0-16 say that their child’s safety is of paramount importance. 71% of parents of 0-5 year-olds were worried about their child having a bad accident.

## Injury Statistics

8. Unintentional injuries are a leading cause of preventable death for children under five and a major cause of ill health and serious disability. [The 'Reducing unintentional injuries in and around the home among children under five years' report from Public Health England](#) (PHE), which worked with CAPT and the Royal Society for the Prevention of Accidents (ROSPA), published in June 2014, reveals that, each year, across England:
  - 62 children under five die following accidents
  - 40,000 under-fives are admitted to hospital
  - around 450,000 under-fives attend A&E.
9. Between 2008 and 2012, 311 children aged under five years died from unintentional injuries compared with 199 aged 5 to 14 years.
10. The DfE collects information on reviews of child deaths that were completed each year. There were 2,803 child death reviews for children aged 0-4 in England in 2013/14. However, the statistics cannot be broken down to show how many were in early years settings. Neither is there a breakdown of cause of death by age group, but there were 84 deaths across all age groups caused by types of accident or trauma (other than road traffic accidents of which there were 86). The DfE does not require childcare providers to submit data on injuries to children.
11. Statistics compiled by the Health and Safety Executive (HSE) on serious injury to children in childcare aged 1 to 5 notified under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) show that there were 2187 cases, including 2 which resulted in fatality, in the four years from 2010 to 2014. This figure only includes those children who were taken to hospital and is limited to those where an employer may be at fault such as inadequate supervision, faulty equipment or poorly maintained premises.
12. The RIDDOR statistics are the best data we have about the number of accidents and injuries to under-fives in early years settings. However, they do not include cases where there is already a medical condition or accidents where a child is not taken to hospital. Paediatric first aiders are required to deal with a wide range of medical conditions, such as asthma attacks and diabetes, as well as accidents varying in severity – everything from minor cuts and bruises to children unconscious or not breathing. The statistics do not show the total number of incidents that first aiders have to deal with in childcare settings.

## Cost of injuries

13. There are no studies/statistics which show estimates for the cost of injuries sustained in a childcare setting, but we believe that the cost associated with injuries sustained at home provide the closest equivalent costs for injuries sustained in a childcare setting. In addition to the devastating impact of childhood death, acquired disability and serious injury on families, there are significant costs for the NHS and for local authority social care services. A fall can result in permanent brain damage. The injuries can have major effects on education, employment, emotional wellbeing and family relationships. The PHE/CAPT/ROSPA report shows that the short-term average healthcare cost of an individual injury (all types) is £2,494 for under-fives and the wider costs of a serious home accident for a child aged 0 to 4 years has been estimated at £33,200.
14. There are also significant costs to local authorities and to society as a whole. For example, a traumatic brain injury (TBI) to a child under five from a serious fall may result in acquired disabilities which lead to high education and social care costs as well as loss of earnings to

families and benefit costs to the state. The approximate lifetime costs for a 3 year-old child who suffers a severe TBI is £4.89m.

15. The PHE/CAPT/ROSPA report shows that choking, suffocation and strangulation result in the highest number of deaths for the under-fives (138). Choking on food and vomit is the leading cause of death particularly amongst the under twos. The two deaths recorded under RIDDOR were both caused by choking on food. A third death of a 3 year-old child occurred when she fell off a swing and was strangled by it. There was also a death at a nursery in 2007 which was caused by strangulation. In this case the companies with responsibility for the nursery were, in 2013, fined £150,000 for health and safety breaches plus £70,000 costs. An individual member of staff was fined £2,400.
16. The same report shows that falls at home lead to the most injury-related admissions for the under-fives: 93,315 falls compared to 2,024 for choking, suffocation and strangulation. They are the third most common cause of death for this age group (24). In March 2011, a child at a nursery sustained a serious skull fracture after colliding with another child and falling head first down some steps onto a concrete floor during a fire practice. The owner of the nursery was fined £23,500.

