

Expert Report for the UK Covid-19 Public Inquiry

Module 8 - The impact of the Covid-19 pandemic on children and young people

Little Lives, Big Changes:

How Covid-19 Shaped Early Years Services and Children's Development from Birth to Five Years

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Author statement

We confirm that this is our own work and that the facts stated in the report are within our own knowledge. We understand our duty to provide independent evidence and have complied with that duty. We confirm that we have made clear which facts and matters referred to in this report are within our own knowledge and which are not. Those that are within our own knowledge we confirm to be true. The opinions we have expressed represent our true and complete professional opinions on the matters to which they refer.

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1st August 2025

Contents

Preamble.....	4
Professional background and expertise.....	4
Acknowledgments.....	5
Executive summary.....	6
Chapter 1. Child development from birth to five: influences and milestones.....	12
Chapter overview.....	12
Influences on child development.....	12
Expected developmental milestones from birth to five years.....	13
Two-year development review.....	16
Developmental expectations at the start of primary school.....	17
School readiness.....	19
The role of services in supporting child development.....	21
Early education services.....	21
Health visiting services.....	23
Services for children with additional needs.....	24
Children’s social care services.....	25
Access and availability of services.....	26
Early education services.....	26
Health visiting services.....	30
Services for children with additional needs.....	32
Children’s social care services.....	33
State of play going into the pandemic: challenges faced by services and early years systems.....	36
State of play going into the pandemic: challenges faced by families.....	41
Chapter 2: To what extent did Covid-19 impact development from birth to five?.....	42
Chapter overview and summary.....	42
Two year development review.....	43
Start of primary school.....	48
School readiness.....	56
Differential impacts of the pandemic on young children’s development.....	57
Persistence of developmental changes after the pandemic.....	61
Covid-19 impacts on development: Data summary.....	65
Chapter 3: What were the likely causes of changes in child development during Covid-19?.....	68
Chapter overview and summary.....	68
Factors contributing to changes in developmental milestones during the pandemic.....	69
Limited or intermittent access to early education.....	69
Disruptions to school provision for children in their reception year.....	73
Limited or intermittent access to play facilities and the wider environment.....	74
Use of digital media.....	76
Family circumstances, including clinical vulnerability and adverse childhood experiences.....	79
Food insecurity.....	81
Factors contributing to changes in developmental milestones: summary.....	82
How children’s services changed during the pandemic and current state of services.....	84

Early education services.....	84
Health visiting services.....	91
Services for children with additional learning needs.....	95
Children’s social care services.....	98
Current state of early years services and systems.....	103
Early education.....	103
Health visiting.....	104
Services for children with additional needs.....	105
Children’s social care services.....	105
Early years systems.....	106
Chapter 4. Addressing the impact of Covid-19 on development from birth to five.....	107
Chapter overview and summary.....	108
Reviews of the impact of the pandemic.....	108
Educational support.....	110
Provision of remote learning resources during lockdowns.....	111
Financial support for the early education sector.....	111
Interventions to support learning recovery.....	112
Health Support.....	113
Community-Based Support.....	113
Published recommendations to address young children’s development.....	114
Cross-government, long-term investment to support child development.....	114
Ensure equal access to high-quality early education.....	115
Professionalise the early education sector.....	115
Provide enhanced support for early speech, language, and communication.....	115
Provide more effective support for children with additional needs.....	116
Additional recommendations to address the impact of the pandemic on young children’s development.....	116
Recommendations in the event of a future pandemic.....	117
Annexe 1. References.....	120
Annexe 2: Glossary.....	155
Annexe 3. Data search strategy.....	159
Annexe 4. Figures and Sources.....	161
Annexe 5. Inquiry Documents.....	165

Preamble

Professional background and expertise

Catherine Davies (PhD) is Professor of Language Development and Dean for Research Culture at the University of Leeds. Her research investigates children's language and literacy development, and the role of the language environment at home and in early education. Since 2020, she has focused on the effects of the Covid-19 lockdowns on young children's development, largely funded by the Economic and Social Research Council. Through public and policy engagement her work has been leveraged locally (e.g. Leeds City Council), nationally (e.g. Department for Education), and globally (e.g. European Commission) to inform educational and clinical policy and practice, and to boost educational outcomes for children from diverse backgrounds. Catherine founded the Leeds Child Development Unit, which hosts the University of Leeds' developmental language research.

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Acknowledgments

We are very grateful to expert colleagues from Scotland, Wales, and Northern Ireland: Heather Douglas (Head of Early Learning & Childcare, Education Services, Glasgow City Council), David Dallimore (Independent Researcher and Chair of Early Years Wales), Dr Jessica Laimann (Policy and Public Affairs Manager, Women's Equality Network Wales), and Dr Glenda Walsh (Head of Early Years, Stranmillis University College, Queen's University Belfast). These colleagues made important contributions to the discussion of children's services and structures in the devolved nations, and how young children's and families' experiences of these services varied across the UK. We would also like to thank core participants for their valuable comments and suggestions. We also thank Dr Kinga Patterson, Research Fellow at the University of Leeds and Associate Lecturer at the Open University, who provided valuable proofreading support.

Executive summary

1. We have been asked to consider the evidence on the impact of the Covid-19 pandemic on children who were aged 0-5 during the Inquiry's specified period (1 Jan 2020 to 28 Jun 2022), in England, Wales, Scotland, and Northern Ireland. Using a wide range of published evidence, reviews, and recommendations from the four nations of the UK at various stages of the pandemic, we provide an account of relevant pre-pandemic contexts relating to young children's development and the services that support it (Chapter 1), then cover changes that played out during the pandemic and in the years since (Chapter 2). We then provide analyses of the impact of the pandemic on children's attainment of their developmental milestones, and of the decisions that were taken regarding early years education, health, and social care (Chapter 3). We conclude by laying out expert recommendations for mitigating the effects going forward, and in the event of a future pandemic or comparable event (Chapter 4). Throughout the report, our statement is based on published data, and any gaps within its scope are likely due to a lack of available data.

Overall findings of this report

2. This report details how Covid-19 disrupted early childhood experiences via impacts on families and services. Evidence converges to show that cohorts who experienced pandemic disruption saw adverse impacts on their developmental outcomes.
3. Analysis of the proportions of young children reaching their expected milestones shows that early educational attainment gaps widened during and after the pandemic. There were especially serious impacts on the least privileged in society, with children from socioeconomically disadvantaged backgrounds and with additional needs falling further behind their peers. These widening attainment gaps continue almost five years after the outbreak of the pandemic, raising concerns for early years policy. In several datasets, they mark a setback of previous progress in narrowing inequities as a result of improvements to educational policy and practice in the years preceding the pandemic (detailed in paragraphs 152 and 156)
4. Covid-19 restrictions greatly limited access to early education and other children's services during the first national lockdown between March and June 2020. Support for young children and their families continued to be disrupted even after restrictions were eased during the remainder of 2020 and into 2021 (detailed in paragraphs 234-235). Young children with additional learning needs and families requiring support due to safeguarding concerns were particularly affected by the disruption in services, which were already under considerable pressure before the pandemic and ill-equipped to deal with the Covid-19 crisis.

The importance of the first five years of a child's life

5. The early years are a critical period for children, as their brains develop and they learn how to interact with the world. Physical, cognitive, communicative, and socioemotional skills develop rapidly before a child's fifth birthday and are supported by nurturing environments. Children's early experiences form foundations for learning and behaviour, and can predict later life chances, happiness, and success.
6. Although much of the nurturing that children receive happens within the family, external services play a crucial support role. High quality early education has measurably positive impacts on children's learning and development. Allied children's services such as health visiting and social care also help parents establish and maintain positive relationships with their children and create environments that enable children to thrive. These services can identify additional needs early, empower parents to secure adequate support, and help families to overcome crises that can undermine children's development. The effectiveness of these services is particularly important to support the development of children who face disadvantages.

Pandemic impacts on children's development

7. Data from each of the UK nations reveal that a larger proportion of children than before the pandemic did not meet their expected milestones between 2020 and 2022, as measured by statutory reviews at around two years of age and at the start of formal schooling. There are concerns in multiple key areas of learning, including literacy, maths, communication, and socioemotional development. Recovery rates are mixed, though there have been some tentative increases in attainment for children born since 2022 (e.g. Figure 5). Survey data highlights persistent concerns from teachers and parents about the impacts of the Covid-19 pandemic on children's development, as a result of reduced social interaction and disruption in early education and other children's services, such as health visiting and children's social care.
8. The data is more concerning when separated by demographic groups. Some groups of children reach their expected milestones as anticipated, whereas others lag behind. The pandemic period widened these gaps between groups at the end of children's reception year, in some cases reversing previous narrowing (e.g. Figure 6). In England, children belonging to one or more groups – including those living with socioeconomic disadvantage, with additional needs, with English as an additional language, of specific ethnicities, or who are boys – showed widened attainment gaps from their peers pre- and post-pandemic, falling further behind.

9. Data showing a widening of pre-pandemic attainment gaps after 2020 suggests that the pandemic exacerbated pre-existing challenges, such as those faced by young children with additional learning needs or those living in social disadvantage. However, data showing a reduction in attainment after the pandemic by children living *without* social disadvantage suggests that Covid-19 caused adverse impacts independent of pre-existing circumstances, albeit milder and shorter-lived in advantaged demographics.
10. There has been no pervasive bounceback in developmental outcomes since restrictions were removed. Although social inequalities were increasing before the pandemic, measures to prevent the spread of Covid-19 appear to have widened these gaps. Despite fiscal and pedagogical efforts to support young children's educational recovery, data from three years after the onset of the pandemic suggests that time and intervention has not yet translated to a marked recovery in young children as measured by, for example, Early Years Foundation Stage attainment data. Attainment gaps remain higher than pre-pandemic levels at the end of reception for children with additional needs (Figure 10) or with socioeconomic disadvantage (Figure 6).
11. The pandemic had immediate and lasting detriments on the youngest and most vulnerable children, and intensified the existing gaps between rich and poor. A likely factor in the lack of recovery is the rising numbers of young children living in relative poverty, which compromises not only child wellbeing and development, but also educational outcomes and employment prospects in later life (Organisation for Economic Co-operation and Development (OECD), 2019). Additional factors contributing to the lack of recovery are likely to be inadequate funding to support inclusive and high-quality early education, as well as longstanding weaknesses in other children's services.

Pandemic impacts on children's services in education, health, and social care

12. During the first UK lockdown, most children missed weeks of early education due to closures and then reduced capacity in some settings. Even when restrictions eased, some settings remained closed for longer, and some parents chose to keep their children at home due to safety concerns. These disruptions had negative effects on child development, compounded by reduced access to other children's services.
13. During the first lockdown, some health visitors were redeployed and services were provided mainly remotely, leading to a decline in support. The service continued to be disrupted when restrictions were eased. As a result, families with young children received less pre- and postnatal support, and there were missed opportunities for identifying developmental delays and safeguarding concerns at an early stage.

14. Children with additional learning needs were particularly affected, as their reduced attendance in early education well beyond the end of the first lockdown limited opportunities for early identification and tailored support. Those with complex needs also experienced setbacks due to disruptions in specialist community services.
15. Longstanding cuts to family support services prior to the pandemic had already left safeguarding systems under-resourced. As the crisis unfolded, children's social services shifted even further toward costly crisis interventions, with reduced capacity to provide early help or preventative support. This limited their ability to work with families to prevent problems escalating. During the pandemic, the number of children in care increased across the UK, except in Scotland.

Factors contributing to reductions in children's development

16. Children's development was negatively affected by limited or no access to early education and other children's services, disruptions to school provision in their reception year, limited access to play facilities, friends, and the wider environment, and family circumstances, including increased exposure to financial hardship, parental physical and mental ill health, and food insecurity. Families living with pre-existing disadvantages were affected more profoundly. Under-fives suffered particular hardships due to their reliance on play and high-quality interactions for development, as well as their dependence on adult supervision, which parents were not always able to provide.
17. These effects played out differentially across groups: negative impacts were more likely for socioeconomically disadvantaged and otherwise vulnerable children¹. Families living on a low income, of specific ethnicities, or with children with additional needs face systemic disadvantages which can negatively impact child development. These include limited access to early education, inadequate support in education, housing instability, reduced parental resource (time, skills, or finances), delayed diagnosis and intervention, fragmented and underfunded support services, health disparities, low expectations, and a lack of representation in policymaking. Covid-19 introduced additional factors which compounded these disadvantages. This burden would have been heavier still for the many families who belonged to more than one of these vulnerable groups. It is our view that the pandemic is highly likely to have worsened inequities in child development.
18. These differential outcomes are associated with vulnerabilities in early years services. Weaknesses in early education, health, and social care systems are more likely to affect

¹ We use 'vulnerable' throughout this report to cover a range of vulnerabilities, including additional needs, disability, socioeconomic disadvantage, safeguarding, and adverse family circumstances. Clinically vulnerable children are explicitly referenced as such.

children who face multiple disadvantages; when these systems face crisis and become weaker, the impact on vulnerable children is greater.

