

Proposals to amend the Minimum Standards for
Childminding and Day Care for Children Under
Age 12

CONSULTATION REPORT AND RESPONSE

APRIL 2026

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Introduction

On 24th March 2025, the Department of Health (the Department) launched a 12-week consultation seeking feedback on proposals to implement changes in two key areas of childcare regulation, which is carried out by HSC Trust Early Years Teams under the Children (NI) Order 1995. The first key area was in relation to vetting - specifically the requirement for all prospective childcare workers to provide a health assessment, countersigned by their GPs, in advance of taking up employment. The second key area related to the adult:child ratios as set out in the Minimum Standards for Childminding and Day Care for Children under 12.

The consultation document set out a number of options in relation to both of the key areas and sought views on whether or not respondents agreed with those identified by the Department as preferred options.

Where respondents disagreed, they were asked to provide their reasons.

The Need for Consultation

Key Issue 1 – Health Declarations

Under Article 124 of the Children (NI) Order 1995, a Trust may refuse registration for a prospective childcare provider if the Trust is satisfied that any person likely to be looking after children on the premises is not fit to look after children under 12.

Paragraph 11 of Schedule 1 and Paragraph 8 of Schedule 2 to The Child Minding and Day Care (Applications for Registration) Regulations (Northern Ireland) 1996 set out the information which must be obtained by a Trust when considering an application for childcare registration, including:

- The name and address of the general medical practitioner of the person in charge or of any assistant of the person in charge;
- whether that practitioner may be approached for details concerning the state of health of the person in charge or assistant, together with details of anything for which either person is currently being treated by his general medical practitioner or by a hospital; and
- details of any hospital admissions during the last 2 years and any serious illnesses in the last 5 years.

The legislative requirements outlined above are reflected within the Department's Minimum Standard 12 (Suitable Person), which stipulates that HSC Trusts must conduct a "fit person assessment" in respect of any prospective registered day care provider or childminder, or person in charge of day care provision (including any deputies). Under Standard 12, the Registered Person (or Trust in the case of a childminder) must ensure that all those working with children have:

- a. An Access NI Enhanced Disclosure Certificate;
- b. A letter confirming Trust clearance;

- c. A pre-employment health assessment;
- d. Ability to provide warm and consistent care which promotes children's development;
- e. Integrity and ability to be flexible in their work;
- f. Knowledge, understanding and commitment to treat all children as individuals and with equal concern; and
- g. Appropriate knowledge, skills, experience and qualifications.

Whilst the legislation requires GP contact details (and permission for a Trust to contact a GP in relation to an individual's health) to be provided only in respect of registered providers, persons in charge and assistants of persons in charge, the HSC Trusts' Regional Vetting Procedure (outlined below) goes further in two ways: by including all day care workers and students within the scope of the vetting process; and by requiring all health assessments to be countersigned by an individual's GP.

The HSC Trust Regional Vetting Procedure Requirements for prospective childcare workers and students are as follows:

- An Access NI criminal record check and a check of the list of individuals barred from working with children, established under per Article 6 of the Safeguarding Vulnerable Groups (NI) Order 2007;
- 2 References including one from the current/most recent employer (if current or most recent employer has known the applicant for less than one year a third reference may be sought from the employer prior to the current one);
- A Trust Soscare/Community Information System check. For those who were resident in the UK/ROI during the past 5 years (or overseas with the Armed Forces) a check should be undertaken with the relevant Local Authority (in England, Wales or Scotland), HSE (in ROI) and SSAFA/Army Welfare. Whilst a 5 year address history is supplied, if information is held on Trust Records which predates 5 years, the Trust may check this information; and
- A medical self-assessment which is countersigned by the individual's GP to indicate suitability to work closely with children in the setting.

It has been drawn to the attention of the Department that the requirement for a GP to countersign a health assessment is leading to delays in the recruitment process and, in some cases, applicants are being charged a fee by their GPs for countersigning the assessment. Charging is currently permissible on the basis that this activity sits outside the GP contract.

In response, the Department identified the following 3 options in the consultation paper:

Option 1 - Maintain the current position in Northern Ireland

The first option was to make no change to the current requirements in Northern Ireland. Under Option 1 all prospective students and employees seeking to work within any registered childcare setting would continue to be required to provide health assessments, countersigned by GPs, to HSC Trusts in advance.

Option 2 – Remove the requirement for health assessments to be countersigned by a GP where the applicant is not a prospective registered provider (i.e. day care registered person or childminder), person in charge or assistant to the person in charge.

The second option effectively limited the requirement for GPs to countersign health assessments to those who are identified as being required by The Child Minding and Day Care (Applications for Registration) Regulations (Northern Ireland) 1996 to provide GP contact details to HSC Trusts as part of an application for childcare registration. Option 2 removed the requirement for prospective students and workers who are not proposed to be either a person in charge or an assistant to the person in charge in day care settings to have their health declaration countersigned by a GP. The registered person and persons in charge (including assistants) would continue to be required to provide their GPs countersignature before becoming involved in childcare provision.

Option 3 – Remove the requirement for GP countersignatures to be routinely provided on all health assessments for prospective childcare workers

Option 3 removed the requirement for any prospective childcare worker to provide a GP countersignature as part of their health assessment and placed the responsibility for contacting a GP with the HSC Trusts where information of concern is disclosed (with the consent of the individual). Under option 3, all prospective providers, workers and students seeking to work within a registered setting would be required to submit a health self-assessment to the relevant HSC Trust, along with details of their GP and permission for the Trust to contact that GP in the event of any information of concern coming to the Trust's attention during the vetting process.

Preferred Option

The preferred option identified by the Department was option 2. This option recognises the value of a GP's assessment that those who hold the most senior positions of authority and responsibility within a childcare setting are considered suitable to work with children under 12, while seeking to address the challenges which have been experienced by providers in recruiting day care staff and students into the childcare workforce. Option 2 recognises that the risks associated with removing the requirement for childminding assistants and day care workers and students (who are not proposed to be persons in charge or assistants to persons in charge) to provide GP countersignatures on their health assessments will be mitigated by the fact that each of these individuals will be supervised by at least one other person within the setting. This provides opportunities for any issues of concern in relation to an individual's mental or physical health, which are not disclosed on the health assessment, to be identified and acted upon on a daily basis.

Key Issue 2 – Adult:Child Ratios in Childminding and Day Care

Adult to Child Ratios - Childminding

The Department's Minimum Standard 11 (*Organisation of the Setting*), as published in 2012, permits the following childminder to child ratios:

- 1:6 – six children under 12, of whom:
 - No more than 3 are under compulsory school age; and
 - Normally no more than 1 child is under a year old.

Exceptions may be made for siblings and for continuity in certain circumstances if approved by the Trust. Where the childminder employs an assistant, the same ratios are met for any additional children **up to a combined maximum of 8**.

The following supporting information is included in the Implementation Guidance for Childminding:

To fully meet this Standard, the following issues should be addressed:

- For childminders working alone, the ratio is 1:6 this means 6 children under 12 of whom no more than 3 are under compulsory school age.
- Normally registration permits no more than one child under a year old. The exceptions referred to in the Standards relate to a relaxation of this by Trusts in exceptional circumstances to provide for siblings or for continuity such as minding twins. On very rare occasions, this may mean the childminder going over their registered numbers by a maximum of one for a short time period. The Trust should consider each situation on a case by case basis.
- If the childminder employs a Category 2 Assistant, two children under a year old can be cared for when the assistant is present.
- All childminding registrations should take account of a childminder's own child(ren) under 12 years of age when on the premises.
- Children between the ages of 12 and 14 can be cared for by a childminder for remuneration. Childminders should carry out a Risk Assessment before caring for children aged 12-14 years of age. The Trust will take into account such children when agreeing ratios for children being cared for under the age of 12 years. In these situations the Trust may decrease the total number of children aged less than 12 years that can be cared for by the childminder. This decision will depend on a number of factors, including the ages and needs of the children under 12 years of age and the number of children aged between 12 and 14 in the household.
- In addition, the parents of children under 12 years of age currently cared for by the childminder should be informed of the intention to care for children aged 12- 14 years to gain their agreement. If a childminder wishes to care for a child who is older than 14 years of age who has additional needs, they should discuss this with the Trust Early Years Team.

The Department has been asked in recent years by childminder representatives to make changes to the adult:child ratios in place, and in response has identified the following options in the consultation paper:

Option 1 – Maintain the current position in Northern Ireland

The first option was to make no change to the current ratios as they relate to childminding in Northern Ireland.

Option 2 – Increase the number of children aged 8 and above who can be minded.

The second option involved increasing the maximum numbers of children under 12 who may be minded by a single childminder.

Under option 2(a), a single childminder would be permitted to care for up to 8 children under 12, including their own children (*no more than 6 children under age 8*).

Under option 2(b), a single childminder would be permitted to care for up to 10 children under 12, including their own children, as is the position in Wales (*no more than 6 children under age 8*).

Option 3 – Permit a single childminder to care for up to 2 children aged under 18 months.

Under Option 3, a single childminder would be permitted to care for a maximum of 2 children under 18 months (rather than the current limit of one child under 12 months), no more than 3 children under compulsory school-age and no more than 6 children.