### **Benefits of first aid training**

17. St John Ambulance have provided some statistics which demonstrate the practical value of trained first aiders in the workplace. There is a 71% likelihood of first aiders using their skills during the three years of initial training, with 45% of these using their skills within 12 months of qualifying. In the workplace, 59% of first aiders have used their skills to help a colleague, 16% a visiting member of the public and 15% on others, including school children in a school. Of those 61% who have performed first aid outside of the workplace, 46% performed first aid on a family member, 22% on a friend or acquaintance and 17% on a stranger.
18. Evidence from the National Day Nurseries Association (NDNA), gathered while compiling guidance and case studies on good practice in PFA, suggests that where providers have a high proportion of staff with PFA training the level of confidence, particularly when helping children with complex medical conditions, and overall competence in caring for children increases significantly. These staff are also more able to work together in a team where a situation calls for that. In addition, because they have a greater knowledge of the causes of accidents, they are better placed to prevent them in the first place.
19. The NDNA case studies indicate that where a high proportion of staff are PFA trained, the culture creates a climate which is proactive rather than reactive in addressing concerns. Staff are more likely to take action to prevent accidents than only to react to improve premises or equipment etc. after an accident. Nurseries that have a raised awareness of safety issues regularly include discussion on safety, and first aid in particular, in staff meetings and actively update one another if procedures need to change or where first aid techniques change. Such settings also tend to be more able to deal with children who have complex medical needs.
20. Although precise figures are not known we do know that many childcare providers exceed the requirements in the EYFS on PFA. The NDNA workforce survey of their members in 2015 has shown that some 72% of providers exceed the EYFS requirements. Approximately one third of those providers report that all their staff, including support staff, are PFA trained.
21. The NDNA found that when an accident occurs, staff are more able to respond quickly and to support one another, thus ensuring that the incident is dealt with effectively and in a way that minimises distress to other children. It also allows for situations where one member of staff

'freezes' or panics and fails to act, thus ensuring another member of staff is available. The fact that a paediatric first aider 'froze' and was unable to react appropriately as a child began to choke was a major factor in the incident that was the subject of the coroner's enquiry.

22. Whilst we can't be absolutely certain exactly how many accidents or injuries can be prevented or treated as a result of more staff having PFA training, we know that it can make a big difference. St John Ambulance and the British Red Cross both say that the quicker the response to an accident, the better the outcome for the patient and this is particularly true in life threatening cases. For example, having a member of staff able to deal with a medical emergency close by and other staff able to respond appropriately to any instructions given by the first trained person on the scene means that the emergency services can be called quickly or assistance with CPR can be given. During the first month of the St John Ambulance 'Chokeables' campaign (which through a short online video clip demonstrated how to save a choking baby) 13 babies and 8 older children were reported as being saved.

### **Break even analysis**

23. Based on the RIDDOR statistics, we estimate an average of 437 injuries to young children in childcare settings requiring hospital treatment per year (where the employer may be at fault). If 5% of these injuries (22) were prevented each year at £2,494<sup>1</sup> this could save £54,868 at average healthcare costs; if more serious injuries were prevented at a cost of £33,200<sup>2</sup> each, this could save £730,400. If 10% of the injuries (44) are prevented, the respective savings at average costs would be £109,736 or for serious injury £1,460,800. As more newly qualified staff are trained each year, the likelihood of them being able to treat accidents and injuries on the spot, thus preventing the need for subsequent medical treatment by a GP or hospital, increases.
24. The approximately £2.5 million cost of training 15,000 more staff a year in preferred option 4 is potentially the equivalent of preventing 1,020 short term accidents at a cost of £2,494 each or 75 serious accidents at £33,200. However, we recognise we need to improve our evidence base and will ask in the consultation about costs and benefits of increasing PFA provision in order to inform the final stage Impact Assessment.