Responses to support children's development

19. A range of initiatives were implemented to support children's services and development during and after the pandemic. These took the form of remote learning resources, financial support for the early education sector, interventions to support learning recovery, and health support. There have been some measurable positive effects, for example children who participated in the Nuffield Early Language Intervention (NELI) made on average four months' additional progress in their language skills compared to those who did not participate, and children eligible for free school meals showed even greater progress, averaging seven months' additional development (Smith et al., 2023).

Recommendations

20. There are many lessons to be learned from what we now know about how the Covid-19 pandemic affected children's development. As the pandemic unfolded, government priorities were initially focused on reducing the spread of the virus, treating infected adults, and later, on economic recovery. It is our view that the recovery response was slower to act on the impacts of lockdown on the youngest in society.
21. The pandemic set back progress in breaking the link between a child's socioeconomic background and developmental attainment. Although progress in narrowing the early years attainment gap had begun to stall slightly in 2019, the gap rapidly widened between 2019 and 2022 (Figure 6). Slowing or reversing this trend will depend on effective interventions to help families and services recover from the crisis, including integrated support tailored to the most affected communities to ensure systemic inequalities are addressed.
22. Our expert view supports the recommendations that have been published elsewhere (detailed in paragraphs 433-444). We reiterate the need for a long term, cross-government national strategy for children in their crucial formative years, targeting the social determinants of educational inequalities and with ringfenced funding to ensure more consistent and high-quality support. We endorse recommendations for equality of access to high-quality early education, supported by a professionalised early education workforce. We call for enhanced support for socioemotional development and for early speech, language, and communication, and for more effective support for children with additional needs.
23. We present several additional recommendations for mitigating the impact of Covid-19. First, enable families to take up their offer of early education, and support children's regular

attendance so they can fully enjoy and benefit from their early education experiences. Second, create more effective and consistent systems for identifying and assessing children's emerging additional needs, and for supporting families to access the help their children need. Third, enable expert researchers and practitioners to follow the development of cohorts of children born into and after the pandemic. Enhanced data availability and cohort studies will provide a full understanding of the causal factors and trade-offs impacting their developmental outcomes as children grow, including the effects of pandemic-related interventions. Fourth, base early years policy on the wealth of evidence summarised in this report and elsewhere (including internationally), co-created and supported by affected practitioners and communities.

24. In the event of a future pandemic or comparable event, risks must be rebalanced to reduce wider societal harms of lockdowns. Children and families must be fully informed and empowered to safely access the services they need, for example by keeping early education settings open as essential infrastructure, and ensuring that services that work with vulnerable children continue to operate in person when it is in the child's best interest. Health visitors should not be redeployed elsewhere in the health service and should deliver the service remotely only if it seems appropriate to do so. Local authorities must be able to intervene if nationally imposed restrictions continue beyond the period which they deem necessary, for example, disallowing parents to enter early years settings. All these measures will require robust pre-planning.
25. Finally, many of the factors needed for good child development (adequate household income, parental wellbeing, access to early education) affected by the pandemic have also been hit by the cost-of-living crisis which emerged in the aftermath of the pandemic. This makes the need for urgent, effective intervention even more pressing.

Chapter 1. Child development from birth to five: influences and milestones.

Chapter overview

26. This chapter begins by summarising what children need for healthy development, followed by an overview of the developmental milestones they are expected to hit before their fifth birthday. It then focuses on the main services that support young children's development: early education, health visiting, services for children with additional needs, and children's social care sector, providing detail on these services' role, structure, access, and availability. It concludes by describing the condition of these services before the pandemic, to foreground the discussion in Chapter 3 of how their status changed after the outbreak of Covid-19.

Influences on child development

27. Child development from birth to five years is a critical period that lays the foundation for lifelong learning and physical and emotional wellbeing. Young children are highly responsive to their environments, which contain multiple interrelated factors that support development.
28. One of the most influential factors is secure parental attachment. When caregivers are warm, responsive, and consistent in meeting a child's emotional and physical needs, children are more likely to develop good social understanding and emotional skills. This allows them to safely and confidently explore their world, form relationships, and manage challenges. Good parental mental health influences the quality of caregiving. Parents or caregivers who are experiencing depression, anxiety, or chronic stress may struggle to provide responsive and consistent care. This can affect attachment and emotional development. Conversely, neglect or inconsistent caregiving can threaten healthy attachment and emotional regulation. Exposure to adverse childhood experiences such as domestic violence, substance misuse, or involvement in the justice system can increase the risk of developmental delays and poor mental health.
29. Also important is a supportive and stimulating home environment, providing stability, routines, opportunities for play and learning, and nurturing relationships. Rich communicative interactions such as back-and-forth conversations, storytelling, and exposure to a broad vocabulary are especially vital for developing language communication, and early literacy skills. Conversely, limited social interaction may restrict opportunities for language learning and play. Environmental risks, such as exposure to pollutants or lack of access to green space, also affect children's health and development.

30. Play and physical activity are fundamental to early childhood development. Through play, children develop motor skills, problem-solving abilities, creativity, and social understanding. Active movement, including outdoor activities, supports physical health and coordination, and cognitive development.
31. Access to quality early education and childcare can also have a lasting positive impact, particularly for children from disadvantaged backgrounds. High-quality early learning environments offer structured opportunities for language, social, and emotional development, and foundational academic skills.
32. Financial stability underpins many of the factors that support early development. Families with sufficient income are more likely to provide nutritious food, safe housing, healthcare, and opportunities for learning. Conversely, poverty is linked to chronic stress, food insecurity, and limited access to quality childcare, all of which can negatively impact development.
33. In sum, responsive caregiving, stable and enriching home and group environments, and access to basic resources are crucial for early child development. When one or more of these factors is threatened, children are more likely to face challenges in reaching their developmental potential.

Expected developmental milestones from birth to five years

34. Children are expected to reach a broad cross-section of developmental milestones between birth and their fifth birthday, outlined in UK statutory and non-statutory policy and practice frameworks. Each of the four nations has its own early education framework for children's education, providing standards for the learning, development, and care of all children in early education settings, including those with additional needs. They focus on broadly similar aspects of development, and overlap in the key outcomes expected of children, though vary in their flexibility and emphases on academic benchmarks versus holistic, relational development.
35. In England, the Early Years Foundation Stage ("EYFS") (EYFS; revised 2021) is the learning framework for children from birth to five years. It incorporates a broad range of knowledge and skills for progress at school entry and beyond, with a focus on literacy, numeracy, communication, and personal development. The standardised approach allows for measurable progress but may be seen as the most structured of the four nations' approaches.

36. In Scotland, *Realising the Ambition: Being Me* (2020) is the national guidance for early education, covering the period from birth through early childhood into primary education. It focuses on delivering what babies and young children need for the best start in life, with an emphasis on play, wellbeing, and relationships as a foundation for future learning. It links to the 'early level' (three to six years) in the single Scottish Curriculum for Excellence.
37. In Wales, *Early Childhood Play, Learning and Care (ECPLC)* is an integrated approach to education and childcare for 0-to-5-year-olds. It focuses on the holistic development of babies and young children, including their social, emotional, cognitive and physical development to support wellbeing and lifelong learning. It emphasises experiential learning and broad skill sets to develop children into ambitious, capable, creative, and confident citizens, rather than focusing primarily on academic benchmarks. Maintained settings are able to develop their own curriculum, in line with the provisions under Curriculum for Wales. There is also a specific curriculum for funded, non-maintained nursery settings (Education Wales, 2024). This is a developmentally appropriate curriculum for the youngest learners and is increasingly being used by both non-maintained and maintained schools to nurture positive dispositions towards learning. In contrast to England's EYFS, Wales's ECPLC values childcare as a service distinct from early education, with the latter term applying only to the nursery education received by 3-year-olds.
38. In Northern Ireland, the *Learning to Learn Policy Framework* for 0-to-6-year-olds provides policy guidance for early years education, emphasizing the importance of high-quality services to deliver better outcomes for children and their families. The *Foundation Stage Curriculum* (4-to-6-year-olds) is designed to support good quality preschool provision. It balances structured learning with play-based approaches and outlines the range of learning opportunities which young children should have through a range of experiences.
39. The areas of learning in each nation's curricula show substantial overlap. For brevity, we do not summarise the separate curricula, but provide the seven areas of learning from England's EYFS as illustration (detailed in paragraphs 41-47).
40. Non-statutory governmental guidance – the *Development Matters* framework (Department for Education, 2023a) which supports the *Early Years Foundation Stage Statutory Framework* in England (Department for Education, 2024a) – groups developmental milestones into seven areas of learning and development to guide early years practitioners, childminders, and nursery and reception staff. These milestones offer a broad picture of the development expected in 0-to-5-year-olds within UK frameworks. It notes that each child is unique, and that the pace of development can vary widely.

41. In Personal, Social, and Emotional Development, 0-to-2-year-olds form attachments to caregivers, and begin to show basic emotions and empathy. From two years of age, they begin to show more independent behaviours, such as self-care tasks and simple social interactions. From three, they develop simple forms of self-regulation and can understand basic social rules. From four to five years, children become more aware of the consequences of their actions and show increased cooperation.
42. In Communication and Language, 0-to-2-year-olds begin to recognise voices and sounds. They gradually produce speech sounds and basic words, and use gestures for communication. From two years of age, they find objects when asked, begin understanding and producing short sentences, use a growing vocabulary, and enjoy rhymes. From three, longer utterances allow them to express questions, ideas, and experiences. From four to five, more complex grammar and abstract language develops.
43. In Physical Development, 0-to-2-year-olds develop motor skills such as rolling, reaching, sitting up, crawling, standing, and walking. They begin to grasp and manipulate objects. From two, improved balance and coordination enables them to run, kick, jump, and climb. They begin to use tools, show increasing control over hand movements, and show some awareness of toileting. From three, they expand their gross and fine motor skills, for example, hopping, catching, pencil-control, and building with blocks. They can wash and dry their hands, and dress themselves with help. From four to five, they move with confidence around obstacles, can write recognisable letters, and show awareness of health and self-care.
44. In Literacy, 0-to-2-year-olds respond to stories and enjoy looking at books. From two, they become increasingly interested in print, starting to recognise familiar words or letters. They point at pictures, retell simple stories, and may pretend to read. From three, they know that print carries meaning, and start to segment sounds and link them to letters. From four to five, they begin to read simple words and sentences, blend letter sounds, and may write phonetically plausible words.
45. In Mathematics, 0-to-2-year-olds notice changes in numbers of objects up to three, and develop awareness of number names through rhymes. From two, children enjoy filling and emptying containers, develop basic counting skills and begin to sort objects by colour, size, and shape. From three, they use shapes appropriately for tasks and may recite numbers 1-10. From 4-to-5-years of age, they show more advanced counting including 'more' and 'fewer' and understand basic measurement. Simple concepts of time and money may emerge.

46. In Understanding the World, 0-to-2-year-olds start to explore the sensory world, developing an awareness of different people, objects, and places. From two, children develop curiosity about their environment, showing interest in their own and others' lives and how things work. From three, they talk about significant events and things they have observed in nature. From four to five, they start to grasp more complex scientific concepts and can complete simple computer operations.
47. In Expressive Arts and Design, 0-to-2-year-olds explore materials through their senses and begin to enjoy moving to music. From two, children make simple drawings, paintings, and create sounds with objects. They start to role-play adult behaviours. From three, they engage in more elaborate pretend play and build more complex structures. They explore craft activities with greater control. From four to five, creativity becomes more evident in both structured and free play. They experiment with different media, make up and act out stories, and express themselves through music and dance.
48. The EYFS framework works alongside the Special Educational Needs and Disability Code of Practice (Department for Education, 2015) to require early education providers to have clear arrangements in place for assessing and meeting children's additional needs, as part of monitoring the development of all children. Practitioners should be alert to emerging difficulties, have clear arrangements in place for identifying children's additional needs, respond early to concerns, and promote equality of opportunity, supported by local Special Educational Needs Coordinators.
49. The EYFS framework includes two specific points for providing written assessments for parents and other professionals – when the child is aged two and at the end of the reception year.

Two-year development review

50. As part of the Healthy Child Programme ("HCP") in the UK, children are offered a health and development review at the age of 2- to 2.5-years. It is broadly similar across the four nations, with some differences in terminology outlined below.
51. When a child in England is aged between 2 and 2.5 years, they receive a Healthy Child review, which includes a developmental progress check. Early education providers, local authorities, and health visiting services conduct these integrated reviews to share a broad picture of the child's development, including a review of additional needs. Observations diverging from expected development, including special educational needs or disabilities, are monitored. Where appropriate, practitioners develop a targeted plan or interventions to support the child.