Option 4 – Introduce Option 2(a) **AND** Option 3.

Under Option 4, a single childminder would be permitted to care for a maximum of 2 children under 18 months (rather than the current limit of one child under 12 months), no more than 3 children under compulsory school-age and up to 8 children under 12, including their own children (*no more than 6 children under age 8*).

Option 5 – Introduce Option 2(b) **AND** Option 3.

Under Option 5, a single childminder would be permitted to care for a maximum of 2 children under 18 months (rather than the current limit of one child under 12 months), no more than 3 children under compulsory school-age and up to 10 children under 12, including their own children (*no more than 6 children under age 8*).

Option 6 - Increase the number of children under compulsory school-age who can be minded to 4 - only 2 of whom can aged under 18 months.

Under Option 6, a single childminder would be permitted to mind up to 4 children under compulsory school-age (rather than the current limit of 3). Only 2 of those 4 children could be aged 0-18 months (as is the case in option 3). The childminder would be able to mind up to 6 children, including their own children.

Option 7 – Introduce Option 2(a) and Option 6.

Under Option 7, a single childminder would be permitted to mind up to 4 children under compulsory school-age (rather than the current limit of 3). Only 2 of those 4 children could be aged 0-18 months (as is the case in option 3). The childminder would be able to mind up to 8 children under 12, including their own children (*no more than 6 children under age 8*).

Option 8 – Introduce Option 2(b) and Option 6.

Under Option 7, a single childminder would be permitted to mind up to 4 children under compulsory school-age (rather than the current limit of 3). Only 2 of those 4 children could be aged 0-18 months (as is the case in option 3). The childminder would be able to mind up to 10 children under 12, including their own children (*no more than 6 children under age 8*).

Preferred Option

The Department's preferred option was Option 4. This would increase the maximum number of children under 12 (option 2(a)) and very young children that a single childminder may care for (option 3) in a measured way. Introducing an additional 4 children to a single childminding setting (Option 2(b)), alongside increasing the number of very young children who can be cared for, was considered to be too risky in terms of potentially compromising the quality and safety of care that each child would receive.

Adult to Child Ratios - Day Care

Under the Department's published Minimum Standard 11 (Organisation of the Setting):

Where a setting is registered for more than 26 children, the number of children in each room never exceeds 26.

The Registered Person ensures that a minimum ratio of staff to children is followed as below:

Age of child	Staff to Child Ratio requirement
0 - 2	1:3
2+ - 3	1:4
3+ - 12	1:8

Minimum ratios of staff to children must be met and at least 2 members of staff must be on duty in each room within a setting at all times.

As with full day care, in pre-school and crèches the minimum ratios of staff to children must be maintained and at least 2 members of staff are on duty in each room within a setting at all times.

In sessional day care (care provided for less than a continuous period of 4 hours), no more than 26 children should be present in a single room, with the exception of out of schools clubs where the limit is 30. The Registered Person must ensure that a minimum ratio of one staff member to 8 children is maintained and at least 2 members of staff are on duty in each room within the setting at all times.

In pre-school sessional care facilities which offer places for children from the age of 2 years and 10 months (but not younger), the 1:8 adult: child ratio is acceptable as long as no more than 4 children of this age are in the setting at any time. If at any time, more than 4 children of this age are present, the ratio must be reviewed to 1:4.

On 16 August 2021, in response to staffing challenges faced by day care providers during the COVID-19 pandemic, the Department introduced a change to the staff:child ratio for full day care in respect of two year old children (from 1:4 to 1:5) and reflected the change in COVID-19 Guidance for Group Childcare Settings. This Guidance was removed and replaced by a Departmental Circular to HSC Trusts in October 2021. Under the Circular, the 1:5 ratio was retained on a temporary basis until the completion of the Department's review of Minimum Standards. The ratios currently applying to full day care settings are therefore as follows:

Age of child	Staff to Child Ratio requirement*
0 - 2	1:3
2 ⁺ - 3	1:5
3 ⁺ - 4	1:8
4 ⁺	1:10

*At least 2 members of staff must be on duty in each room within a setting at all times.

The Department identified the following options as potential permanent policies going forward:

Option 1 – Revert to the 2012 position in Northern Ireland

The first option was to undo the change introduced for 2 year old children in full day care during the pandemic and return to the ratios set out in the 2012 Minimum Standards:

Age of child	Staff to Child Ratio requirement
0 - 2	1:3
2 ⁺ - 3	1:4
3 ⁺ - 12	1:8

As with full day care, in pre-school and crèches the minimum ratios of staff to children must be maintained and at least 2 members of staff are on duty in each room within a setting at all times.

In sessional day care (care provided for less than a continuous period of 4 hours), no more than 26 children should be present in a single room, with the exception of out of schools clubs where the limit is 30. The Registered Person must ensure that a minimum ratio of one staff member to 8 children is maintained and at least 2 members of staff are on duty in each room within the setting at all times.

In pre-school sessional care facilities which offer places for children from the age of 2 years and 10 months (but not younger), the 1:8 adult: child ratio is acceptable as long as no more than 4 children of this age are in the setting at any time. If at any time, more than 4 children of this age are present, the ratio must be reviewed to 1:4.

Option 2 – Permanently apply the ratios currently in place

The second option involved permanently changing the Minimum Standards to maintain the current ratios for day care, as set by the October 2021 Circular:

Age of child	Staff to Child Ratio requirement
0 - 2	1:3
2+ - 3	1:5
3+ - 4	1:8
4+	1:10

As with full day care, in pre-school and crèches the minimum ratios of staff to children must be maintained and at least 2 members of staff are on duty in each room within a setting at all times.

In sessional day care (care provided for less than a continuous period of 4 hours), no more than 26 children should be present in a single room, with the exception of out of schools clubs where the limit is 30. The Registered Person must ensure that a minimum ratio of one staff member to 8 children is maintained and at least 2 members of staff are on duty in each room within the setting at all times.

In pre-school sessional care facilities which offer places for children from the age of 2 years and 10 months (but not younger), the 1:8 adult: child ratio is acceptable as long as no more than 4 children of this age are in the setting at any time. If at any time, more than 4 children of this age are present, the ratio must be reviewed to 1:4.

The following options all include Option 2 i.e. maintaining the current full day care ratios in respect of children aged 2-3

Option 3 – Increase the ratio for children aged 0-2

The third option involved increasing the adult:child ratio for the youngest children (aged 0-2 years old) from 1:3 to 1:4:

Age of child	Staff to Child Ratio requirement
0 - 2	1:4
2 ⁺ - 3	1:5
3 ⁺ - 4	1:8
4 ⁺	1:10

Option 4 – Introduce a 3-7 age range

The fourth option involved introducing a new 3+-7 age range for ratio purposes, and setting the ratio for this range at 1:8, effectively mirroring the position in Scotland and Wales. In this option, the ratio for the highest age range (8-12) would be set at 1:10.

Age of child	Staff to Child Ratio requirement
0 - 2	1:3
2 ⁺ - 3	1:5
3 ⁺ - 7	1:8
7 ⁺ - 12	1:10

Option 5 – Introduce options 3 and 4

The fifth option represented a combination of options 3 and 4:

Age of child	Staff to Child Ratio requirement
0 - 2	1:4
2 ⁺ - 3	1:5
3 ⁺ - 7	1:8
7 ⁺ - 12	1:10

Option 6 – Introduce options 3 and 4 **AND** permit sessional provision to implement a ratio of 1:10 for children aged 3+ - 12.

The fifth option represented a combination of options 3 and 4 and also distinguishes between full and sessional day care for those children aged between 3 and 12:

Age of child	Staff to Child Ratio requirement
0 - 2	1:4
2+ - 3	1:5
3+ - 7	1:8
7+ - 12	1:10

As with full day care, in pre-school and crèches the minimum ratios of staff to children must be maintained and at least 2 members of staff are on duty in each room within a setting at all times.

In sessional day care (care provided for less than a continuous period of 4 hours), no more than 26 children should be present in a single room, with the exception of out of schools clubs where the limit is 30. The Registered Person must ensure that a minimum ratio of:

- one staff member to 8 children is maintained for children aged 0-3;
- one staff member to 10 children is maintained for children aged 3+ - 12; and

at least 2 members of staff are on duty in each room within the setting at all times.

In pre-school sessional care facilities which offer places for children from the age of 2 years and 10 months (but not younger), the 1:8 adult: child ratio is acceptable as long as no more than 4 children of this age are in the setting at any time. If at any time, more than 4 children of this age are present, the ratio must be reviewed to 1:4.

Preferred option

The preferred option identified by the Department was option 2 – permanently applying the ratios currently in place. Since the introduction of the change to the ratio for 2-3 year olds in 2021, no concerns have been raised with the Department, suggesting that the quality and safety of care provided in the relevant settings have not been compromised by the change.

Consultation Overview

Total responses

The Department received 495 responses to the consultation in total. 352 of these responses (71%) were submitted by individuals with the remaining 143 (29%) being submitted on behalf of an organisation.

Age profile

430 (86.87%) respondents were aged over 18, with 35 (7.07%) aged under 18 and 30 (6.06%) preferring not to say.