### **Summary/conclusion**

25. The Government wants to take account of the coroner's concerns and the weight of parents' concerns as shown by the petition. The aim of these proposals is therefore to raise the skill level in the sector, and to demonstrate the importance of child safety and PFA in particular by showing that staff are able to deal with health issues, have a high awareness of measures to prevent accidents and respond more quickly and effectively when accidents or medical emergencies occur (thus preventing the need for further medical treatment) by having more staff trained.
- 26. Our preferred option is to combine Options 2 (voluntary quality mark) and 4 (requirement for all newly qualified L2/L3 staff to have PFA training). Over time, this will significantly increase the number of staff trained in paediatric first aid, thus demonstrating a greater commitment to children's safety and care. It will also give parents more confidence in using childcare, respond proportionately to the coroners recommendation, reduce the number of accidents in early years provision and ensure that accidents which do occur are better treated.**

<sup>1</sup> ['Reducing unintentional injuries in and around the home among children under five years', Public Health England, June 2014](#)

<sup>2</sup> ['Reducing unintentional injuries in and around the home among children under five years', Public Health England, June 2014](#)



27. The Government's overarching policy objective is to ensure there is sufficient provision of high quality, affordable childcare that meets the needs of parents, and helps them either to find or remain in work. Reassuring parents about the safety of children whilst in childcare is a key factor in removing disincentives to parents accessing childcare. However, we also want to ensure that Government is not placing unnecessary burdens on childcare providers which inhibit their operation (including cost burdens), causing negative impact on the supply of childcare in the market. We will however explore these issues through the consultation.

### Options:

#### **Option 1 - Make no changes to the existing requirements, i.e. do nothing.**

1.1 The current EYFS requirements are that at least one person who has a current PFA certificate must be on the premises and available at all times when children are present, and must accompany children on outings. PFA training must be appropriate for workers caring for young children and, where relevant, babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

1.2 Childcare providers are responsible for meeting the needs of all the children in their care. This means that it is expected that providers will consider carefully how many trained paediatric first aiders there need to be; and to be accountable for that. This means in practice that providers will usually have more than one paediatric first aider so that cover can be provided for holidays and sickness. However, in large premises with several rooms and or with more than one floor there should additionally be more PFA trained staff to enable that quick response.

1.3 Although the Government has regarded the current requirements in the EYFS as sufficient to keep children safe in settings, i.e. that there is always someone trained and able to respond immediately, the national review has shown that parents would welcome additional reassurance that their children are safe by guaranteeing providers ensure that high numbers of staff are PFA trained. The Government does not want to hinder parents' use of childcare and recognises the importance of parents feeling that their children are safe and well cared for in the event of an emergency. The Government therefore believes that increasing the number of trained PFA staff will have the effect of reassuring parents, removing a disincentive to parents accessing childcare, raising the skill level and confidence amongst early years practitioners, reducing the number of accidents through a raised awareness of accident prevention and better treatment of accidents which do occur.

#### **Option 2 (non-regulatory) - Retain existing requirement and in addition introduce a voluntary quality mark scheme aimed at encouraging providers to train all staff in paediatric first aid (Preferred option alongside Option 4)**

2.1 The current requirements (set out in Option 1) above have not provided the assurance needed by parents that their children are safe and will be well cared for in the event of an emergency. The effect of the quality mark will help to increase the number of trained PFA trained staff so as to provide the reassurance that parents want and should have the added effect of reducing accidents.

2.2. A quality assurance scheme will be introduced in early 2016. It will not require regulatory change and participation will be entirely at the discretion of the early years provider, including schools. In order to achieve the 'mark' all staff caring for children will need to have either a PFA certificate or an Emergency PFA certificate.

2.3 The cost to DfE will be £75k in 2015-16 and will be met from the existing Early Years programme budget. The availability of funding beyond 2015-16 is subject to the outcomes of the next spending review, though the modest amounts likely to be involved here should not present a significant issue in terms of affordability for the Department. The cost of the scheme to individual providers is likely to be in the region of £50 per applicant for the mark but exact costs will be explored with the contractor once appointed.

2.4 Our intention is to create an incentive to childcare providers to voluntarily train all their staff in PFA rather than requiring all of them to be trained through regulation. However, at this stage we do not know how many nurseries currently train all their staff or how many would be encouraged to do this by the creation of the quality mark. We expect that initially the majority of applications will come from nurseries which have already trained all their staff. This means there could be a limited impact/benefit in terms of more nursery staff being trained in the short term. Our preferred option is therefore to combine this with a regulatory route to guarantee at least 15,000 extra staff trained per year. We will explore likely take-up of the quality mark with the contractor and discuss with them how they will encourage applications not just from nurseries which have already trained most or all their staff, but from all childcare providers regardless of the numbers already trained.