52. Progress checks use the Ages & Stages Questionnaire (“ASQ-3”), an assessment tool covering five domains of development: communication, gross motor, fine motor, problem solving, and personal social skills. Children who meet or exceed their age specific thresholds in all five domains of development are said to be achieving a good level of development (“GLD”) at two years. Skills include pointing to the correct picture in a book, walking down stairs holding an adult’s hand, stacking seven blocks, and engaging in pretend play with a doll.
53. As in England, children in Wales have the health and development review at 2 to 2.5 years. This is part of the Healthy Child Wales Programme (0-7 years) (Welsh Government, 2016).
54. In Scotland, children’s health and development are assessed at 13-15-month, 27-30 month, and 4- to 5-years using the ASQ-3 as part of the Scottish Child Health Programme. At all age points, reviews involve asking parents about their child’s progress through conversation and a questionnaire, and carefully observing the child. Health visitors record any concerns about the child’s development across eight domains: Speech, language and communication; Gross motor; Fine motor; Problem solving; Personal/social; Emotional/behavioural; Vision; Hearing. They are typically done by health visitors in collaboration with parents/carers.
55. In Northern Ireland, children are offered a health and development review at 2 to 2.5 years as part of the Healthy Child, Healthy Future programme. Further, the Getting Ready for Toddler 3+ Review is a collaboration between health and education to support young children’s development and to enable early identification of needs. The 3+ Review, carried out by health visitors with parents / carers and preschool staff, focuses on social and emotional development using the Ages and Stages Social and Emotional questionnaire (“ASQ: SE2”). This is followed by a broader ranging review meeting to discuss the child’s development, including social skills, cognitive development, behaviours, speech, language and communication, fine-motor skills, and vision and hearing.

Developmental expectations at the start of primary school

56. Early education frameworks provide the foundational expectations of children as they start formal schooling at the transition from reception to year 1. The frameworks provide explicit milestones across several areas of learning, which are measured at the end of the child’s reception year, that is, the academic year in which they turn five.
57. In England, the early years foundation stage profile (‘EYFSP’) statutory assessment measures each child’s level of development at the end of the academic year in which they turn 5, against 17 early learning goals (“ELGs”) across the seven areas of learning in the EYFS (detailed in paragraphs 41-47). For each ELG, teachers assess whether a child is

meeting the expected level of development, or if they are not yet reaching this level and should be assessed as 'emerging'. This provides an assessment of each child's development in order to support successful transitions to year 1.

58. Children are deemed by the EYFSP to be school ready if they are rated as performing at an age-appropriate level across all competencies across the domains of Personal, Social, and Emotional Development (e.g. work and play cooperatively and take turns with others); Communication and Language (e.g. participate in discussions, offering their own ideas using recently introduced vocabulary); Physical Development (e.g. use a range of small tools, including scissors and paintbrushes); Mathematics (e.g. verbally count beyond 20, recognising the pattern of the counting system); and Literacy (e.g. demonstrate understanding of what has been read to them by retelling stories). This is referred to as having reached 'a good level of development' ("GLD").
59. The EYFSP provides parents, practitioners, and teachers with a holistic picture of a child's knowledge and abilities. It is particularly helpful for children with additional needs to inform plans for future learning, identifying any additional needs for support. Teachers should identify the child's level of development in a variety of ways, including eye pointing or use of symbols.
60. The Curriculum for Wales encompasses the development of children from 3 to 16 years of age. Statutory baseline assessments are made in four areas of learning: Personal and social development, wellbeing and cultural diversity; Language, literacy and communication (Welsh and English); Mathematical development; Physical development. A child is usually assessed on entry to reception class at age four and placed at a specific level or outcome within a skills ladder. The majority of 4-year-olds are generally expected to be assessed at Outcome 2 (consistent with or greater than their age expectations), with significant numbers also expected at Outcomes 1 and 3 in each area of learning. For example, a child who could use simple sentences which are mainly understood by others would be placed at Outcome 1, a child who could speak clearly with other children and familiar adults at Outcome 2, and a child who could speak clearly and audibly with growing confidence and clarity with most sounds and words correctly pronounced at Outcome 3.
61. In Scotland, children's health and development is assessed at 4- to 5-years across eight domains as part of the Scottish Child Health Programme (listed in paragraph 54). Note that the Scottish system focuses on identifying children with developmental concerns, rather than measuring proportions of children reaching predetermined, linear benchmarks, as the English approach does. Rather, it aims to inclusively track progression for each child, acknowledging their life circumstances as linked to the Experiences & Outcomes within the

Curriculum for Excellence. See, for example, guidance regarding expectations of learners with complex needs:

“The principles that underpin Curriculum for Excellence (...) support and empower ‘all’ children and young people to learn and achieve personal excellence, regardless of their individual circumstances (...) provide flexibility for schools and settings to plan learning suitable for their own context and unique needs.” (Education Scotland, 2019a).

62. In Northern Ireland, statutory assessments take place during the Foundation Stage when children are 4- to 5-years old, equivalent to Reception in England and Wales. Schools assess each Area of Learning, i.e. The Arts, Personal Development and Mutual Understanding, Physical Development and Movement/Physical Education, The World Around Us, and optionally, Religious Education. They also cover Cross-Curricular Skills, i.e. Communication, Using Mathematics and Using ICT, and Other Skills, i.e. Thinking Skills and Personal Capabilities. These assessments are of a formative nature: completed by teachers and reported only to parents. Few schools use any form of standardised test in the Foundation Stage and no levels of progression are provided. Coupled with a lack of published attainment data (detailed in paragraphs 156 and 179), we are relatively limited in what we can specify about pandemic impacts on young children growing up in Northern Ireland.

School readiness

63. Alongside the developmental milestones outlined in national early education frameworks, the wider concept of ‘school readiness’ refers to the compatibility between the school environment and the child’s stage of development, ensuring a smooth transition into primary school for children and their families.
64. School readiness has been conceptualised in a variety of ways. One useful approach (Williams, Lerner, et al., 2019) frames school readiness as three interdependent components: readiness in the child (encompassing physical, cognitive, socioemotional and language skills), schools’ readiness for children (inclusion of cultural sensitivities, parent engagement opportunities; flexible and high-quality provision), and family and community support (nutrition and exercise, access to preschool education, and educational support for parents).
65. Other conceptualisations focus on the child’s abilities, leading to a perception of school readiness as a set of fixed targets that prepares children to meet school requirements at the

start of formal education and that are critical for later academic success (Aiona, 2005; Snow, 2006; Whitebread & Bingham, 2012).

66. English education policy states that school readiness gives children the broad range of knowledge and skills that provide the right foundation for good progress through school and life (Department for Education, 2021b), and defines children who are school ready as those who have achieved the good level of development (“GLD”) in a range of abilities as measured using the Early Years Foundation Stage Profile (EYFSP). GLD is defined as the child achieving at least the expected level for the 12 early learning goals in the prime areas of learning and the specific areas of mathematics and literacy. This definition of school readiness aligns more closely with the focus on children’s abilities (as detailed in paragraph 65).
67. Whether a child is considered school ready has implications for later outcomes in childhood and beyond. For example, children who are not school ready are approximately six times more likely to be later identified as having additional needs, more likely to perform below expectations at later key stages across curriculum areas, and to become persistently absent from school (Atkinson et al., 2022; Warburton et al., 2024; Wood et al., 2024).
68. Educators also use the term ‘school ready’ more holistically to refer to the child / school / family triad (detailed in paragraph 64), as well as to the full range of academic, socioemotional, and motor developmental measures including turn-taking, communication, concentration, and physical coordination, which enable children to access learning as they start school (Davies et al., 2016; Head Start, 2020). Some practitioners break it down into social, physical, and intellectual characteristics. For example, in Kindred Squared’s School Readiness Survey (2024), teachers cite independence (dressing, eating, toileting, time away from parents); playing, sharing and turn-taking; basic written and verbal skills; and ability to follow simple instructions.
69. Parents tend to describe the emotional aspects of school readiness, for example, the child’s desire and excitement at going to school; their ability to cope with parental separation; and their ability to play with other children.
70. The Scottish system’s emphasis on children’s progress within their own contexts (rather than on reaching universal milestones) means that the concept of school readiness is seldom used in Scotland. Instead, there is a focus on collaborative support for home-to-nursery-to-school transitions based on different starting points, and alongside the assessment of progression within a curricular level (Education Scotland, 2019b).

71. In Wales, the term 'school readiness' is not used in policy, in line with the Curriculum for Wales' seamless continuum of learning without stages or phases from 3 to 16 years.
72. When assessing the impact of the pandemic, this report takes a comprehensive view of school readiness as encompassing the full range of children's abilities, as well as schools' and families' readiness to support the start of formal schooling. Different conceptualisations of school readiness are likely to influence interpretations of how the pandemic impacted children growing up in the different nations, for example in England, where children are measured against stricter age-related expectations.

The role of services in supporting child development

73. This section describes the services that support children's development and wellbeing in the early years. These include services specifically targeted at young children and their families—namely early education and health visiting—as well as specialist services for children with additional learning needs and children's social care services.

Early education services

74. At the heart of the systems supporting children in the early years are early education services. Across the UK, policies are in place to encourage children's participation in early education before they start school, as high-quality early education plays a key role in fostering learning and development. It also helps to reduce the developmental gap between children from socioeconomically disadvantaged backgrounds or with additional learning needs and their peers. The early education entitlement (detailed in paragraphs 98-99) is the main policy programme implemented across the UK to support participation in early education (HM Treasury, 2004; Welsh Government, 2015; Scottish Government, 2009; Northern Ireland Executive, 2015).
75. Early education services are expected to support the achievement of developmental milestones outlined in policy and practice frameworks discussed in paragraphs 34-38.
76. Children access their early education entitlements (see paragraphs 98-99) in early education settings such as nurseries or with childminders. Childminders operate as home-based private businesses, while group-based providers include nurseries run by voluntary not-for-profit organisations, for-profit businesses, or the public sector. Most early education providers in the public sector are nursery classes within maintained schools, with a small minority of standalone nursery schools and nurseries run directly by the local authority.²

² There are also a very small number of early education places delivered by independent private schools, but in this report the term school-based settings refers to early education providers based in state schools.

Many settings outside the school sector offer a mix of parent-paid and publicly funded early education.

77. In England, most early education provision is delivered outside the public sector, with only one-fifth of early education places located in school-based settings at the time of writing. In contrast, around three-quarters of early education places in the rest of the UK are delivered by the public sector, although the private and voluntary sector plays an important part in delivering provision for working families and children below the age of three (Archer and Oppenheim, 2021; Curristan et al., 2023; La Valle et al., 2022; Scottish Government, 2022). Provision for working families and very young children can be referred to as ‘childcare’, for example, in Wales, where this service is seen as distinct from early education. In this report we do not make this distinction and early education refers to all regulated provision for children before they start school.
78. Local authorities in England, Scotland, and Wales, and education regions in Northern Ireland, are responsible for ensuring that early education services meet the needs of local children and families. For example, they must ensure that there are enough funded places - including for children with additional learning needs and working families. They must also ensure that eligible children can access their early education entitlement in line with statutory guidance - for instance, that funded hours are free at the point of delivery (Department for Education, 2025a; Welsh Government, 2025; Scottish Government, 2017; Northern Ireland Executive, 2015).
79. Because most early education in Wales, Scotland, and Northern Ireland is delivered by the public sector, the responsible authorities in these nations have greater control over the structure and delivery of services, as well as over admissions practices, compared with England. As discussed in Chapter 3, this difference was reflected in how local authorities managed access to early education services during the pandemic when access to services and provision were reduced.
80. Outside England, national guidance and local enforcement around the delivery of funded provision are generally stronger. In Wales, for example, local authorities commission funded places for 2-year-olds in Flying Start areas (described in box 1 below) (Department of Education, 2020; Scottish Government, 2017; Welsh Government, 2025). In contrast, the delivery of funded hours in England is less tightly regulated, allowing providers to charge families for accessing early education entitlements (Paull and La Valle, 2018; Reed and O’Halloran, 2024). As discussed in paragraph 102, this has implications for access, especially for lower-income families. In response to a legal challenge, the English Government issued revised guidance in April 2025 to ensure that there are no mandatory

charges associated with accessing the early education entitlements (Department for Education, 2025a). It is too early to assess the impact of this change on admissions practices.