Key groups

312 respondents identified themselves as being parents or carers of children with experience of using childcare (**Key Group 1**).

411 respondents told us they had experience of providing childcare, of which:

- 253 were childminders (51.11%); (**Key Group 2**)
- 8 were childminding assistants (1.62%); (**Key Group 3**)
- 40 were group childcare setting owners (8.08%); (**Key Group 4**) and
- 110 were group childcare setting employees (22.22%). (**Key Group 5**)

5 responses were from HSC Trusts, who have responsibility for the registration and inspection of childcare provision (**Key Group 6**).

15 organisations provided responses which were neither from the perspective of having used childcare nor from the perspective of having provided childcare (**Key Group 7**).

Analysis of feedback and Departmental responses

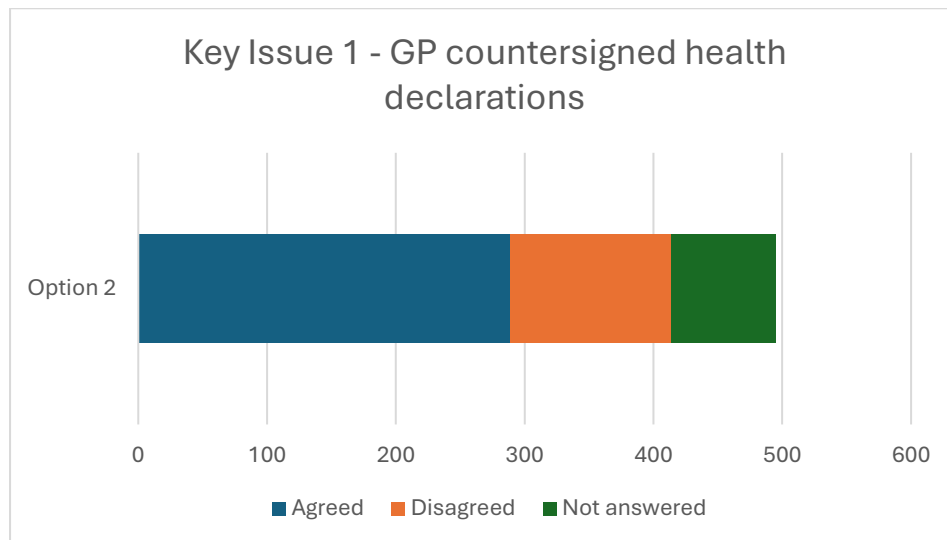
Key Issue 1 – Health Declarations

Respondents were asked whether or not they agreed with the Department's preferred option (option 2), which effectively limits the requirement for GPs to countersign health assessments to those who are identified as being required by The Child Minding and Day Care (Applications for Registration) Regulations (Northern Ireland) 1996 to provide GP contact details to HSC Trusts as part of an application for childcare registration. It removes the requirement for prospective students and workers who are not proposed to be either a person in charge or an assistant to the person in charge in day care settings to have their health declaration countersigned by a GP. The registered person and persons in charge (including assistants) will continue to be required to provide their GPs countersignature before becoming involved in childcare provision.

It should be noted that no comments were sought from those who agreed with the Department's preferred option.

Feedback

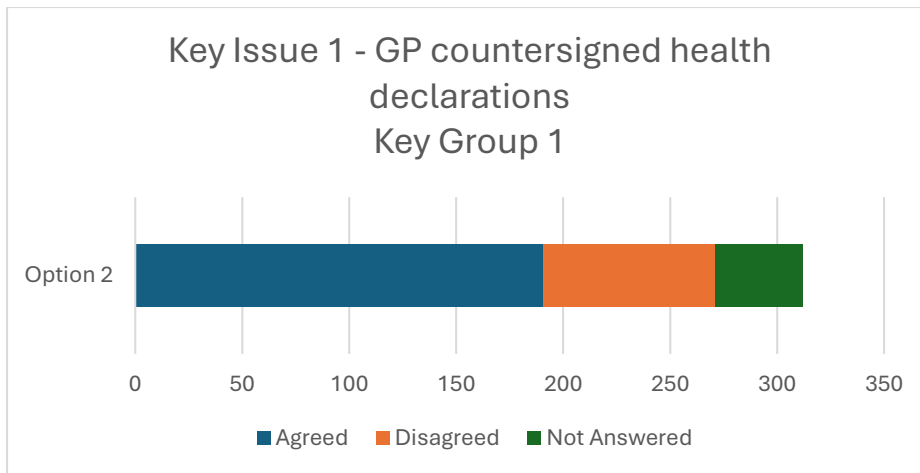
Of the 414 respondents (83.6%) who answered this question, 289 (69.8% of respondents) agreed with the Department's preferred option and 125 (30.2% of respondents) disagreed.



Feedback from key groups

Key Group 1 (parents or carers of children with experience of using childcare)

Of the 271 respondents who answered this question (86.9%), 191 (70.5%) agreed with the Department's preferred option and 80 (29.5%) disagreed.

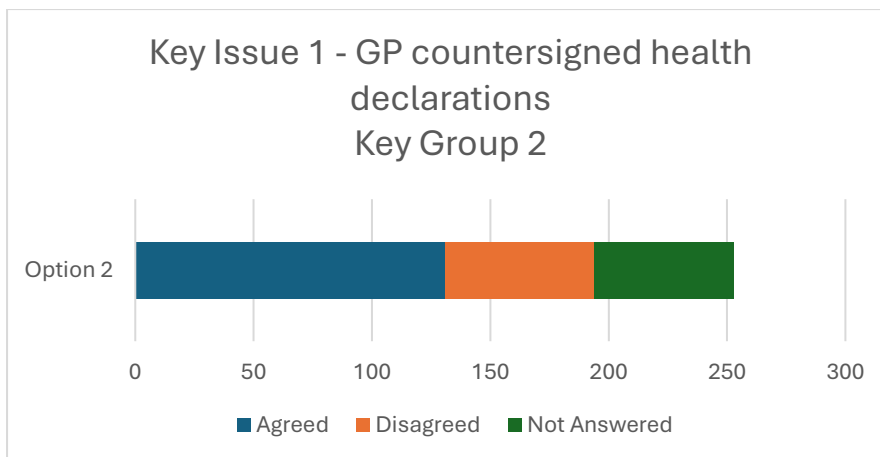


Support for alternative options

Of the 80 who disagreed, 35 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers) and 8 expressed a preference for option 3 (removing the requirement for GP countersignatures from all prospective childcare workers).

Key Group 2 (childminders)

Of the 194 respondents who answered this question (76.7%), 131 (67.5%) agreed with the Department’s preferred option and 63 (32.5%) disagreed.

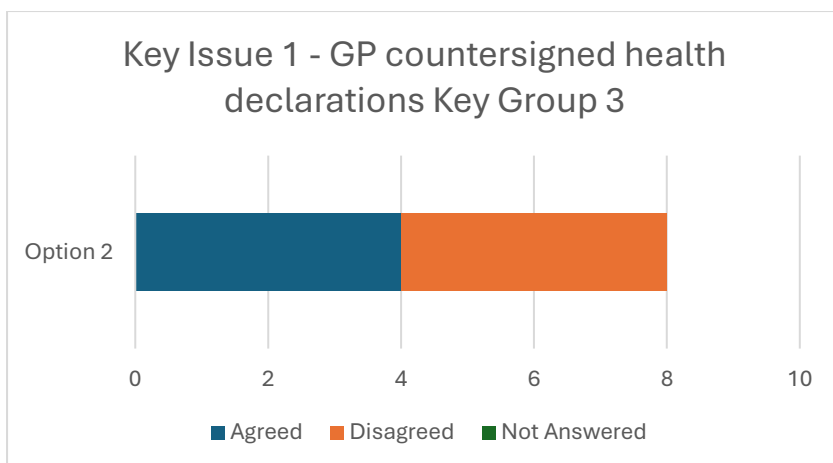


Support for alternative options

Of the 63 who disagreed, 13 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers) and 10 expressed a preference for option 3 (removing the requirement for GP countersignatures from all prospective childcare workers).

Key Group 3 (childminding assistants)

Of the 8 respondents who answered this question (100%), 4 (50%) agreed with the Department’s preferred option and 4 (50%) disagreed.

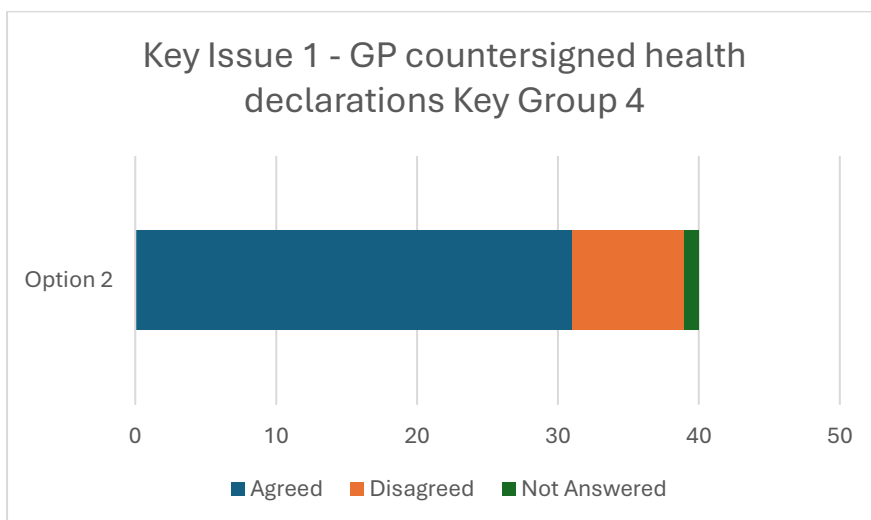


Support for alternative options

Of the 4 who disagreed, 1 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers).