2.5 Although this scheme will raise the profile of PFA and become a recognisable brand when parents are looking for childcare provision, the fact that it is voluntary couldn't guarantee on its own that all providers would significantly increase the number of staff trained. In addition the fact that the scheme would be voluntary is likely to mean that although good and outstanding childcare provision are likely to see it as a useful marketing tool to attract parents, weaker providers with a lower standard of care are less likely to take it up and so a regulatory route is also appropriate in order to ensure an increase the numbers of trained PFA staff in all childcare provision. The Government **therefore believes that this scheme should be introduced but that it is not enough on its own to guarantee to significantly increase the number of trained staff.**

### **Option 3 - Require all staff to have some form of PFA training (this could be a full PFA certificate for all or a full PFA certificate for some and emergency first aid training for everyone else)**

3.1 This option would fully meet the coroner's concerns and the demands made by the e-petition on PFA.

3.2 The current paediatric first aid training requirement in the EYFS is a two day course resulting in a qualification which must be renewed every three years. Anecdotal evidence and knowledge of the sector suggests that at least 30% of early years staff already hold this qualification. This leaves some 458,150 without training. Requiring the remaining 70% of staff (including those in schools) to train would incur an average annual cost in the region of £36.7m over the 10 year appraisal period based on a cost of £100 per day per person for the training course plus staff costs. This assumes that the policy is phased in gradually: one-third of those in the sector without training become qualified in each of the first 3 years. It also assumes that all newly qualified staff entering the sector will require training and that everyone will require re-training every 3 years. In present value terms, the total costs associated with Option 3 amount to £302.8m over the ten year period. Over time this will have the effect of increasing the expectation that PFA training would become an integral part of early years training courses. The low cost scenario assumes that 50% of the staff are already trained, giving an annual cost of £32.3m and a ten year cost of £266.6m. For the high cost scenario with 20% of staff trained the respective costs are £38.8m and £321m.

3.3 Although the Government recognized that this option would be particularly welcome to parents, mandating such training for all staff, on either course, is likely to be seen by the early years sector, including schools, as a disproportionate response both in terms of cost and burdens

to the to the sector in the short-term. Any large increase in the number of trained staff amongst existing employees would need sufficient time for the sector to adjust. The Government believes that it is right to focus on newly qualified staff having this training rather than trying to train all staff retrospectively and that the mandatory training of all staff would be a disproportionate response. The introduction of a voluntary quality mark as set out in Option 2 and ensuring new Level 2 and Level 3 staff are trained in PFA (Option 4), will have the effect of substantially increasing the number of PFA trained staff without the need for a full regulatory approach.

**Option 4 - Retain existing requirements, adopt a quality mark scheme (see option 2) and make it a requirement that newly qualified early years staff (with a level 2 or level 3 childcare qualification) must have a paediatric first aid or emergency paediatric first aid certificate before they can be included in the required adult: child ratios in an early years setting. – Preferred Option (alongside Option 2)**

4.1 This option would mean that a nursery recruiting a member of staff who had newly completed their early years/childcare qualification must have an emergency paediatric first aid or a full paediatric first certificate to count in the EYFS ratios. The new requirement would apply to newly qualified Level 2 and Level 3 staff and we intend to consult in 2015 on whether the approach is right for the early years sector and when the new requirement should come into effect. The proposed new requirement would not apply retrospectively to staff who had qualified prior to the cut-off date. The emergency first aid training course would be the equivalent of one day of training and would need to be refreshed every three years in order for the staff member to continue to be counted in the ratios. We will consult on what affect allowing staff the option of choosing between full PFA training and emergency PFA training will have, especially on existing providers which currently have high numbers of staff with the full PFA certificate.