Health visiting services

81. Health visiting is the other key service supporting babies, young children, and their families. It has been described as “...*the backbone of early years services across the UK (...) the ‘safety net’ around all families*” (UNICEF, 2022). The service leads the delivery of key early intervention and prevention public health programmes across the UK.³
82. Health visiting is a public health nursing service and in each country is part of the universal public health provision that supports the physical and mental health of children and parents, as well as child development, social needs, and safeguarding. Health visitors provide antenatal and postnatal care, feeding support, parenting advice, developmental checks, and assistance with public health priorities (e.g. increasing vaccination uptake).
83. In addition to supporting key aspects of child development through regular contact with families (see paragraph 104), health visitors help families access both specialist and universal early years services. For example, they promote early education entitlement and guide families toward services that support access to funded early education. They identify developmental challenges and help families secure appropriate support, such as speech and language therapy for children with delayed language development. Health visitors also play a crucial role in identifying and supporting mothers with postnatal depression, as well as families requiring intensive support (for example, those affected by domestic violence) or statutory intervention such as safeguarding referrals to children’s social services.
84. The development of the health visiting service has varied across the UK. Following a period of expansion that peaked in 2015, the number of health visitors in England declined by over a third between 2015/16 and 2020/21 (Conti and Dow, 2021). Over a similar period, the service continued to expand in other parts of the UK. Between 2010 and 2019, the number of health visitors increased by 18% in Northern Ireland and by 15% in Wales (Royal College of Nursing, 2019). The evaluation of the expansion of the health visiting support in Scotland found that, in 2019, the workforce had increased resulting in a higher and more equitable service coverage (Doi et al., 2021).

³ These are: the Healthy Child Programme in England; Healthy Child, Healthy Future in Northern Ireland; The Child Health Programme in Scotland; and, the Healthy Child Wales Programme.

85. The workforce reduction in England led to increased caseloads. In 2015, 16% of health visitors reported caseloads of between 500 and 1,000 families; by 2019, this had risen to 28% (Institute of Health Visiting, 2020a). Local authority-level analysis shows that in 2019, 80% of local authorities had caseloads exceeding 250 children per full-time equivalent health visitor: the maximum recommended by the Institute of Health Visiting (Conti and Dow, 2021). Comparable caseload data for the rest of the UK is not available for this period, but data from the pandemic period suggest that caseloads were markedly lower in Scotland and Wales (see paragraph 351).
86. These differences in service capacity have resulted in variations in the level and consistency of health visiting support available to families across the UK (detailed in paragraphs 104-105). As discussed in Chapter 3, these disparities became more pronounced during the pandemic and had a particularly heavy impact on families facing greater challenges.

Services for children with additional needs⁴

87. In addition to early education and health visiting, the wellbeing and development of a minority of young children with additional learning needs is shaped by their access to specialist services and resources that support them within early education settings. By their first year of primary school, children with additional needs are already developmentally behind their peers (detailed in paragraph 167). Targeted services for this group are therefore essential to support their learning and development.
88. In England and Northern Ireland, children with additional needs are defined as those with learning difficulties or disabilities that make it harder for them to learn than their peers, and who therefore require additional support (Department for Education, 2015; SEND Act (NI), 2016). Scotland and Wales adopt a broader definition that also encompasses those needing extra help due to other circumstances, such as having English as an additional language (ALN and Education Tribunal Act, 2018; Education (Additional Support for Learning) (Scotland) Act, 2004).
89. The early years are recognised as a critical time to intervene and provide support for this group, particularly through professionals who work closely with young children, most notably health visitors and staff in early education settings (nurseries, nursery classes, and childminders). These professionals are well placed to identify additional learning needs and assess the support required (Department for Education, 2015; Department of Education, 2023; Scottish Government, 2017). As discussed in Chapter 3, disruptions to health visiting

⁴ These are children whose learning difficulties and/or disabilities make it harder for them to learn than their peers, and who therefore require additional support. Across the UK nations different definitions are used for this group (see glossary), throughout this report we describe them as children with additional needs.

and early education services during the pandemic led to substantial delays in identifying additional needs, resulting in missed opportunities for early intervention and prevention.

90. Much of the additional support for children with additional needs is delivered within early education settings. There is considerable variability in the type and level of funding available locally to support these children (as detailed in paragraph 112). Growing evidence suggests that the current system is inadequate. Parents increasingly report being declined a place—or being offered reduced hours—because settings state they do not have the resources to support their children’s additional needs (detailed in paragraph 112).
91. Local authorities also provide specialist support, such as short breaks and transport to education settings, while health authorities deliver specialist services, including occupational therapy and physiotherapy. As discussed in paragraph 110, across the UK, the system for accessing specialist support is failing children, with long waiting lists for both assessments and the delivery of the support to which they are entitled.

Children’s social care services

92. Across the UK, local authorities (or health and social care trusts in Northern Ireland) have a statutory duty to support ‘children in need’, that is, children who require additional support to achieve or maintain a reasonable standard of health or development, or to prevent significant harm (Children Act 1989; Children (Northern Ireland) Order 1995; Children (Scotland) Act 1995; Social Services and Well-being (Wales) Act 2014). This group includes children with a disability or additional learning needs, discussed in the previous section. This section focuses on services that protect children from harm, abuse, neglect, and exploitation, including those with a child protection plan and children in care.
93. When concerns about a child’s welfare or wellbeing are highlighted, the relevant authority must assess whether the child is ‘in need’ and identify appropriate services to address those concerns, including preventive support such as parenting programmes to stop problems from escalating. Authorities also operate programmes to prevent children entering care.
94. When children are assessed as being at risk of significant harm due to physical, emotional, or sexual abuse, or neglect, they are placed under a child protection plan. This plan outlines what needs to change to reduce risk, assigns responsibilities to professionals (e.g. social workers, family support workers, early education staff), and specifies what parents or carers must do to meet the child’s physical and emotional needs. These plans are regularly reviewed to determine whether sufficient progress has been made to reduce intervention, whether the plan needs to remain in place, or whether a care order is required due to escalating risk.

95. If children are taken into care, the local authority (or health and social care trust in Northern Ireland), working with other agencies, assumes the role of 'corporate parent'. This entails ensuring that children in care receive consistent, high-quality care and support, enjoy the same opportunities as their peers, are protected and empowered, and are supported to reach their full potential.
96. A small but growing number of children require statutory intervention (see paragraph 114). Their outcomes - in terms of education, health, wellbeing, employment, and involvement with the youth justice system - are consistently poor (Berridge et al., 2020; Jay et al., 2019; Mannay et al., 2017; Sebba et al., 2015). A high level of support from a range of services and professionals is needed to mitigate the very negative effects that adverse childhood experiences can have on children's development and wellbeing; effects that often persist into adulthood. As discussed in Chapter 3, during the pandemic, disruption to children's social care services had a substantial negative impact on some of the most vulnerable children in society.

Access and availability of services

97. This section discusses eligibility for the services outlined in the previous section, and access to these services in the years leading up to the pandemic, including barriers to access experienced by children and families.

Early education services

98. Entitlements to free early education were introduced to increase participation in early education, with the aim of supporting children's development and narrowing the developmental gap between children from socioeconomically disadvantaged backgrounds or with additional learning needs and their peers. These entitlements are expected to achieve this policy objective in two main ways. First, by removing barriers to access. For example, before free entitlements were introduced, some children did not attend early education because their families could not afford it. Second, by supporting a steady increase in participation, the entitlements help to 'normalise' early education, with parents increasingly viewing it as important or even essential preparation for school (OECD, 2025).
99. Children aged three and four are entitled to free early education, although the number of hours varies across the UK, as outlined in Box 1 below. In addition, there is an entitlement for disadvantaged 2-year-olds in England and Scotland, and for all 2-year-olds in disadvantaged areas in Northern Ireland and Wales; again, the number of hours varies (see

Box 1). In England and Wales, children from working families are entitled to more hours, and in England, from an earlier age (see Box 1).

Box 1: Early education entitlements across the UK

In England, since 2006 all 3-to-4-year-olds have been entitled to 15 hours of early education for 38 weeks a year. Prior to that, they were entitled to 12.5 hours. In 2009, this entitlement was extended to 2-year-olds defined as disadvantaged: those from low-income families, with an Education, Health and Care Plan, or disability living allowance, or children in care or who have been adopted.

In 2017, 3-to-4-year-olds from working families (with each parent earning at least £180 a week and up to a maximum of £100,000 a year) became eligible for an additional 15 hours per week, bringing the total to 30 hours for 38 weeks a year. In 2024, children from working families became entitled to 15 hours a week for 38 weeks a year from the age of nine months. This entitlement will increase to 30 hours a week from September 2025 (Reed and O'Halloran, 2024).

In Scotland, early education entitlements were introduced in 2002 for all 3-to-4-year-olds, as well as for disadvantaged 2-year-olds (as defined above). The entitlement has expanded over time, from just over 400 hours a year to 600 hours, and in 2021 increased to 1,140 hours a year (equivalent to 30 hours a week during term time or 25 hours per week year-round).

There is a commitment to extend the same entitlement to all children from the age of one, but this plan has now been paused. Pilots are currently being conducted to explore ways of providing funded provision to low-income families, with the aim of supporting parental employment and reducing child poverty.

In Wales, since 2005 3-to-4-year-olds have been entitled to ten hours of early education for 48 weeks a year. As part of the offer provided by the Flying Start programme (launched in 2006 in disadvantaged areas; see Box 2), 2-3-year-olds in these areas are entitled to funded provision for 12.5 hours a week for 39 weeks, plus at least 15 sessions of provision during the holiday.

In 2019, 3-to-4-year-olds from working families (with each parent earning at least £180 a week and up to £100,000 a year) became eligible for an additional 15 hours a week, bringing the total to 30 hours for 48 weeks a year. In 2022, this entitlement was extended to parents who are studying or training.

In Northern Ireland, the entitlement was introduced in 1998, and by 2012 there was sufficient provision to guarantee 3-to-4-year-olds 12.5 hours a week during term time. There are plans

to expand this provision to 22.5 hours a week for all 3-to-4-year-olds. Currently, around 40% of children in this age group access the full 22.5 hours.

In Sure Start areas (the 25% most deprived areas; see box 2), 2-year-olds can access play and learning opportunities, it is up to individual centres to decide how much provision they can offer.

Some local authorities in the UK provided funded early education before it became a legal entitlement, and some still offer more than the national minimum. For example, in Wales many local authorities provide 15 hours a week to 3-to-4-year-olds, and in England some offer 30 hours a week to all children in that age group.

100. Universal entitlements are considered particularly effective at supporting take-up of early education and reducing inequalities in participation (OECD, 2025). For example, since the introduction of the universal entitlement for 3-to-4-year-olds, participation in early education has increased substantially, with uptake levels exceeding 90% across the UK in 2019 (Curristan et al., 2023; Department for Education, 2019; Scottish Government, 2019). However, a small proportion of 3-to-4-year-olds do not access their full entitlement. These children are more likely to come from low socioeconomic backgrounds, have additional learning needs, or live in disadvantaged areas (La Valle et al., 2024).
101. The entitlement targeted at disadvantaged 2-year-olds has not achieved the same results as the universal entitlement. While participation among this group has steadily increased since its introduction, around half of eligible 2-year-olds in Scotland and a third in England did not take up their entitlement in 2019 (Department for Education, 2019; Scottish Government, 2019). Barriers to take-up include: the stigma associated with accessing an entitlement targeted at 'poor families'; parents being unaware of the entitlement or how to access it; and, particularly in England, difficulties in securing places in a childcare market that is more geared towards serving the needs of working families (La Valle et al., 2024; The West Partnership, 2023).
102. Entitlements targeted at working families can undermine the key policy objective of reducing inequalities in early childhood for two main reasons. First, they provide additional early education mainly to children from middle- and high-income families, who would typically be expected to fare better than their peers from low-income backgrounds, even without the extra funded provision. Second, the entitlement can encourage early education settings to focus more on meeting the needs of working families, as these families require places that

are more financially viable and, in some cases, more profitable. This can be at the expense of places that are considered less financially viable, such as those for families who cannot pay for additional hours and/or for children with additional support needs. In England, where a large proportion of provision is delivered outside the public sector (detailed in paragraph 77) and the delivery of funded hours is deregulated (detailed in paragraph 80), families unable to pay to top up the free entitlement are more likely to experience difficulties in securing a suitable funded place (La Valle et al., 2024; OECD, 2025).

103. In summary, across the UK, the universal early education entitlement is associated with very high levels of participation among 3-to-4-year-olds. In contrast, targeted entitlements have been less effective in reducing participation inequalities, and the entitlement for working families may unintentionally increase inequalities in early childhood. Barriers to access are more commonly experienced by children from low socioeconomic backgrounds, with additional learning needs, and from disadvantaged areas. When early education services were disrupted during the pandemic, some of these barriers were exacerbated, which partly explains why these children missed more early education than their peers (detailed in Chapter 3).