Key Group 4 (group childcare setting owners)

Of the 39 respondents who answered this question (97.5%), 31 (79.5%) agreed with the Department’s preferred option and 8 (20.5%) disagreed.

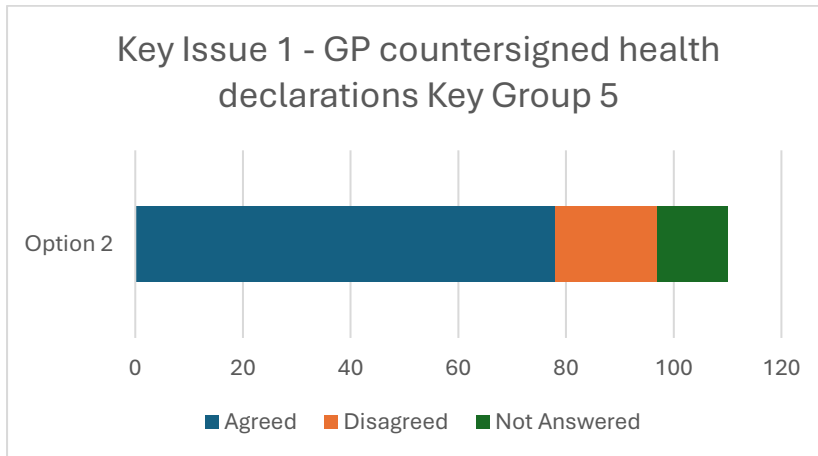


Support for alternative options

Of the 8 who disagreed, 5 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers) and 3 expressed a preference for option 3 (removing the requirement for GP countersignatures from all prospective childcare workers).

Key Group 5 (group childcare setting employees)

Of the 97 respondents who answered this question (88.2%), 78 (80.4%) agreed with the Department’s preferred option and 19 (19.6%) disagreed.

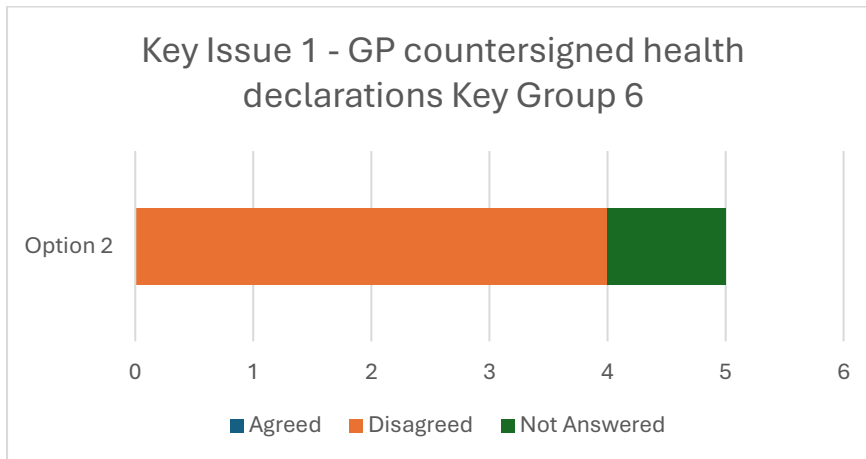


Support for alternative options

Of the 19 who disagreed, 14 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers) and 3 expressed a preference for option 3 (removing the requirement for GP countersignatures from all prospective childcare workers).

Key Group 6 (HSC Trusts)

4 respondents answered this question (80%), and all 4 (100%) disagreed with the Department's preferred option.

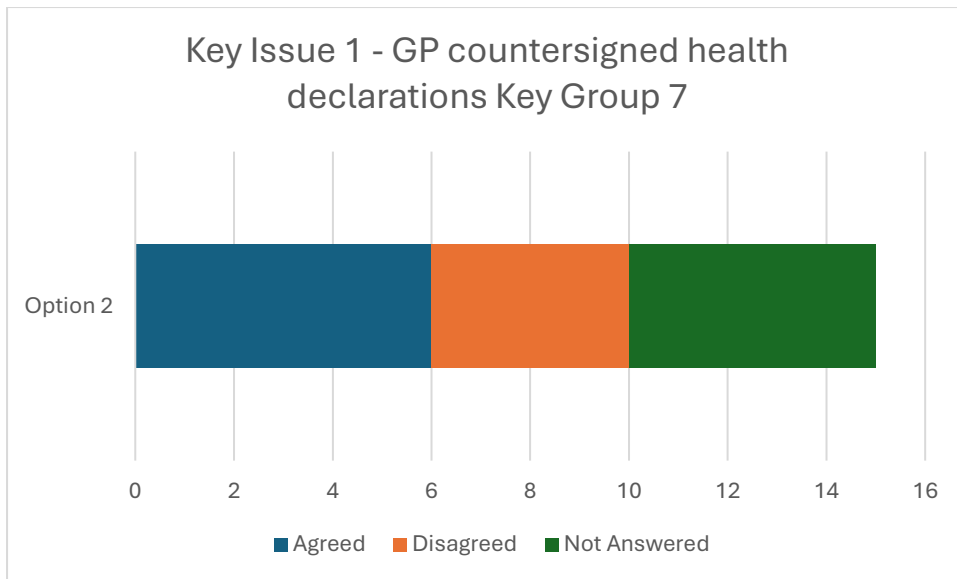


Support for alternative options

3 of the respondents expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers) and 1 expressed a preference for an amended option 2.

Key Group 7 (organisations which do not provide or use childcare)

Of the 10 respondents who answered this question (66.7%), 6 (60%) agreed with the Department's preferred option and 4 (40%) disagreed.



Support for alternative options

Of the 4 who disagreed, 1 expressed a preference for option 1 (retaining GP countersignatures for all prospective childcare workers), 2 expressed a preference for option 3 (removing the requirement for GP countersignatures from all prospective childcare workers) and 1 expressed a preference for an amended option 2.

Comments provided across the key groups in support of option 1 included:

- suggestions that the GP assessments form a vital part of safeguarding checks for care of vulnerable children and may include information not likely to be uncovered during ACCESS NI or SOS CARE checks;
- the possibility that some applicants may not declare all information within self-declaration;
- requests for any limiting of GP checks to be accompanied by enhanced supervision and review mechanisms;
- recommendations that early childhood staff are subjected to regular occupational health checks as part of ongoing employment;
- a request for consideration to be given to a regional centralised log of countersigned health declarations to avoid duplication when staff may move post from setting to setting or across Trust boundaries;
- a suggestion that once provided there is no need for further GP assessments every 4 years;
- questions around the ability of childcare managers and/or social workers to determine an individual’s suitability to work with children based on medical information;

Comments provided across the key groups in support of option 3 included:

- strong support for self-certification, and only for those providing care directly, to allow for parity in vetting procedures with other professions working with children;
- references to the GP assessment being a deterrent to joining the profession;
- the requirement for GP assessment can cause time delays and be financially restrictive for small day care organisations; and
- a suggestion for a more detailed guidance document to accompany the self-assessment request to alleviate risks and the provision of reliable responses;
- reference to the importance of the other parts of the vetting process, including AccessNI checks, robust interviews and reference processes; and
- acknowledgement of the administrative and financial burden potentially caused by the requirement for GPs to countersign declarations.

Departmental response

HSC Trusts are required, as part of their registration and assessment duties set out in the Children (Northern Ireland) Order 1995, to ensure that all of those who will be working closely with children are fit to do so. It is therefore important to be clear that fit person assessments are a crucial part of the Trusts' role in childcare. It is the exact nature of those fit person assessments which the Department has explored through this consultation exercise, with the intention of making recommendations to HSC Trusts that might assist in overcoming some of the difficulties experienced by the sector in relation to countersigned health assessments.

The Department has established that there are different vetting processes in place for different but comparable workforces. For those seeking to work in schools for example, a self-declaration of health is submitted by the applicant and if there are any concerns about information disclosed the individual is referred to Occupational Health within the Education Authority before the offer of appointment is ratified. Similarly, those seeking to work within social work children's services are referred for an Occupational Health check after they have received a conditional offer of work. It is only at the point that Occupational Health has decided not to pass the individual that consideration is given to accessing medical records as part of a further check.

It is therefore clear that there are valid alternatives to how vetting is currently carried out for the childcare sector, and consultation responses have highlighted that GP workloads are leading to some individuals having to wait for their health assessment to be returned, with some also being charged for completion of the form.