### Costs

4.2 PFA training will need to be completed by the time that Level 2 and Level 3 qualifications are achieved so that those becoming new staff members with an early years provider can count in the adult:child ratios straight away. It is therefore expected that early years training providers will adapt their programmes to add PFA training for new entrants so as to ensure that those completing courses are ready to take up a job in childcare and be included in the adult:child ratios without the need for further training. These initial training costs will therefore fall on the public sector bodies that provide the training. We know that some early years training providers already include PFA training in their courses and have assumed that other early years training providers will want to include the PFA training in their course content so that their trainees are job ready on completion of their courses. However, we will test our assumption in the consultation that the initial cost of PFA training will be absorbed by early years childcare training providers rather than childcare settings or individual trainees. The cost for 'refresher' training every three years is expected to fall upon the employer. We therefore calculate the costs for this option from the employer's perspective and estimate that across the early years sector as whole, the total costs will be in the region of £2.5m per cohort of new entrants.

4.3 Data published by the Skills Funding Agency indicates that the number of Level 2 and Level 3 Apprenticeships achieved under the 'Children's Care Learning and Development' Framework has been approximately 15,000 in each of the last three years that data is available<sup>3</sup>, with an approximate split of one-third qualifying at Level 2 and two-thirds qualifying at Level 3.

4.4 We expect the costs of training to range between £50 and £150 per person, per day (this was checked with training providers and childcare sector organisations). Costs may vary due to the

<sup>3</sup> This data is available at <https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships>

venue in which the training takes place, geographical location, whether training is provided by a voluntary organisation or business, or whether the training is for individuals or groups. We take the mid-point between the two figures and assume that training costs will average out at £100 per person, per day, for our best estimate. Because we assume that employees will still be paid during their training day, we add onto the direct costs of training the cost to employers of one day's pay for each employee who undertakes the training.

4.5 Hourly earnings for those holding Level 2 and 3 qualifications can vary between settings, averaging out at £6.46 for those holding Level 2 qualifications and £8.68 for those holding Level 3 qualifications<sup>4</sup>. However, for the purpose of this analysis, we assume that those holding Level 2 qualifications will be paid £6.70 an hour at the point when they need to undertake their refresher training – the planned minimum wage rate for those aged 21 and over at the time when this legislation is expected to be introduced<sup>5</sup>. Assuming that each employee works an 8 hour day, and adding in an uplift for non-wage labour costs of 21%<sup>6</sup>, this increases the total cost to around £165 on average for those holding Level 2 qualifications and £184 for those holding Level 3 qualifications.

4.6 Assuming that everyone who achieves an Apprenticeship at Level 2 or 3 under the relevant framework goes on to work in the early years sector; and that the number achieving an Apprenticeship remains constant at 15,000 per year over the appraisal period, we estimate the total cost of providing the training for each cohort of new entrants to be around £2.5 million. Over time this will deliver similar outcomes to option 3 but at a lower cost with less regulation. It also compares very favourably with option 3.

### **Direct impact on business**

4.7 The childcare market is a mix of private, voluntary and public sector providers. In order to assess the direct impact on business arising from this option, we estimate the proportion of new entrants in each cohort that private and voluntary sector is likely to take on. To do this, we use information from the Department for Education's latest Early Years and Childcare Providers Survey. We take the Survey's estimate of the number of staff holding Level 2 and Level 3 qualifications and turnover rates in these providers, to estimate how many staff qualified at Level 2 and Level 3 may leave their jobs and create a vacancy for a new entrant to fill. We then allocate a proportion of the 15,000 new entrants to these providers, pro-rated using their share of the total numbers of vacancies created due to turnover in the sector as a whole. Our estimate is summarised in the table below:

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<sup>4</sup> R. Brind et al. (2014): Childcare and early years providers survey: 2013, Department for Education Research Report SFR33/2014

<sup>5</sup> We are implicitly assuming that new entrants qualified at Level 2 will enter the sector at age 18 and will be aged 21 at the time they will require their first refresher training course.