Health visiting services

104. Families with young children are entitled to a set of universal assessment visits from health visitors to identify needs and provide targeted and specialist support, and help accessing specialist services when additional support is required. The number of universal postnatal visits varies across the UK: there are four in England, six in Northern Ireland, nine in Wales, and ten in Scotland.
105. A performance measure for the health visiting service is the rate of completion of these universal postnatal visits. In the year before the pandemic, completion rates were consistently high in Northern Ireland but varied across the rest of the UK, with no clear pattern: some nations performed better at certain stages and less well at others (Table 1).

Table 1. Completion rates for health visitor postnatal universal contacts in 2018/19

	10-14 days	6-8 weeks	Around 1 year*	Around 2 years*
England	97%	85%	82%	78%
Northern Ireland	99%	98%	82%	90%
Scotland	97%	91%	72%	89%
Wales	93%	79%	82%	74%

Source: Department of Health, 2019; Office for Health Improvement and Disparities, 2019; Public Health Scotland, 2023; Welsh Government, 2019b.

Notes: *Age ranges vary slightly across the four nations.

106. A study of these completion rates in 2018-2020 (before Covid-19) in England, found considerable variation across local authorities, particularly after the initial visit. Rates ranged from: 90%-100% for the 10-14 days review; 18%-100% for the 6-8 weeks review; 20%-99% for the one-year review; and 33%-97% for the review at age two-and-a-half (Mengyun et al., 2020). In contrast, in 2018/19, completion rates in Northern Ireland, Scotland, and Wales showed very little variation across local or health authorities (Department of Health, 2019; Public Health Scotland, 2023; Welsh Government, 2019b).
107. The health visiting service is based on a model of progressive universalism, which aims to identify needs and tailor the level and type of support to the needs of individual families. For example, if a developmental delay is identified during a scheduled visit, the health visitor remains in contact with the family to support access to relevant services. There are no national statistics on the number of follow-up contacts. However, a study in England found that in 2018-2020 (before Covid-19) 80% of local authorities in the sample reported that health visitors carried out follow-up visits, with a median of 1.6 follow-up contacts per universal visit and wide variation between local authorities (range: 0.1-8.5) (Mengyun et al., 2020).
108. In summary, England offers a lower number of routine health visitor contacts than the rest of the UK. This results in a lower level of support, particularly in comparison with Scotland and Wales, where all families can expect more than twice the number of contacts. There is also much greater local variability in England in relation to completion rates, compared to the more consistent coverage seen in other nations. As will be discussed in Chapter 3, when

services were disrupted during the pandemic, families in England were more likely to experience reduced and inconsistent health visitor support.

Services for children with additional needs

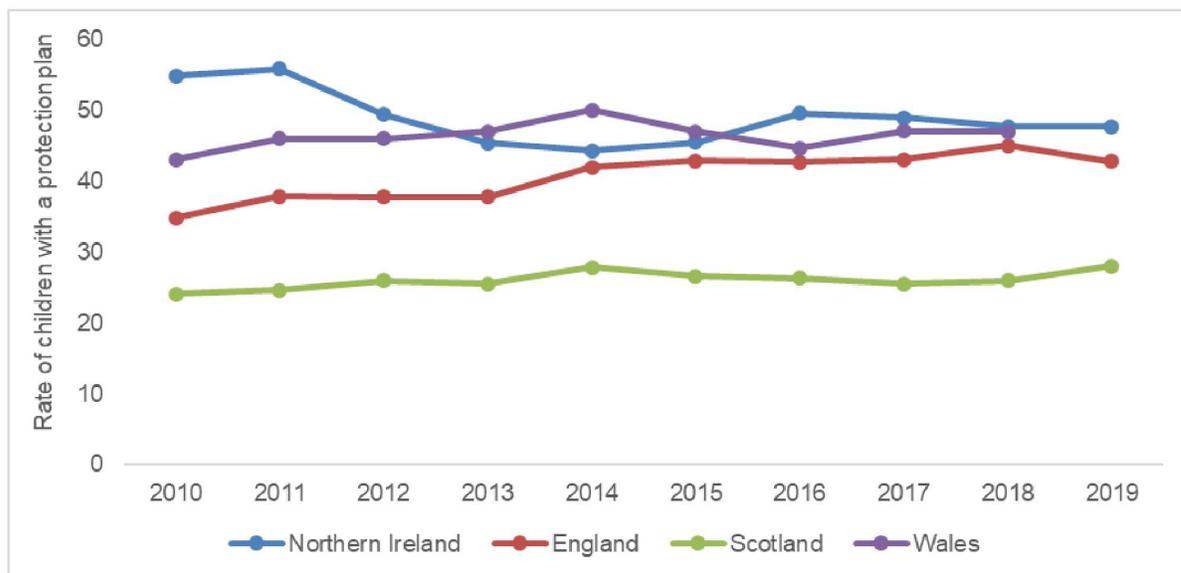
109. Access to support for additional learning needs depends on identifying those needs, with schools playing a key role in identifying children who need additional support. Before children start school, health visitors and early education providers (such as nurseries, nursery classes, and childminders) play an important role in identifying additional learning needs and ensuring young children get the support they need to learn. As discussed in Chapter 3, disruption to health visiting and early education services during the pandemic led to notable delays in identifying additional needs, resulting in missed opportunities for early intervention and prevention.
110. Children with additional learning needs can access specialist support, such as speech therapy or physiotherapy. Eligibility for this support must be confirmed through an assessment. In the years leading up to the pandemic, the system for accessing such support was under strain across the UK, with long waiting lists for both assessments thus delaying the identification of needs and the delivery of support children need to benefit and enjoy their early learning experiences (Morgan, 2020; Northern Ireland Audit Office, 2017; Ofsted, 2021).
111. As noted in paragraph 48, early education settings receiving public funding are required to have processes in place for assessing and meeting children's additional needs, as part of monitoring all children's development. Educators should be alert to emerging difficulties, have clear procedures for identifying needs, respond early to concerns, and promote equality of opportunity supported by local Special Educational Needs Coordinators.
112. Settings can seek funding from their local authority to support children with additional needs, for example to provide one-to-one support and to ensure children can fully participate in nursery activities. Some children require close supervision for health and safety reasons. There is considerable variation in the availability and level of local funding, and growing evidence suggests that the current system is inadequate. In the years leading up to the pandemic, parents increasingly reported being declined a place or being offered reduced hours because settings stated they did not have the resources to support their children's additional needs (Coleman et al., 2020; La Valle et al., 2022).
113. In summary, in the years leading up to the pandemic, young children with additional needs faced many barriers to accessing early education. As discussed in Chapter 3, these

challenges were exacerbated during the pandemic and help explain the widening developmental gap between these children and their peers highlighted in Chapter 2.

Children’s social care services

- 114. In the years leading up to the pandemic, the number of children receiving statutory interventions - such as being placed on a protection plan or taken into care- had been increasing. This rise was partly due to a fragmented and underfunded system for early intervention, which failed to prevent problems from escalating (see paragraphs 128-129). Rising poverty and financial pressures on families also contributed to this increase.
- 115. Except for Northern Ireland, the rate of children on a protection plan in 2019 was higher across the rest of the UK than it had been at the beginning of the decade (Figure 1).

Figure 1. Rate of children with a protection plan per 10,000 children under 18 by nation 2010-2019



Source: Department of Health (2010-2019) Children’s social care statistics for Northern Ireland; Welsh Government (2010-2019) Children Receiving Care and Support Census, Wales; Department for Education (2010-2019) Children in Need Census, England; Scottish Government (2010-2018) Children’s Social Work Statistics, Scotland.

- 116. Young children were more likely to have a protection plan compared with older age groups. As shown in Table 2, the rates of young children with a protection plan varied, with Wales and England having higher rates than Northern Ireland and Scotland

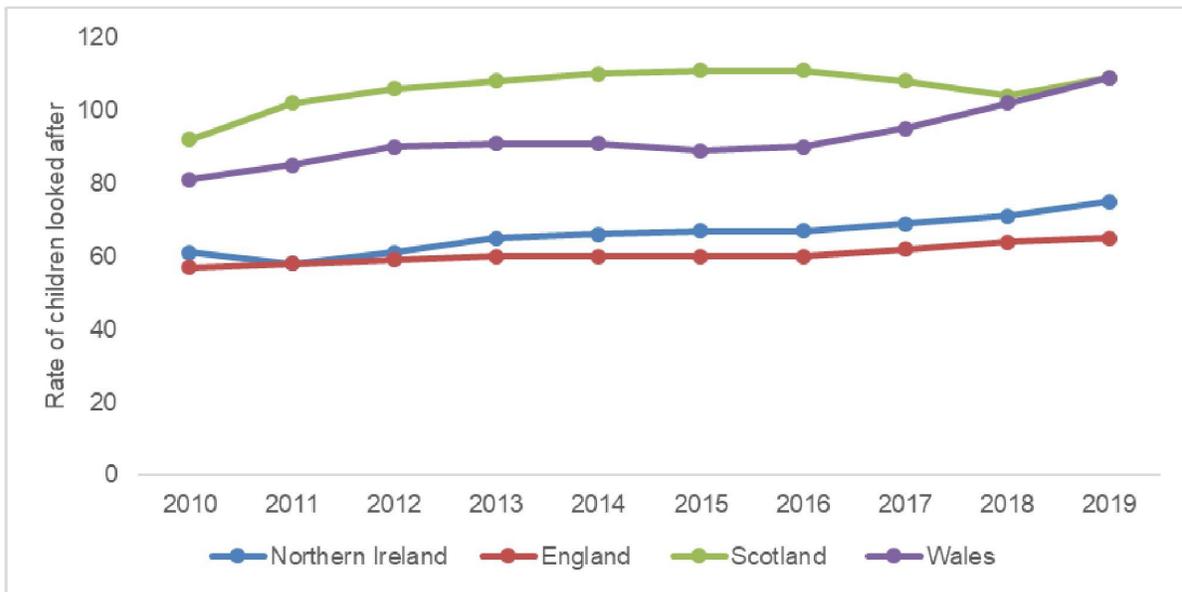
Table 2. 0-to-4-year-olds with a protection plan per 10,000 children 0-to-4, in 2015

Nation	Rates per 10,000
Wales	66
England	61
Northern Ireland	54
Scotland	42

Source Bywaters et al., 2020

117. In 2015, across the UK, children (under 18) living in the most deprived 10% of neighbourhoods were over ten times more likely to have a protection plan than those in the least deprived 10%. This stark disparity highlights how poverty and financial pressures can undermine parents' ability to effectively support and care for their children (Bywaters et al., 2020).
118. Between 2010 and 2019, there was an increase in the number of children being taken into care. This trend was more pronounced in Wales and Scotland, compared with the more gradual increases in Northern Ireland and England (Figure 2).

Figure 2. Rate of children looked after per 10,000 children under 18 by nation 2010-2019



Source: Department for Education (2010-2019) Children looked after in England including adoptions, England; Department of Health (2010-2019) Children's social care statistics for Northern Ireland; Scottish Government (2010-2019) Children's Social Work Statistics, Scotland; StatWales (2010-2019), Children Looked after at the 31 March, Wales.

119. Rates of children aged 0-to-4 years in foster or residential care were higher in Scotland and Wales compared with England and Northern Ireland (see Table 3). As with protection plans, across the UK children (under 18) were more considerably likely to be taken into care in more disadvantaged areas (Bywaters et al., 2020).

Table 3. 0-to-4-year-olds in foster or residential care per 10,000 children 0-to-4, in 2015

Nation	Rates per 10,000
Scotland	49
Wales	35
England	29
Northern Ireland	25

Source: Bywaters et al., 2020

120. The reasons for national differences in rates of statutory interventions are not fully understood. These differences partly reflect variations in national policy and practice, as well as the decisions of the judiciary. However, variations also exist within nations, across different local authorities, and persist even when controlling for factors such as the area's socioeconomic profile and family circumstances associated with statutory interventions, including parental substance abuse, mental health challenges, and domestic abuse. This suggests that other, unknown factors contribute to variations in rates both between and within nations (Bywaters et al., 2020; Hodges and Bristow, 2019).
121. Prior to the pandemic, research with children and families showed that safeguarding systems often did not work well from their perspective. For example, research in England in the late 2010s found that for many families, a key failure of these systems was insufficient early support to prevent problems from escalating, and a lack of resources in the family and community that could help prevent some children from being taken into care (Care Crisis Review, 2018; Rehill and Oppenheim, 2021). While some families' experiences of safeguarding support were positive, there was also evidence of ineffective services that focused on forms and procedures rather than a child's needs, as well as risk-averse services that disempowered parents instead of supporting them (Care Crisis Review, 2018). As discussed in paragraph 96, the outcomes for children who receive statutory interventions are very poor.