Taking this into account whilst recognising the feedback received on the value of a GP's assessment that those who hold the most senior positions of authority and responsibility within a childcare setting are considered suitable to work with children under 12, it is recommended that the requirement to provide GP countersignatures on their health assessments will be limited to those in these positions. As outlined in the consultation document, the risks associated with removing the requirement for childminding assistants and day care workers and students (who are not proposed to be persons in charge or assistants to persons in charge) to provide GP countersignatures will be mitigated by the fact that each of these individuals will be

managed by at least one other person within the setting. This provides opportunities for any issues of concern in relation to an individual's mental or physical health, which are not disclosed on the health assessment, to be identified and acted upon on a daily basis.

The Department has therefore written to HSC Trusts, sharing the information received in response to the consultation exercise and asking them to limit the requirement for GPs to routinely provide input as part of the childcare vetting process to prospective registered providers (i.e. day care registered person or childminder), person in charge or assistant to the person in charge.

The Department will also be taking forward a piece of work with HSC Trusts on the issue of checks carried out for the purpose of determining the fitness of other adults living in a childminding setting to be in the proximity of children, aimed at reaching a consistent regional approach.

Key Issue 2 – Adult: Child Ratios

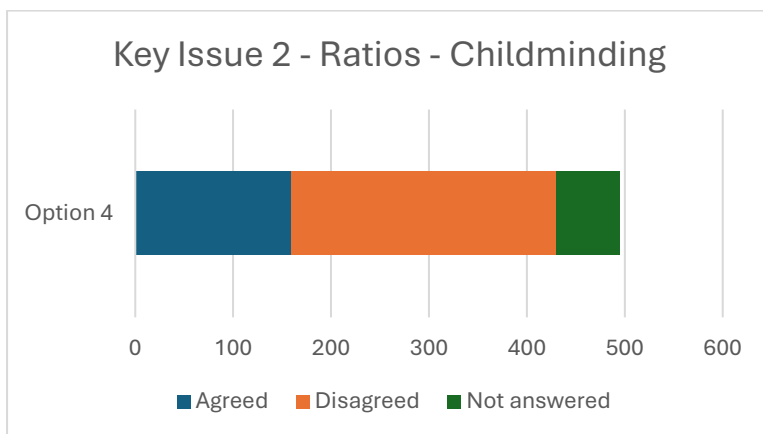
Childminding

Respondents were asked whether or not they agreed with the Department’s preferred option (Option 4), which increases the maximum number of children under 12 (option 2(a)) and very young children that a single childminder may care for (option 3) in a measured way.

No comments were sought from those who agreed with the Department’s preferred option.

Feedback

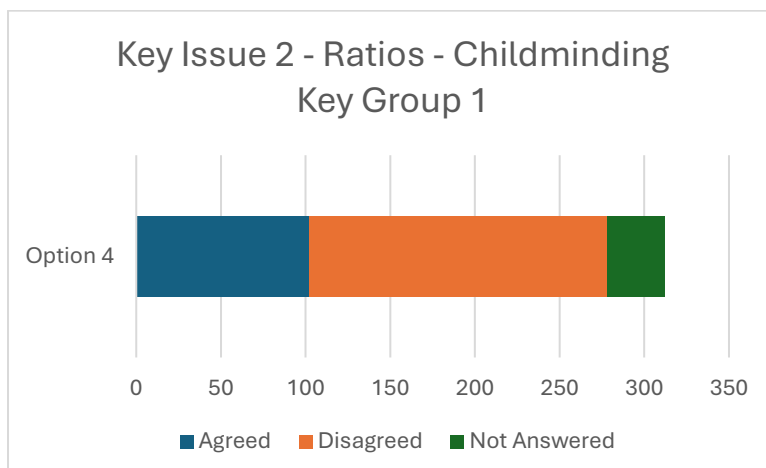
Of the 430 respondents (86.9%) who answered this question, 159 (37.0% of respondents) agreed with the Department’s preferred option and 271 (63.0% of respondents) disagreed.



Feedback from key groups

Key Group 1 (parents or carers of children with experience of using childcare)

Of the 278 respondents who answered this question (89.1%), 102 (36.7%) agreed with the Department’s preferred option and 176 (63.3%) disagreed.

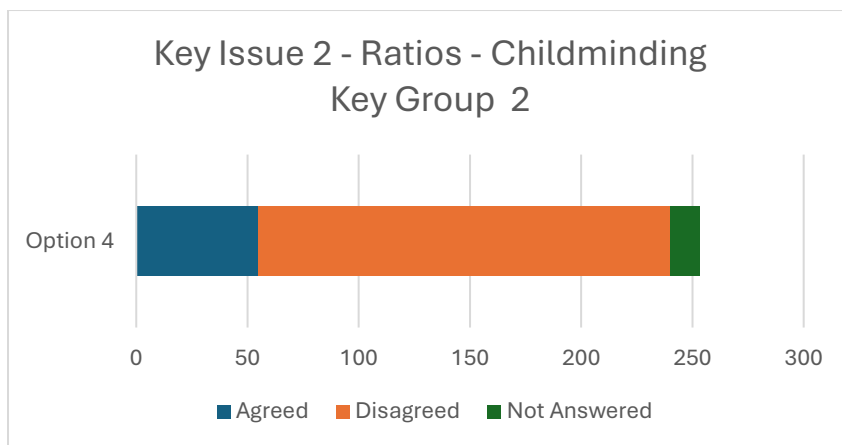


Support for alternative options

Of the 176 who disagreed, 25 expressed a preference for option 1, 3 expressed a preference for option 2(a), 4 expressed a preference for option 3, 14 expressed a preference for option 6, 11 expressed a preference for option 7 and 28 expressed a preference for option 8.

Key Group 2 (childminders)

Of the 240 respondents who answered this question (94.9%), 55 (22.9%) agreed with the Department's preferred option and 185 (77.1%) disagreed.

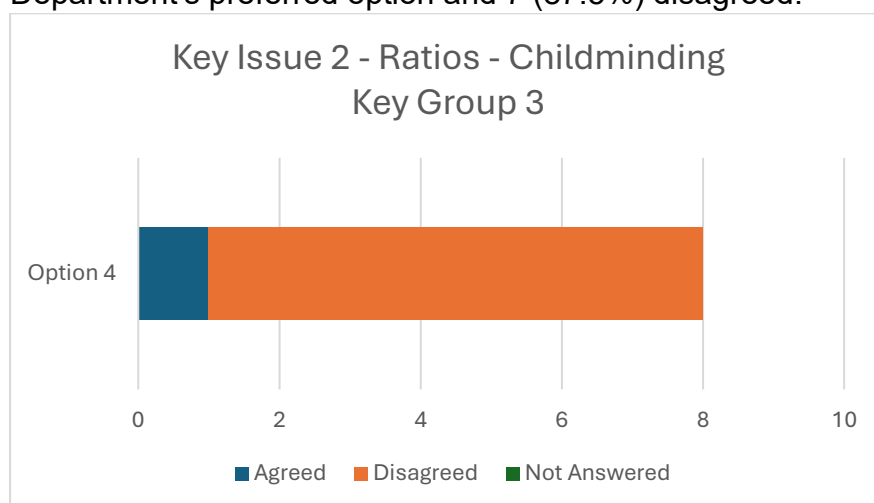


Support for alternative options

Of the 185 who disagreed, 3 expressed a preference for option 1, 17 expressed a preference for option 6, 22 expressed a preference for option 7, and 25 expressed a preference for option 8.

Key Group 3 (childminding assistants)

Of the 8 respondents who answered this question (100%), 1 (12.5%) agreed with the Department's preferred option and 7 (87.5%) disagreed.

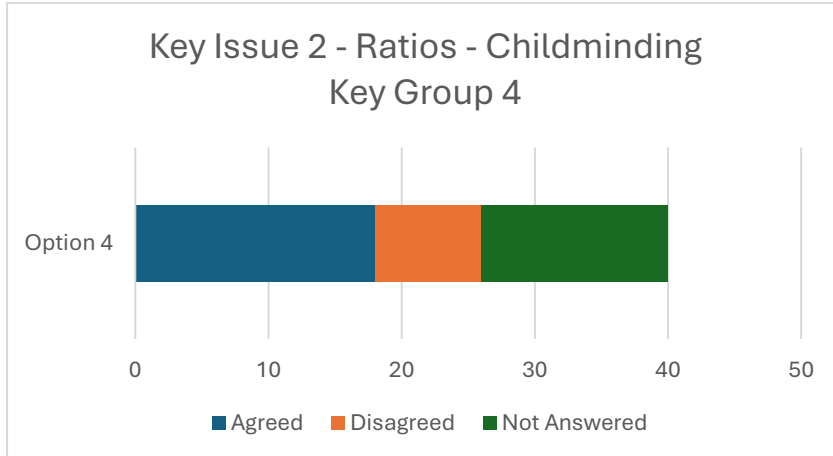


Support for alternative options

Of the 7 who disagreed, 1 expressed a preference for option 7 and 5 expressed a preference for option 8.

Key Group 4 (group childcare setting owners)

Of the 26 respondents who answered this question (65%), 18 (69.2%) agreed with the Department's preferred option and 8 (30.8%) disagreed.