<sup>6</sup> We include an uplift to account for non-wage labour costs to estimate the non-wage costs that the provider incurs from employing someone, such as pension and national insurance contributions. Alternative data sources can be used to calculate a percentage uplift to salary to account for NWLC across the economy. We have used the quadrennial Labour Cost Survey, the most recent version of which was undertaken in 2012 and available through the Eurostats website: <http://ec.europa.eu/eurostat/web/labour-market/labour-costs/database>. We have used the general 'industry, construction and services' uplift (21%) in the absence of an estimate specifically for the childcare workforce.

Number of providers	25,000
Number of L2 staff in scope	17,901
Number of L3 staff in scope	151,691
Turnover rate	11%
Number leaving L2	2,054
Number leaving L3	17,525
Total leaving	19,578
% of total leaving L2	100%
% of total leaving L3	90%
Number of new entrants at L2	4,950
Number of new entrants at L3	8,949

Cost of PFA course	£100
Staff cost of training for L2 (per person)	£65
Staff cost of training for L3 (per person)	£73
Total cost per person L2	£165
Total cost per person L3	£173
Total annual costs L2	£817,136.97
Total annual costs L3	£1,540,044.88
TOTAL COMBINED	£2,357,181.85
Average expected cost per provider	£94.29

We assume that these figures remain constant for the duration of the appraisal period.

4.8 The DfE Childcare and Early Years Provider Survey suggests that there are 25,000 non-domestic (ie excluding childminders) private and voluntary providers in the sector (76% of all providers – the other 24% being maintained schools), employing 169,592 staff with qualifications at Level 2 or Level 3.

4.9 The average turnover rate in these providers is 11%. We use this to estimate the amount of staff turnover at Level 2 and 3, to apportion the new entrants to these providers. For example, because 90% of the turnover at Level 3 in the sector as a whole occurs in private and voluntary providers, they are allocated 90% of the new entrants, qualified at that level, in each cohort. This is an approximate measure of the demand for labour between different provider types. The total demand for staff will also depend upon the rate at which the sector expands or contracts, in addition to that created by the need to fill existing vacancies.

4.10 This approach implies that 19,578 people in private and voluntary providers will leave their jobs each year, 2,054 with Level 2 qualifications (100% of all Level 2 qualification

holders in the sector)<sup>7</sup> and 17,525 with Level 3 qualifications (90% of all Level 3 qualification holders in the sector).

4.11 If private and voluntary providers recruit new entrants in proportion to the number of vacancies created each year, this implies that 13,899 of the 15,000 new entrants will be recruited into these providers.

4.12 Assuming that providers meet the costs of the first aid training at £100 per person, the total cost per cohort for these providers (not including schools) is estimated to be in the region of £2.3 million.

### **Costs over the 10 year appraisal period.**

4.13 As discussed above, we assume that if the initial first aid training costs are borne by training providers, employers will have to meet the costs of refresher training every three years. Over the 10 year appraisal period, employers will only start to incur costs in year three - of around £2.5m – rising to around £7.7m in year 10, as more cohorts require the refresher training (undiscounted). The table below sets out the cost of refresher training undertaken every three years, for each cohort of newly qualified staff.

2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
2016 cohort			£2,553,642			£2,553,642			£2,553,642	
	2017 cohort			£2,553,642			£2,553,642			£2,553,642
		2018 cohort			£2,553,642			£2,553,642		
			2019 cohort			£2,553,642			£2,553,642	
				2020 cohort			£2,553,642			£2,553,642
					2021 cohort			£2,553,642		
						2022 cohort			£2,553,642	
							2023 cohort			£2,553,642
								2024 cohort		
									2025 cohort	
£0	£0	£0	£2,553,642	£2,553,642	£2,553,642	£5,107,284	£5,107,284	£5,107,284	£7,660,926	£7,660,926
										<b>Total: £38,304,630</b>

For our central estimate under the preferred option, the total costs amount to around £38 million over the 10 year appraisal period (undiscounted).