State of play going into the pandemic: challenges faced by services and early years systems

122. This section discusses the key challenges faced by individual services when the pandemic started, as well as weaknesses in the wider systems for providing effective and coordinated early childhood support.
123. Early education services faced two key challenges. First, how to increase participation in early education among children from low socioeconomic backgrounds and those with additional learning needs, who were facing barriers to access. In England, in particular, there was evidence that some services limited access for low-income families who could not pay for additional hours and services (La Valle et al., 2022), while throughout the UK, services struggled to meet the needs of children with high-level needs (Archer and Oppenheim, 2021; Coleman et al., 2020; La Valle et al., 2022).
124. The second challenge related to the early education workforce and affected all four nations of the UK. Research carried out in the late 2010s found that due to the underfunding of early

education, pay and working conditions in early education settings had deteriorated, and the sector experienced considerable recruitment and retention challenges. There were concerns that this was affecting not only the sufficiency of services but also the quality of provision (Archer and Merick, 2020; Bonetti, 2019; Pascal et al., 2020a).

125. Early education services that had already faced challenges in ensuring inclusive access and quality provision were further weakened by the disruption caused by the pandemic. This helps to explain the growing inequalities in early education participation during the pandemic outlined in Chapter 3.
126. Health visiting faced particular challenges in England, where the service had been contracting. There was considerable local variation in service performance, and lower levels of universal support, particularly compared with Scotland and Wales. This meant that, in England, the service was ill-equipped to deal with the disruption caused by Covid-19 and the rising needs of families. As outlined in Chapter 3, during the pandemic, families in England were more likely to experience much-reduced and less consistent health visitor support, compared to the rest of the UK, where the service appeared to be more resilient, particularly in Scotland.
127. Services for children with additional learning needs were failing to adequately support many children in early education with delays in identifying and assessing needs (see paragraph 109) and difficulties in accessing early education settings (as detailed in paragraph 112). These challenges were exacerbated during the pandemic, at a time when more children needed additional support to learn. Disruption to these services helps to explain the widening developmental gap between these children and their peers (highlighted in Chapter 2).
128. Disinvestment in many services that support children and their families, combined with the increase in poverty, created huge pressures for children's social care services. The system for safeguarding children had been considerably weakened by years of austerity and growing demand for statutory intervention, leaving it ill-prepared to support the most vulnerable children in society at a time of crisis.
129. A review of the challenges faced by early childhood in the UK carried out by the Nuffield Foundation with evidence from the years leading up to the pandemic concluded that, in the absence of a national vision and plan, systems for supporting early childhood were very weak and fragmented (Oppenheim, 2022). The lack of a national strategy for the early years was exacerbated by increasing cuts to local budgets and divergent local decisions about

early years investment (National Audit Office, 2019; Social Care Wales, 2020; Stewart and Reader, 2020).

130. Only in disadvantaged areas of Northern Ireland and Wales was a consistent and holistic offer of support available to families with young children, through Sure Start in the former and Flying Start in the latter. These programmes were informed by evidence of what works in supporting early childhood development and received dedicated funding (see box 2).
131. England previously had a similar programme, but the original Sure Start model no longer existed when the pandemic started. A comprehensive evaluation of Sure Start (box 3) showed that the programme had a considerable positive impact on children's outcomes, with long-term benefits likely to significantly exceed its costs. It has been estimated that for every £1 of net spending, Sure Start may eventually generate around £11 in benefits for the children who took part. While cost-benefit analyses of programmes of this complexity come with many caveats - and these are not precise estimates - they nevertheless provide a strong indication of the scale of the programme's costs and benefits (Carneiro et al., 2025).
132. The Flying Start programme in Wales has also shown promising outcomes, including improved school attendance and earlier identification of additional learning needs. There is tentative evidence of improved educational attainment, though methodological constraints make this evidence less robust compared to Sure Start in England (Wilton and Davies, 2017). No formal impact assessment has yet been conducted for Sure Start in Northern Ireland.

Box 2: Sure Start and Flying Start Programmes

Sure Start (Northern Ireland):

Sure Start is targeted at children aged three and under and their families in the 25% most deprived areas, covering around 40% of children in this age group in Northern Ireland. The offer includes home visits and services at Sure Start centres across a wide range of areas, such as family support, play and learning opportunities, speech and language support, help with additional needs, and public health promotion. In 2019, nearly 42,000 children under three were registered with a Sure Start programme, representing just over 50% of children in Sure Start areas. Registration has been steadily increasing (Education Training Inspectorate, 2018; Department of Education, 2021).

Flying Start (Wales):

The programme is for children under the age of 4 in the most disadvantaged areas, although local authorities have flexibility to provide Flying Start services to children and families in need outside the Flying Start areas. In 2019, 24% of newborns lived in Flying Start areas. The programme offers outreach and provides speech, language and communication support, enhanced health visiting, parenting support and early learning provision for 2-year-olds. In 2018-19 around 38,000 children benefited from Flying Start services (Welsh Government, 2021a).

Box 3: Impact Sure Start Children's Centre in England

Sure Start was the first large government initiative to provide integrated support to families with children 0-to-4 in England. It brought together a range of services including health, parenting support, early learning, and employment support for parents. It was introduced in 1999, initially in very disadvantaged areas, it was later rolled out throughout the country. At its peak, in 2010, before the programme was rapidly cut back, there were 3,290 Sure Start Children's Centres, 83% of 4-year-olds were living within pram pushing distance (2.5 km) of a centre and total spending on the programme was £2.7 billion (in 2023-24 prices) (Carneiro et al., 2025).

A recent evaluation of the programme highlighted significant benefits for children, particularly those from disadvantaged socio-economic backgrounds.

- I. **Educational outcomes:** Children who lived within 2.5 km of a Sure Start centre between birth and age five showed significantly improved educational achievement. By age 16, they performed 0.8 grades better in their GCSEs. The effects were six times greater for children eligible for free school meals than for their peers (Carneiro et al., 2024a).
- II. **Identification of additional needs:** Sure Start increased the early identification of additional learning needs at age five and reduced the need for later support. By age 16, the likelihood of having an Education, Health and Care Plan had fallen by 9% among children living near a centre (Carneiro et al., 2024a).
- III. **Health outcomes:** Access to a nearby Sure Start centre led to reductions in infectious illnesses, poisonings, and injuries. Boys, in particular, experienced larger reductions in injury-related hospitalisations than girls (Cattan et al., 2021a).
- IV. **Children with high support needs:** As a universal, light-touch early years service, Sure Start showed limited evidence of impact for children requiring high levels of support. For example, it did not lead to reductions in the number of children taken into care or on child protection plans, nor in young people's involvement with the youth justice system. This suggests that while Sure Start could serve as a gateway for families in need, additional specialist and intensive support is necessary to improve outcomes for children with more complex needs (Carneiro et al., 2025).

133. Flying Start in Wales and Sure Start in Northern Ireland together served a very small proportion of children under five in the UK, when the pandemic started it was very likely that most young children in the UK did not have access to consistent and integrated support offered by programmes like these. For example, in England, substantial cuts to funding for family support services suggest that most young children lacked access to this kind of support (National Audit Office, 2019; Stewart and Reader, 2020), reflecting the findings from the Nuffield Foundation review (Oppenheim, 2022).
134. The absence of a national strategy and plan with dedicated funding for supporting early childhood had undermined services' capacity and capability to work in a coordinated way to provide holistic and effective support to children and their families. Instead, weaknesses in one service created pressures for other services. For example, inadequate support for children with additional needs increased pressures on children's social care services, as many of the children they are responsible for require this type of support. As children's social care services struggled to cope with increased demand, health visitors had to deal with issues (e.g. domestic violence) they would typically refer to other professionals. Health visitors' lack of capacity reduced their ability to identify developmental challenges, leading to early education settings having to address these challenges later when they may have become more serious.
135. Staff morale across all these services was low, as practitioners had been working under considerable pressure and many were unable to provide the kind of support children needed. In our opinion, the fact that they were able to keep services running during the pandemic and support children as best as they could within such weak systems is a testament to their commitment to children.

State of play going into the pandemic: challenges faced by families

136. Inequalities affecting how well families could support their children's development predated the pandemic. These include socioeconomic inequalities such as financial hardship, housing instability, food insecurity, parental education, physical and mental health, and access to quality early education, childcare, and healthcare. We draw on data on pre-existing inequalities to evidence changes throughout the pandemic in Chapters 2 and 3, so they are not detailed here.

Chapter 2: To what extent did Covid-19 impact development from birth to five?

Chapter overview and summary

137. This section summarises data on under-fives' developmental progress before, during and after the Inquiry's specified period (1 Jan 2020 to 28 Jun 2022), where available from government websites, professional reports, and academic research. We focus on developmental attainment at approximately two and four years of age, which are key points for statutory developmental checks. We look at averaged datasets, as well as analyses split by demographic profile to explore differential impacts and changes over time. Factors contributing to these changes are discussed in Chapter 3.
138. Robust datasets, including statutory quantitative assessments and large-scale qualitative surveys conducted in each of the UK nations, reveal that attainment of developmental expectations by children from birth to five years dropped between 2020 and 2022, with some tentative recovery for some children since 2022. Across the UK, a larger proportion of two- and four-to-five-year-old cohorts than before the pandemic did not meet expected developmental milestones. Attainment fell across all areas of learning, with language, communication, and socioemotional development being particularly affected. There were also discernible impacts on children's more holistic readiness for school.
139. More concerning are the widening attainment gaps between specific profiles of children, including those living with socioeconomic disadvantage, with additional needs, with English as an additional language, and of specific ethnicities. Rates of recovery since 2022 vary between age groups, child characteristics, nations, and areas of learning.
140. Although inequalities in development were apparent before the pandemic, data show that Covid-19 measures widened attainment gaps and in some cases reversed progress in narrowing gaps. The pandemic had detriments on the youngest and most vulnerable children in society, and has intensified the gap between rich and poor.
141. We have collated reliable and representative datasets and expert analysis conducted in the years since the pandemic to assess changes to children's developmental progress. Clear trends in the analysed datasets allow us to see changes in children's attainment in the years following the outbreak of Covid-19. Notwithstanding subsequent social challenges (e.g. the cost-of-living crisis, reduction of early education provision, and rising poverty), it is our view that the pandemic was a major factor in the reduction of children meeting their milestones.

142. The disproportionate impact of the pandemic on families living with a range of disadvantages is borne out in the widening of attainment gaps in children with these profiles. It is also reasonable to predict that the reduced social interactions caused by the pandemic would have a greater impact on children's communication and socioemotional skills: a pattern that is indeed borne out in the data. Together, the collated evidence strongly suggests that the pandemic worsened inequities in child development.
143. To conclude by quoting the Education Policy Institute's 2023 annual report:

"The pandemic continues to cast a long shadow over children who spent their earliest years at home. However, this shadow was not cast equally across all groups of children, with some of the country's most vulnerable children falling further behind their peers since 2019." (Hunt et al., 2023).