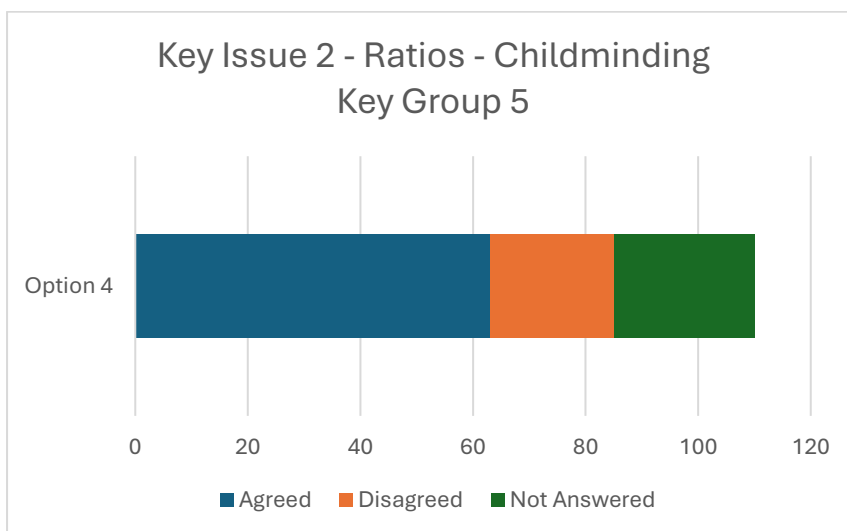


Support for alternative options

Of the 8 who disagreed, 6 expressed a preference for option 1 and 1 expressed a preference for option 3.

Key Group 5 (group childcare setting employees)

Of the 85 respondents who answered this question (77.3%), 63 (74.1%) agreed with the Department's preferred option and 22 (25.9%) disagreed.

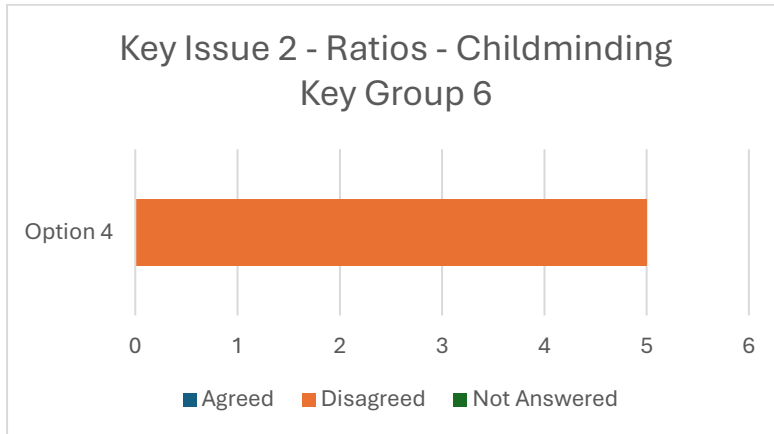


Support for alternative options

Of the 22 who disagreed, 9 expressed a preference for option 1, 2 expressed a preference for option 3 and 1 expressed a preference for option 8.

Key Group 6 (HSC Trusts)

5 respondents answered this question (100%), and all 5 (100%) disagreed with the Department's preferred option.

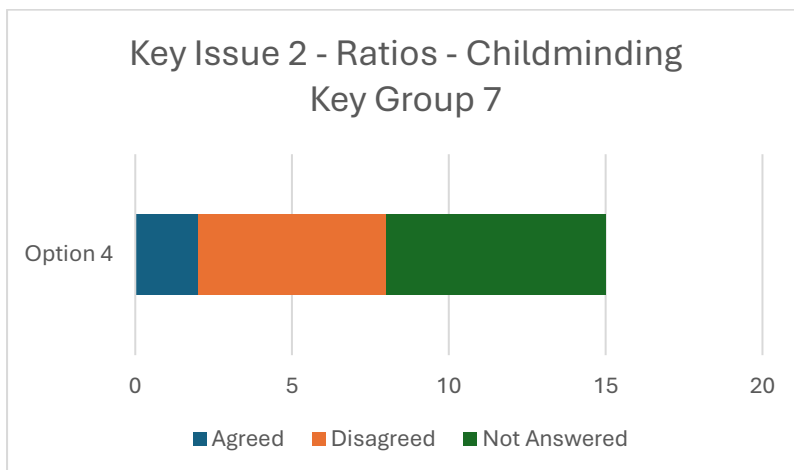


Support for alternative options

3 of the respondents expressed a preference for option 1 and 2 expressed a preference for option 6.

Key Group 7 (organisations which do not provide or use childcare)

Of the 8 respondents who answered this question (53.3%), 2 (25%) agreed with the Department's preferred option and 6 (75%) disagreed.



Support for alternative options

Of the 6 who disagreed, 1 expressed a preference for option 1, 2 expressed a preference for option 6 and 1 expressed a preference for option 8.

Comments provided across key groups in support of option 1 included:

- a reluctance to change the current ratios on the basis of concerns around the quality and safety of care for children;
- recommendations that childminders should be supported financially through a separate process rather than optimising income through increased ratios;
- reference to academic research which found that higher ratios in England have resulted in dangerous, unsafe practices with detrimental effects on children's developmental needs;
- a reluctance to increase the numbers due to concerns that childminders may not have the ability to supervise or logistically transport these numbers;
- reference to a significant increase in the number of children with additional needs attending childcare provision, which alongside increased numbers of children could place additional pressures on childminders;
- examples where Trusts have identified childminders who have gone beyond their registered numbers without agreement resulting in unsafe practices, play needs not being sufficiently met, poor hygiene practices, children with a disability not having their needs met and complaints from parents; and
- a reluctance among childminders to increase the number of children being minded due to the pressure they currently experience in terms of maintaining accurate and up to date records.

Comments provided across key groups in support of option 2(a) included:

- support for the increase in overall ratios to 8 children under the age of 12;
- a reluctance to support the increase of 2 under 18 months due to the level of supervision required and the possible increase in the risk of accidents and/or injuries; and
- reference to the possibility of increased pressure on childminders.

Comments provided across key groups in support of option 3 included:

- a suggestion that 2 children under 18 months could increase the risk to safety which could be further heightened if the ratio is increased from 6 to 8; and
- questions around the ability of childminders to facilitate an increased number of children within their home.

Comments provided across key groups in support of option 6 included:

- suggestions that increasing the number of school aged children would not be of benefit to childminders as the demand for this age group is decreasing due to the provision of school wrap around care and after school clubs etc; and
- a reluctance to change the overall number from 6 due to transport and accommodation issues as well as concerns around the quality and safety of care.

Comments provided across key groups in support of option 7 included:

- suggestions that childminders with the opportunity to increase their numbers could bring down the cost of childcare by allowing more older children and under school age children to cover the costs of holding a part time place for a child attending nursery; and
- reference to this option being beneficial to both parents and childminders as there is higher demand for under school aged children due to schools offering after school care and the increase in nursery places for 3–4-year-old children.

Comments provided across key groups in support of option 8 included:

- support for the increase to provide childcare to 10 children under the age of 12 as it would be more flexible and potentially affordable for parents and would help to raise the earnings of registered childminders, increasing their sustainability;
- the possibility that the increase could benefit those in rural areas by providing more childcare for under school aged children and allowing children to stay with the same childminder until they are ready to leave primary school;
- the opportunity for childminders to be more flexible by offering part time places; and
- a suggestion that this option could prevent grandparents and older relatives from having to provide unpaid childcare due to a lack of accessible and affordable childcare, which can be physically, emotionally and financial straining on older family members.

Departmental response

Of the 8 wide-ranging options presented in the consultation paper, the Department's preferred option (4) received a significantly larger number (159) of supportive responses (representing 37% of those who responded to the question) than any other individual option.

A number of representations have been made to the Department in support of raising the maximum number of under school-age children from 3 to 4, and this has been deemed to be an acceptable increase on the occasion where it permits siblings to be cared for together by the same childminding.

The Department has therefore written to HSC Trusts to take forward the implementation the following changes to the ratios contained within the Minimum Standards:

- a. The maximum number of babies who can be minded by a single childminder is increased from 1 to 2;
- b. The upper age limit for babies is increased from 12 to 18 months;
- c. The current maximum number of under school-age children is maintained at 3, except where two or more of the children being minded together are siblings and at least one of them is under school-age, in which case the maximum number of under school-age children is 4; and

- d. The number of children aged 8-12 years who can be minded by a single childminder by 2 (i.e. 8 children in total, of which a maximum of 6 can be under 8 years old).

These changes increase the maximum number of children under 12 and very young children that a single childminder may care for in a measured way, increasing capacity within the sector for parents who are returning to work when their child reaches 9-12 months of age, and boosting the sector's sustainability by bringing overall numbers closer to those in place in other UK jurisdictions.