### **Sensitivity analysis**

#### **Recruitment**

4.14 The number of people recruited may vary, if it is influenced by provider expansion, contraction, entry or exit into the market. For example, a strengthening in the economic environment may increase the demand for formal childcare, as household finances improve and labour market opportunities increase. Should this cause the number of newly qualified staff at Level 2 and Level 3 to increase, to say, 20,000 per year, the total cost per cohort for the sector as a whole would rise to £3.4 million, with around £3.1 million of that falling on

<sup>7</sup> It should be noted that schools do not usually employ staff with a level 2 qualification

private and voluntary providers.

4.15 Should the number of new entrants fall to 10,000 per year – if, for example, lower turnover levels negatively affected the demand for new entrants – then this means that the total cost per cohort for the sector as a whole would be £1.7 million, with around £1.57m of that falling on private and voluntary providers.

#### Cost of training

4.16 We considered whether all 15,000 staff should have full two day paediatric first aid training at £175 per person (total £2,625,000 – costs of courses vary between £150 and £200 per person) but following discussion with the parents of the child that died and with St John Ambulance and the British Red Cross, we consider that given providers must already meet current requirements, additional PF aiders would only need one day of emergency PFA training in order to meet the concerns of parents.

4.17 Although this option will not meet the petition demand for all staff to be trained it does meet the Government objective to embed paediatric first aid in the training for new entrants to the early years workforce and thereby, over time significantly increase the number of trained staff. The proposed developments have been welcomed by the parents of the child that died as well as St John Ambulance and the British Red Cross.

4.18 The Government is confident that this, along with a voluntary quality marking scheme will provide a proportionate response to the coroner's concerns and will also prompt a cultural shift within the sector and increase the pressure on providers to voluntarily increase PFA provision amongst existing staff without the need for further regulation. With Government funding the National Day Nurseries Association has published some case studies and good practice guidance that shows how providers can improve their provision.

#### **Option 5 - Retain existing requirement and in addition require a greater proportion of staff to have PFA training (this could be a full PFA certificate or some staff members having emergency first aid training)**

5.1 This goes some way towards meeting parental concerns. It provides some flexibility for early years providers about who they train and could be implemented via EYFS over a phased period of time. We considered, for example, whether to increase the proportion of PFA trained staff for any under two-year-old provision on the grounds that these children are arguably the most vulnerable, but found that we couldn't establish how many staff only cater for this age group as most staff are employed to care for a wider age range.

5.2 The costs associated with training, for example, two extra staff per setting, including schools, at £100 per day plus staff costs, amounts to an average annual cost in present value terms of around £10m. Over a 10 year appraisal period the total costs are estimated to be in the region of £84 million in present value terms. The low/high estimates for Option 5 are based on every setting training an extra one and three staff each.

5.3 Although this would go some way to meeting parental demands and would meet the policy objective it was recognised that it would be difficult to determine what the proportion of trained staff needed to be in any setting given the complexity of the sector in terms of setting type, size and layout. The additional costs are also high compared to Option4.

## Small and Micro-business Assessment

### Exemption

1. The preferred option will, subject to consultation, amend the regulations which will impact on all businesses regulated under the Childcare Act 2006. Full or partial exemption of small and micro-businesses is not compatible with achieving the intended benefits of the measure. This is because a very large proportion of nurseries are small and micro businesses. Data from the DfE Providers Survey shows that in 2013, 47% of full day care providers had 10 or fewer staff (paid and unpaid) and only 15% had more than 20 members of staff (paid and unpaid). An average nursery has 12 members of staff. The table below gives a breakdown of the number and percentage of full day care and sessional childcare providers that have between 1 and 5 staff (paid and volunteers), 6 to 10 staff, 11 to 15 staff, 16 to 20 staff and 21+ staff.

<b>Paid and unpaid staff</b>	<b>Full Day Care (nurseries)</b>	<b>Sessional (pre-schools and playgroups)</b>
1-5 staff	12%	26%
6-10 staff	35%	44%
11-15 staff	24%	17%
16-20 staff	14%	7%
21+ staff	15%	6%

### Disproportionate burden

2. We consider that there is no disproportionate burden on small and micro-businesses. This is because the preferred option will be linked to the existing staff:child ratios in the EYFS which already take account of the size of the provider. The existing EYFS requirements mean that, for example:

- a smaller than average nursery with just 12 2-year-olds would only need to employ three members of staff
- a larger than average nursery with 80 2-year-olds would need to employ 20 members of staff.