Two year development review

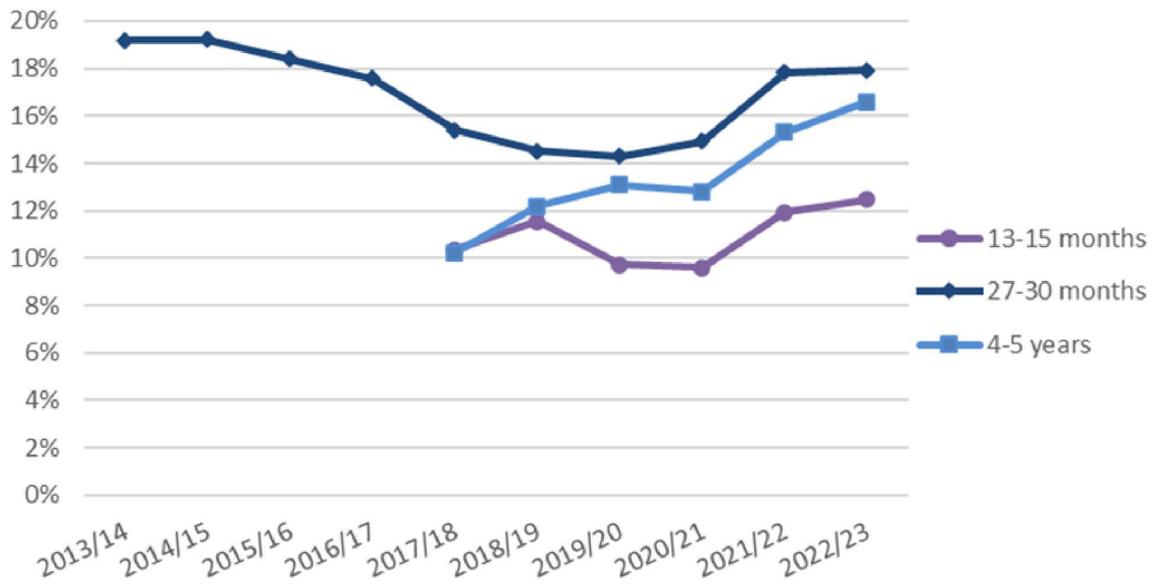
144. In England, latest data show that the proportion of 2-year-olds achieving a good level of development in all five domains (and across all specific domains, listed in paragraph 52) remains slightly lower than pre-pandemic levels. The proportion of reviewed 2-year-olds at or above the expected level in all areas of development fell slightly but steadily from **84%** in 2019, 83% in 2020, 83% in 2021, 81% in 2022, to 79% in 2023. It then rose to **80%** in 2024 (Office for Health Improvement and Disparities, 2025). This means that in a nursery of 20 2-year-olds, on average almost 17 of them were achieving a good level of development in 2019, dropping slightly to almost 16 in 2023, though these averages mask substantial variation (see for example paragraph 146 below). Expected abilities are exemplified in paragraph 52.
145. Although the averaged data in paragraph 144 show relatively high numbers of children with a good level of development at age 2, it is important to note that there are stark inequalities in the proportions of children achieving expected levels of development between regions, local authorities, and deprivation groups.
146. This can be exemplified by contrasting two areas that are low and high in Indices of Multiple Deprivation⁵. In 2024, 75% of 2-year-olds in London reached a good level of development,

⁵ The Index of Multiple Deprivation (IMD) is a widely used measure of relative deprivation for small areas in England, called Lower Layer Super Output Areas (LSOAs) which have an average population of 1500 people or 650 households. The IMD is used to rank areas from most deprived (=IMD 1) to least deprived using 39 separate indicators spanning income, employment, health, education, housing, living environment, and crime domains. It therefore reflects different aspects of deprivation and provides a broader picture of deprivation than just income poverty.

compared with 86% in Yorkshire and the Humber. This difference of 11 percentage points is equivalent to, on average, two more children in every nursery (of 20 children) not reaching expected levels. This attainment gap has widened over the pandemic: the gap between the lowest (London) and highest (Yorkshire) in 2019 was 80% and 88% respectively, 80% (London) and 87% (North East) in 2021, peaking at a 15 percentage point difference in 2023, ie 69% (London) and 84% (East England), equating to an averaged difference of 3 children in every 20 missing targets due to where they live. The inequity also surfaces in sub-areas of the EYFSP, e.g. 81% of two-year olds in London reached a good level of development in communication skills, compared with 90% in Yorkshire and the Humber.

147. The provision of progress reviews was disrupted by the pandemic, especially in England and Northern Ireland (see paragraph 342). In 2021, 28% of children in England did not receive their two-year review, rising from 21% in 2020 and 22% in 2019. Coverage has been improving steadily since 2021, now matching 2020 levels. Coverage varies across regions of England and across local authorities. There is a 27 percentage point gap between the London region, with the highest rate of missed reviews at 37%, and the North East region, with the lowest at 10% (Office for Health Improvement and Disparities, 2024). Children from deprived backgrounds and those in local authority care were less likely to have reviews recorded (Fraser et al., 2022).
148. In Scotland, due to the first national lockdown, most reviews were undertaken remotely where possible. Some health visitors highlighted the advantages to phone or video consultations for developmental reviews, e.g. enabling appointments to go ahead, continuity of care, and reduced exposure to Covid-19. However, many felt the approach was inadequate for safeguarding: 94% of practitioners said that video contact was not as effective as face-to-face interactions for identifying needs or enabling disclosure of risk factors in vulnerable families (Institute of Health Visiting, 2021). Remote appointments were also thought to delay the identification of developmental concerns, prevent building relationships with families, and exacerbate inequalities due to the digital divide (King et al., 2024). From June 2020, in-person reviews were advised to re-commence, linked to Scottish Government Covid-19 guidance. From December 2021, the full Health Visitor pathway was resumed, with child health reviews held in person as resource allowed (Public Health Scotland, 2024b).
149. Figure 3 shows the proportion of reviewed children with a concern noted in at least one area of their development. At all three age points, concerns have been rising since 2020/21. This is particularly acute in 4-5 year olds (16.6% of the cohort in 2023, cf. 10.2% in 2018).

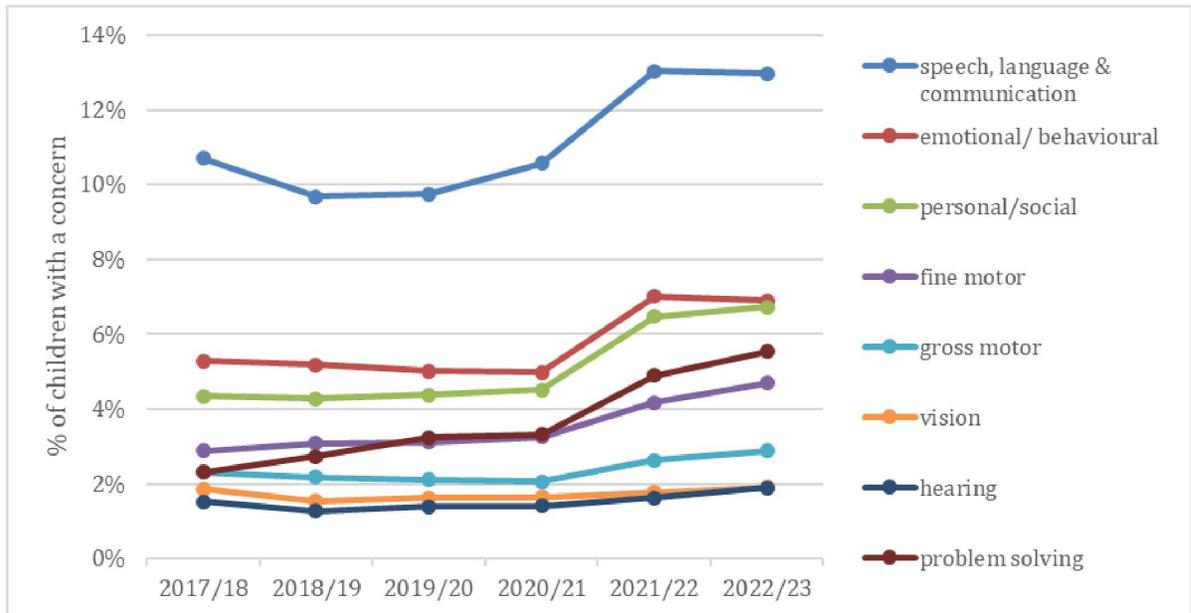
Figure 3. Percentage of children with a developmental concern by stage of review (Scotland).



Source: Public Health Scotland (Early Child Development Statistics) (2024)

150. As Figure 4 indicates, the most frequent domain of concern in 27-30-month-olds was speech, language and communication. Although concerns were elevated for this specific domain before the pandemic, the rapid increase from 9.7% of the cohort in 2019/20 to 13% in 2022/23 evidences an increase in developmental concerns in this domain above and beyond that which would have been expected if pre-pandemic trends continued. On average, this signifies a rise from two (2020) to three (2023) children in a nursery class of 20.

Figure 4. Percentage of reviewed 27-30-month-olds with a developmental concern, by domain (Scotland)

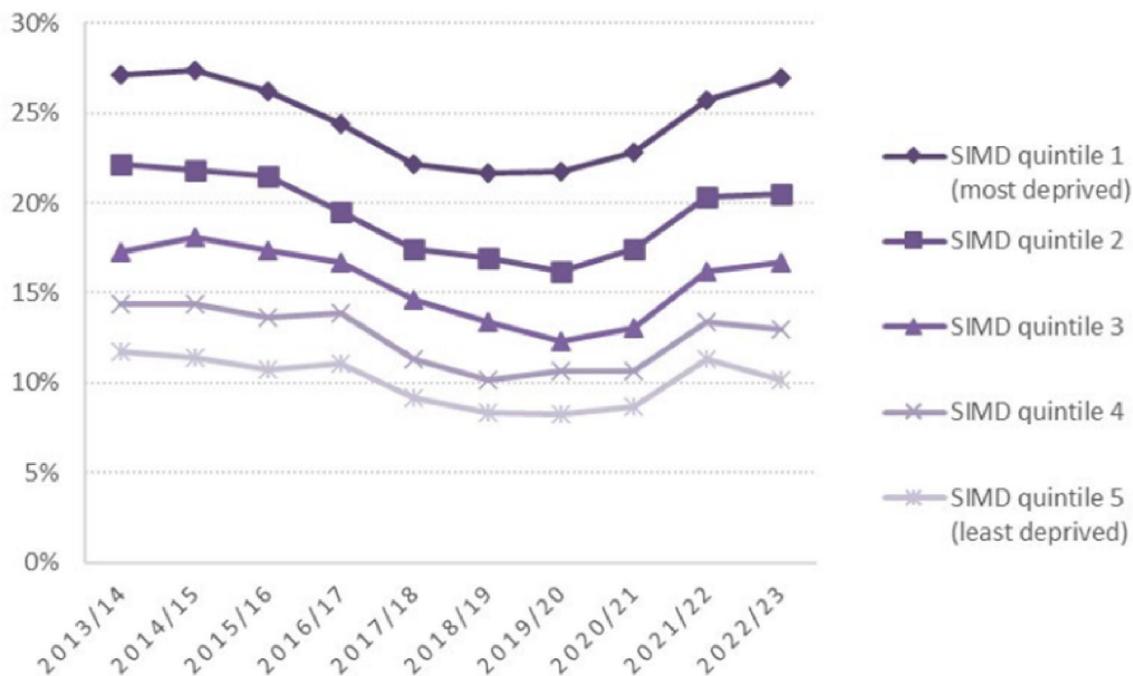


Source: Public Health Scotland (Early Child Development Statistics , 27-30 month data tables) (2024)

151. As Figure 5 shows, there are persistent inequalities in the proportion of children who are found to have a developmental concern. In 2022/23, at 27-30 months, this proportion was 2.7 times higher among children living in the most deprived areas of Scotland (27%) than those in the least deprived (10%). This difference of 17 percentage points is the widest gap between most and least deprived areas observed across the 10 years of reporting on this review, equating to an average of more than 3 more children with a concern in a nursery class of 20, due to where they live (Public Health Scotland, 2024b). At each review stage there is a clear deprivation gradient, with those living in the most deprived fifth of areas of Scotland more likely to have had a concern recorded for at least one developmental domain compared to those living in the least deprived fifth of areas. As shown in Figure 5, this inequality has been observed consistently in data from the 27-30-month review since 2013/14, and widened in 2022/23 as concerns reduce for children in the least deprived quintiles (4 and 5).
152. The U-shaped curve for developmental concerns at all deprivation levels shows that events in 2020/21 reversed a trend for falling numbers of concerns since 2015 (attributed to the expansion of early years policy in Scotland including the Universal Health Visiting Pathway in 2015 and wider access to early education programmes), rising sharply after the pandemic period. Note that coverage / uptake of 27-30 month reviews remained constant at around

89% between 2018 and 2023 (Public Health Scotland, 2024c), so the increase in concerns is likely due to other factors relating to Covid-19 disruptions.

Figure 5. Percentage of children with any developmental concern recorded at 27-30-month review by deprivation level, Scotland, 2013/14-2022/23



Source: CHSP Pre-School February 2024, SIRS, Public Health Scotland

153. There is a clear attainment gap by deprivation across all developmental domains, but it is most pronounced in the problem-solving domain at 13-15 months, the speech, language & communication domain at 27-30 months, and the emotional/behavioural domain at 4-5 years (Public Health Scotland, 2024b). Age-appropriate examples of these expectations include working out how to retrieve a toy that is out of reach, producing simple utterances of 3-4 words and using question words, and expressing feelings using words rather than actions.
154. These attainment gaps are likely due to an interplay of socioeconomic factors including family income, lack of safe play facilities, parental education, service engagement, and physical and mental health inequalities.
155. Attainment data for young children in Wales is limited. Due to pandemic disruption as well as concurrent curricular changes (as the New Curriculum for Wales replaced the Foundation Phase Profile in September 2022), the Welsh Government stopped collecting practitioner

assessment data after 2020, although requirements remain for assessment on children's entry to a nursery setting.