Key Issue 3: Day Care

Respondents were asked whether or not they agreed with the Department's preferred option (Option 2), which permanently applies the ratios currently in place:

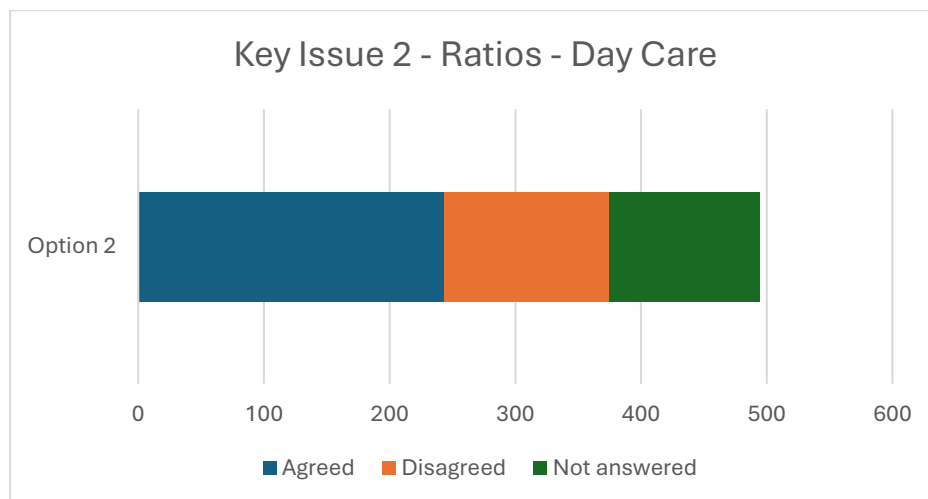
Age of child	Staff to Child Ratio requirement*
0 - 2	1:3
2+ - 3	1:5
3+ - 4	1:8
4+	1:10

*At least 2 members of staff must be on duty in each room within a setting at all times.

No comments were sought from those who agreed with the Department's preferred option.

Feedback

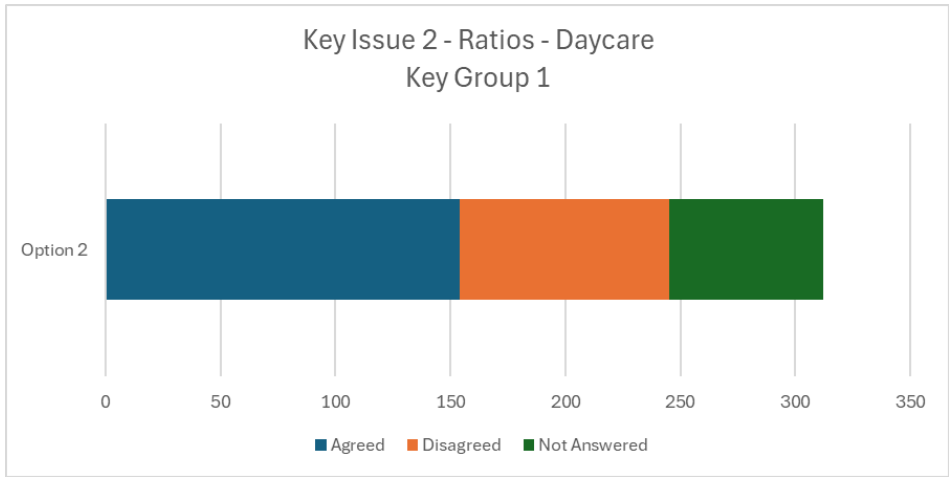
Of the 375 respondents (75.8%) who answered this question, 243 (64.8% of respondents) agreed with the Department's preferred option (option 2) and 132 (35.2% of respondents) disagreed.



Feedback from key groups

Key Group 1 (parents or carers of children with experience of using childcare)

Of the 245 respondents who answered this question (78.5%), 154 (62.9%) agreed with the Department's preferred option and 91 (37.1%) disagreed.

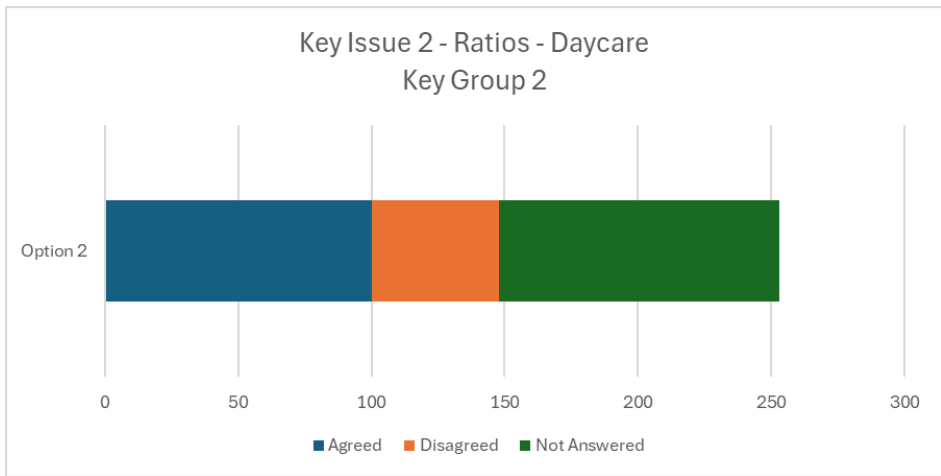


Support for alternative options

Of the 91 who disagreed, 24 expressed a preference for option 1, 12 expressed a preference for option 3, 1 expressed a preference for option 4, and 2 expressed a preference for option 5.

Key Group 2 (childminders)

Of the 148 respondents who answered this question (58.5%), 100 (67.6%) agreed with the Department’s preferred option and 48 (32.4%) disagreed.

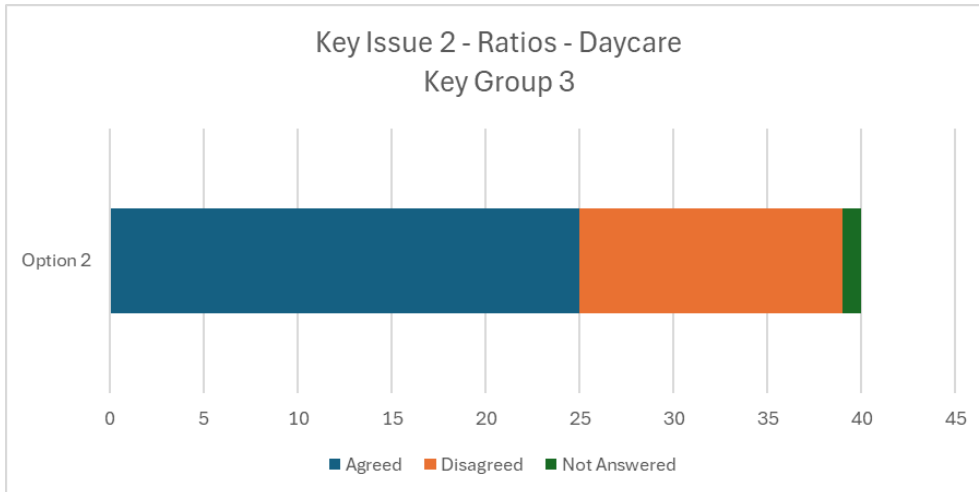


Support for alternative options

Of the 48 who disagreed, 3 expressed a preference for option 1, 2 expressed a preference for option 5, and 1 expressed a preference for option 6.

Key Group 3 (childminding assistants)

Of the 6 respondents who answered this question (75%), 3 (50%) agreed with the Department’s preferred option and 3 (50%) disagreed.

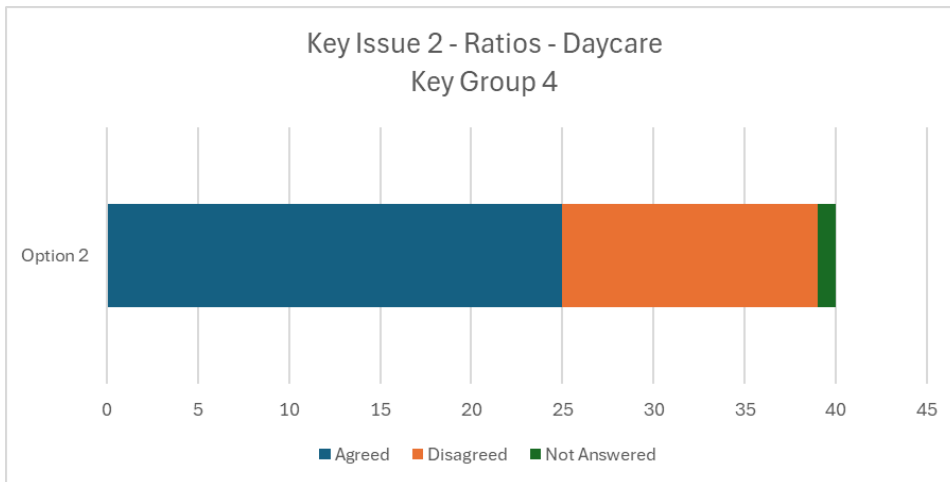


Support for alternative options

Of the 3 who disagreed, 1 expressed a preference for option 3.

Key Group 4 (group childcare setting owners)

Of the 39 respondents who answered this question (97.5%), 25 (64.1%) agreed with the Department’s preferred option and 14 (35.9%) disagreed.