4. When considering this in relation to the preferred option, it may be helpful to consider the potential impact on an average size nursery employing 12 members of staff to look after 48 2-year-olds. Under the existing EYFS, this nursery must have at least one staff member qualified to Level 3 and at least six staff members qualified to Level 2. Given that turnover in nurseries is 11%, it is reasonable to assume that only one of these seven members of staff leaves in any given year. The nursery may recruit another member of staff who already has PFA training or someone who qualified a while ago – in which case, the preferred regulatory option would not apply. On the other hand, if the nursery chooses to recruit a newly qualified L2/L3 individual who had not already undertaken PFA training, the additional cost to the nursery would be in the range £165-173. To put this in context, total annual mean expenditure in nurseries is £147,000 and total mean income is £190,000.

### Mitigations

5. Given the nature of the early years market and our assessment that there will not be a



disproportionate burden, we are not proposing mitigations which are specific to small and micro-businesses. However, we are proposing a mitigation which will help all providers to prepare for the new requirements in a measured way and minimises any negative impact on the day-to-day running of their business. An implementation date of September 2016 should ensure that businesses have a reasonable period (at least six months) to prepare for the new requirements – we will, however, test this through consultation.

## Summary

The review of paediatric first aid, promised in the parliamentary debate on the issue in December 2014 concluded that parents need greater reassurance that their children are safe and that staff are able to respond quickly and appropriately when a first aid or medical emergency arises.

The existing requirements on PFA in the EYFS ensure that childcare providers are able to respond quickly to emergencies where a first aider is required. However, the national review has shown that the current requirements do not provide the reassurance parents are looking for, thereby acting as a disincentive to parents accessing childcare, and that more accidents could be prevented. The Government believes that increasing the number of trained PFA staff will have the effect of reassuring parents, raising skill levels and confidence amongst early years practitioners and reducing the number of accidents through a raised awareness of accident prevention.

In Option 2, consideration has been given to introducing a non-statutory solution by introducing a quality mark for providers where all staff have had their PFA training. However, consideration of this option has concluded that whilst it would be likely to increase the number of staff with training, it couldn't guarantee this, especially among weaker providers (and therefore not interested in a voluntary scheme) without additional regulation.

The most attractive option to parents is likely to be Option 3 which would require all staff to have PFA training. However, this is also likely to be the most disproportionate response on the grounds of cost and burdens to the early years sector.

Requiring a greater proportion of staff to have PFA training as suggested by Option 5 is a more proportionate response on cost grounds than Option 3 but nonetheless still high. The Government also considers that it would be difficult to determine what the proportion of trained staff needed to be in any setting given the complexity of the sector in terms of setting type, size and layout. The EYFS already makes it clear that providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. Providers should also determine how many, and where, PFA trained staff should be on the premises at any given time. There is no exact formula for calculating this as the layouts of premises vary so much, as do the numbers and ages and needs of the children.

The Government has concluded that, subject to consultation, its preferred option, Option 4, making it a requirement that newly qualified early years staff (with a Level 2 or Level 3 childcare qualification) must have a paediatric first aid or emergency paediatric first aid certificate before they can be included in the required adult: child ratios in an early years setting will best fulfil the policy objective. It will significantly increase the number of staff trained in paediatric first aid without placing disproportionate costs on businesses compared to the likely benefits. This regulatory change, would provide parents with the assurance that Government is committed to ensuring provision for children is as safe as possible. Combining this with the introduction of a voluntary quality mark scheme aimed at encouraging childcare providers to train all staff in paediatric first aid will ultimately change the culture in early years whereby nurseries can show parents that staff are well trained and able to help their children when first aid is required or there is a medical emergency.

## **Implementation Plan**

We will consult on proposals to amend the qualification and ratio requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) and the underpinning regulation with a view to issuing a revised EYFS in 2016. The consultation will also consider when the new requirement should come into effect in order to give businesses sufficient lead-in time to prepare.