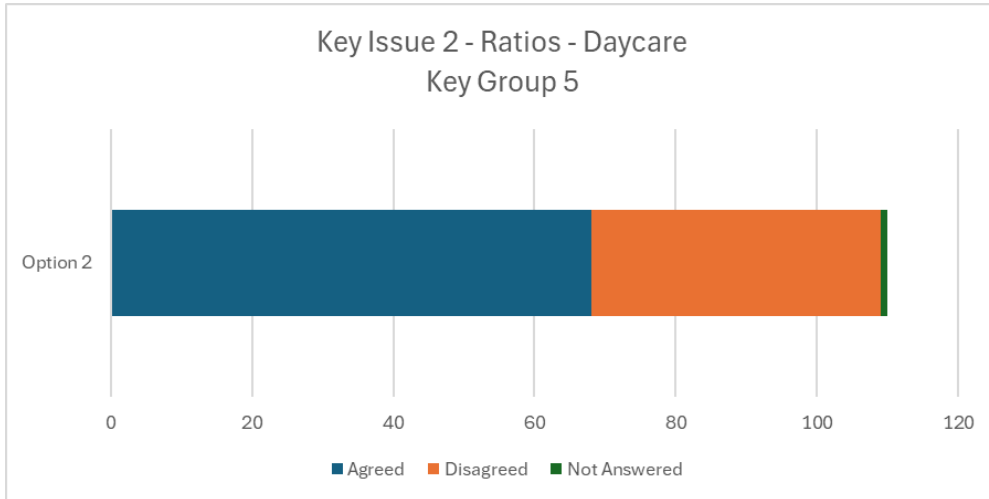


Support for alternative options

Of the 14 who disagreed, 2 expressed a preference for option 1, 6 expressed a preference for option 3 and 2 expressed a preference for option 6.

Key Group 5 (group childcare setting employees)

Of the 109 respondents who answered this question (99.1%), 68 (62.3%) agreed with the Department’s preferred option and 41 (37.6%) disagreed.

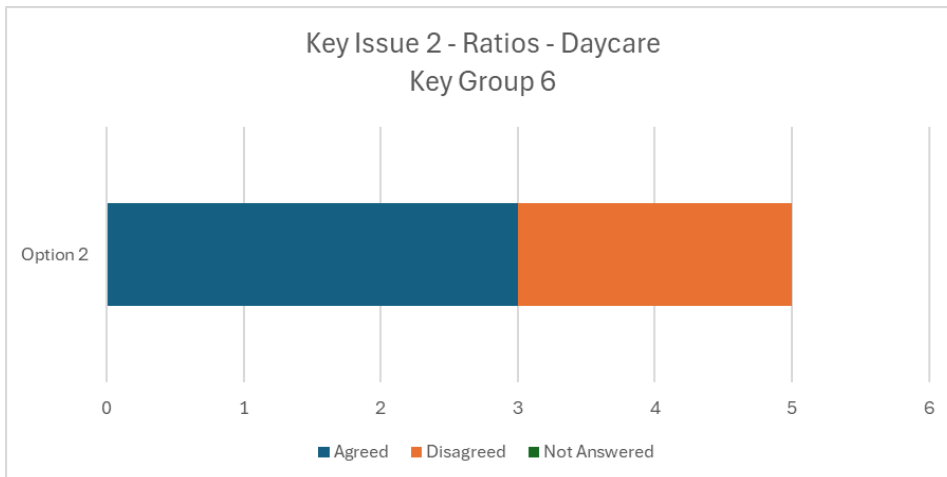


Support for alternative options

Of the 41 who disagreed, 17 expressed a preference for option 1, 7 expressed a preference for option 3, 1 expressed a preference for option 4, 1 expressed a preference for option 5 and 4 expressed a preference for option 6.

Key Group 6 (HSC Trusts)

Of the 5 respondents answered this question (100%), 3 (60%) agreed with the Department's preferred option and 2 (40%) disagreed.

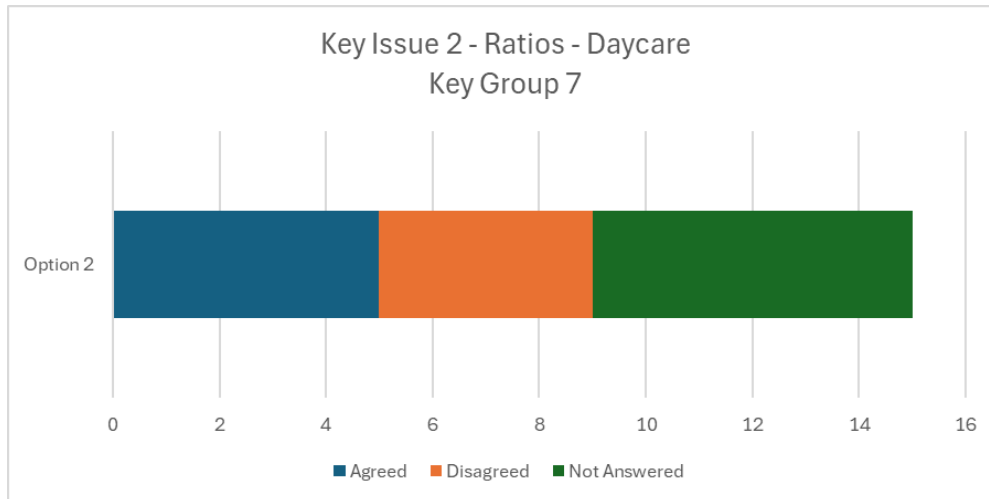


Support for alternative options

One of the 2 respondents who disagreed expressed a preference for option 1.

Key Group 7 (organisations which do not provide or use childcare)

Of the 9 respondents who answered this question (60%), 5 (55.6%) agreed with the Department's preferred option and 4 (44.4%) disagreed.



Support for alternative options

Of the 4 who disagreed 2 expressed a preference for option 3.

Comments provided across key groups in support of option 1 included:

- a reluctance to increase ratios as some employees are already struggling to provide for all of the care needs of toddlers;
- reference to smaller groups of children allowing for good interaction, peace of mind for parents, safe supervision and the ability to cover staff breaks;
- a suggestion that childminders and out of school care should have the same ratios in order to reduce the rise in the displacement from childminders to out of school clubs which are perceived to be offering cheap childcare;
- reference to reducing the size of childcare groups potentially improving care for children with special educational needs who require more support and assistance; and
- suggestions that there have been no issues raised with the present temporary ratios as employees do not want to risk losing their job, income and sense of security in earning a wage.

Comments provided across key groups in support of option 3 included:

- suggestions that the increase would allow day care settings to be more sustainable without affecting the high standards of care, and support providers with covering the cost of increases to NIC's and hourly rates, overheads and food etc; and
- the possibility that childcare could be more affordable and available for parents.

Comments provided across key groups in support of option 6 included:

- suggestions that amalgamating 3-7 year-old children would facilitate good care and play opportunities;
- a suggestion that there is greater demand from parents for preschool and afterschool care and that this option could provide extra spaces to meet that need; and
- reference to this change potentially supporting siblings to attend together and for 3+ year olds to improve their social skills, maturity and preparation for P1.

Departmental response

The Department's preferred option within the consultation paper (option 2) received clear backing across the key groups with 243 supportive responses, while the next most popular of the options presented received just 30.

While some responses have suggested that the change to day care ratios introduced in October 2021 could cause difficulties in terms of the provision of safe and effective care, no evidence has been brought to the Department to suggest that this has been the case.

The Department will therefore permanently apply the ratios currently in place for day care, as per option 2.

In relation to equality, the Department also asked the following questions as part of the consultation exercise:

Q1. Are any of the options set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the options.

Disability

A number of respondents highlighted that a key cohort within the population who use childcare are children with disabilities. Some flagged the challenge in terms of sustainability of provision where a provider is unable to care for the maximum numbers of children permitted within the Minimum Standards because of the additional care required by children with disabilities. Others voiced concerns that increasing the numbers of children that each adult can care for within the ratios could compromise the level of care children with disabilities receive.

Some respondents commented that families often struggle to find appropriate and affordable care for children with disabilities due to their complex needs.

In relation to prospective childcare workers, some respondents indicated that the requirement to provide a GP countersigned health declaration could carry a risk of discrimination against applicants with disabilities.

Gender/Age

One respondent highlighted the fact that the vast majority of the childcare workforce is female and indicated that increasing the numbers of children per adult will make childcare a more physically demanding job, in a sector where limited private pension provision means many will have to work until the age of 68.

Q2. Are you aware of any indication or evidence – qualitative or quantitative – that any of the options set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

The Department did not receive any responses to this question.

Q3. Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

A number of respondents suggested that a funding strategy for the provision of childcare to children with additional needs would help to support sustainability and ensure capacity within the sector for those families who require it.

One respondent suggested that more should be done to support settings and employers provide staff with appropriate wages and support, at a time when fixed costs are rising.

One respondent suggested that more needs to be done to make the childcare sector more appealing, as it is vital for the development of children and preparing them for the future.

Departmental response

The Department is committed to improving the childcare experience for all stakeholders, both through the review of Minimum Standards and also through our joint working with colleagues across Departments on the Early Learning and Childcare Strategy.

Improving childcare for children with additional needs and supporting the childcare workforce were both raised as important considerations, and indeed we can give a commitment that these will be key Departmental priorities in the months and years ahead.