156. No outcome data is available from the health and developmental reviews completed at the age of two in Northern Ireland. However, professional reports produced during the pandemic period attest to an increase in concerns about early years attainment in Northern Ireland. For example, 90% of early education providers and 91% of community paediatricians reported an increase in the number of children with speech, language and communication needs (RCSLT, 2024). In a survey of Northern Ireland's Nursery and Foundation Stage teachers in early 2021, just over half of respondents said that the pandemic did not appear to have impacted substantially on children's engagement, social interaction, and emotional wellbeing on their return to settings post lockdown, principally as result of teachers' efforts. However, over a quarter of teachers expressed concerns regarding children's play behaviours, a third about their social interaction, and a third about children's anxiety after a protracted period of home learning (Walsh et al., 2021).

Start of primary school

157. Due to the pandemic, it was not mandatory for schools in England to collect Early Years Foundation Stage Profile (EYFSP) data in 2019/20 or 2020/21, and so no data underwent public analysis during that period.
158. Further, the Early Years Foundation Stage framework was revised significantly in September 2021⁶. Therefore, we cannot use government data alone to compare school entry outcomes pre- and post- 2021, nor can we ascertain the scale of the impact of the pandemic on child development from this data. However, researchers have adopted methods to allow a comparison of pre- vs. post-pandemic attainment at 5 years of age.
159. Even though national EYFSP data collection was not compulsory during the pandemic, research conducted by a team from the University of York, NIESR, and the Education Policy Institute leveraged EYFSP data that was being collected by a sample of 94 schools in England for internal use in 2020/21 (Tracey et al., 2022). The study compared proportions of reception children reaching a good level of development across five learning areas in

⁶ Supported by a republication of the non-statutory curriculum guidance Development Matters, changes were introduced to improve outcomes at age 5, particularly in early language and literacy, and to reduce unnecessary paperwork for practitioners. Although the seven areas of learning and development remain the same, a new focus on early language and extending vocabulary was introduced, with more examples on how to embed and develop vocabulary skills across all seven areas. The early learning goals were made clearer and more specific, the 'exceeding' assessment band was removed, and age banding was simplified. A new requirement to promote the good oral health of children was also added.

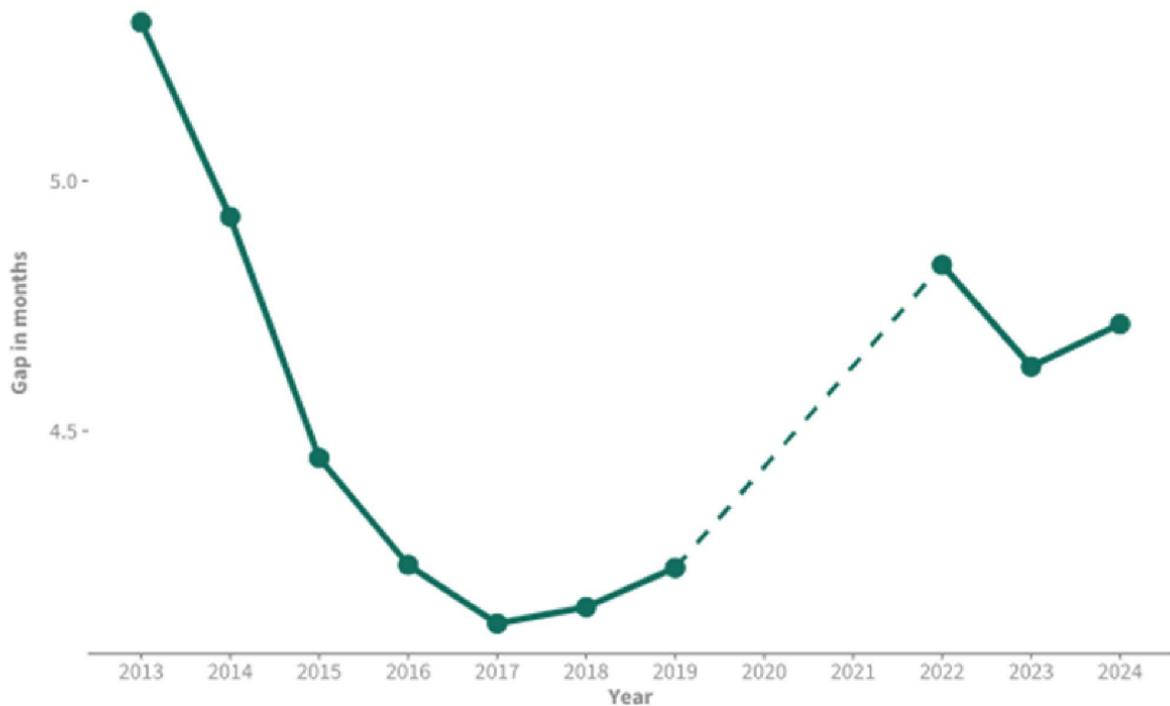
2020/21 (3,253 children) compared to the national 2018/2019 cohort (640,000 children), disaggregated by gender, English as an additional language, children eligible for free school meals, and term of birth. Despite the relatively small sample size and limitations relating to cohort differences (see Tracey et al., 2022: 6 for discussion), the study is useful in bridging the gap when national-scale data was unavailable.

160. The study found that the proportion of 5-year-olds reaching expected levels in all areas – communication and language, physical development, literacy, maths, and personal, social and emotional development (“PSED”) – was 59% in 2021, compared to 72% in the 2019 pre-pandemic cohort. This difference of 13 percentage points is equivalent to, on average, three more children in every classroom not reaching the expected levels by the end of the 2021 school year.
161. The pattern was replicated within component learning areas. In 2020/21, smaller proportions of children reached a good level of development in each of the five areas, with literacy and maths seeing the largest percentage point differences (9.2 and 8.6 below 2018/19 levels, respectively). Accompanying surveys suggest schools had concerns about children’s PSED (74%) and communication and language (64%) as well as literacy (74%) at the end of the year.
162. The proportion of children with English as an additional language (EAL) achieving a good level of development in the 2020/21 sample was 16 percentage points smaller than those in the equivalent 2018/19 cohort. EAL status is a broad category though factors such as lack of English support at home, missing access to small group support at school, and less access to technology for online learning may be at play for these children (Demie et al., 2022).
163. Seventy-six percent of schools in Tracey et al.’s (2022) sample reported that children starting school in 2020 needed more support than those starting school before the pandemic. This fell to just over half (56%) by the end of the school year.
164. A second key dataset comes from the Education Policy Institute’s 2023, 2024, and 2025 annual reports which evidence the gap between disadvantaged pupils and their peers, focusing on England. The methodology systematically maps early learning goals from before and after the Early Years Foundation Stage framework was revised in 2021. This enables a comparison of 2022 and 2019 attainment gaps (Hunt et al., 2023; Tuckett et al., 2024; EPI, 2025).
165. In 2022 the average EYFSP score across 12 early learning goals was 21.8, and in 2023 was 21.9 (out of 24). This was slightly below the 2019 score of 22.0. The increases may be due to a gradual recovery from pandemic disruption and/or practitioners becoming more familiar

with the assessment framework introduced in September 2021 (Department for Education, 2024d). Patterns of EYFSP attainment vary by child characteristics, i.e. sex, ethnicity, special educational needs, socioeconomic circumstances, and region. In 2023/24, girls, autumn-born children, and those not eligible for free school meals had higher development levels than boys, summer-born children, and those eligible for free school meals, maintaining a consistent gap since 2020 (Hunt et al., 2023; Tuckett et al., 2024).

166. When the data is analysed by socioeconomic disadvantage (indexed by children eligible vs. eligible for free school meals), the EPI's analysis shows that the attainment gap at 5 years of age widened through the pandemic. As Figure 6 shows, in 2022, children eligible for free school meals were 4.8 months behind where we'd expect them to be compared to children not eligible for free school meals (i.e. living with advantage), up from 4.2 months behind in 2019 (EPI, 2025). Again, as the U-shaped curve shows, this increase comes after a sustained period (2016-2019) where the gap narrowed and levelled at just above four months between 2016 and 2019, during which time targeted early education funding and entitlements had been expanded. The post-pandemic accelerated gap – the largest since 2014 – is a setback, given the earlier progress in narrowing the gap between 2013 and 2016. There was a slight narrowing of the gap to 4.6 months in 2023, though it rose again in 2024 to 4.7 months and remains above levels in 2019 and in the five years prior to the pandemic.

Figure 6. Disadvantage gap for pupils in reception year in England 2013-2024



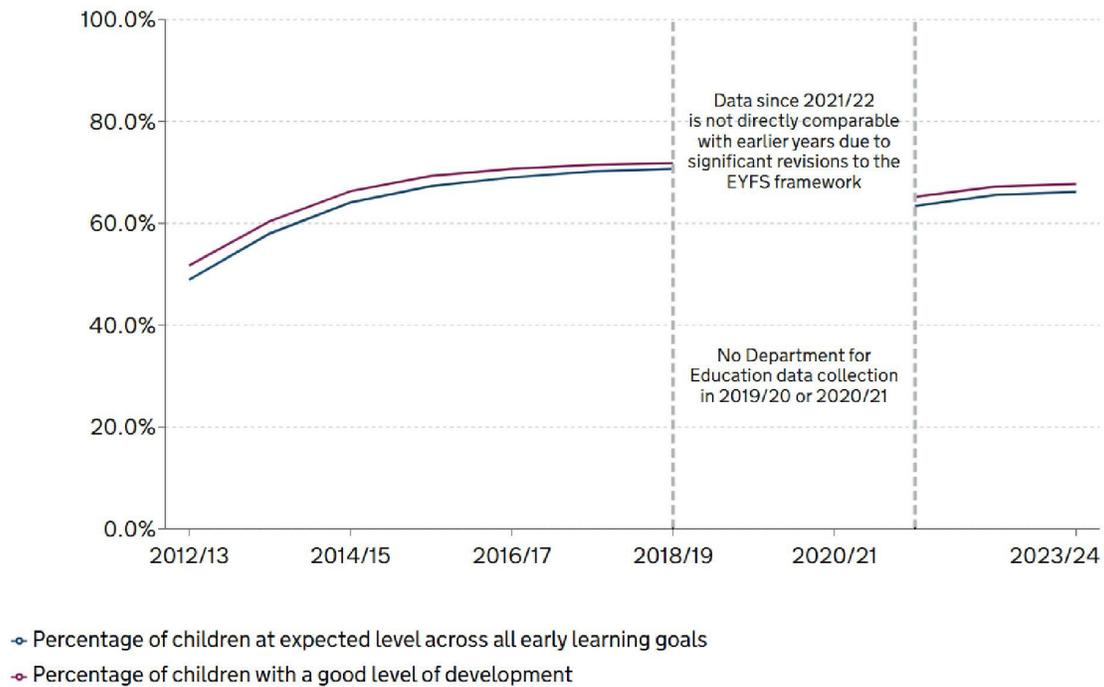
Source: Education Policy Institute Annual Report (Disadvantage) (2025)

167. Data on children with additional needs are split between those who receive support in school (Special Educational Needs support) and those with more complex needs set out in an education, health and care plan (EHCP: this usually requires support additional to SEN provision), as compared to their peers with no identified needs. By the end of the 2023 reception year, children receiving SEN support were 12.4 months behind their peers. This represents a widening over the course of the pandemic, following a consistent attainment gap of around 12 months to reach its highest level since 2013, up 6% from 11.8 months in 2019 (see Figure 10). The attainment gap is also widening for the smaller proportion of children with an EHCP, who are currently 20.1 months behind their peers with no identified needs (EPI, 2025).
168. 5-year-olds with English as an additional language were 1.9 months behind their peers in 2022, a similar sized gap to 2019 (1.8 months) (Tuckett et al., 2024).
169. There are substantial attainment gaps by ethnicity, continuing a pre-pandemic trend. In 2023, Chinese, White and Asian, White Irish and Indian pupils slightly outperformed White British 5-year-olds. The lowest attaining ethnic groups in 2023 were Gypsy Roma pupils (8.3 months behind White British pupils) and Irish Traveller pupils (8.2 months behind). Most

lower-attaining ethnic groups showed widening gaps over the pandemic period: evidence that Covid-19 exacerbated existing inequalities by ethnicity (Tuckett et al., 2024).

170. The gender gap among pupils aged five is marked: girls remained 3.3 months ahead of boys in 2024, an increase from 2.9 months in 2019, reversing the gap-narrowing trend from 2013 to 2019 (EPI, 2025).
171. For completeness, and heeding the caveats on pre/post-pandemic comparability outlined in paragraph 158, government data from England from 2021/22 to 2023/24 is presented below. Overall, separate datasets from the government and Tracey et al., (2022) broadly align to show a decrease in EYFSP attainment before and after the pandemic, though the latter shows a larger difference (13 percentage points vs. 4, likely due to incomplete data and cohort differences in Tracey et al.'s 2022 study).
172. As Figure 7 (red line) shows, in 2018/19, 71.8% of children reached a good level of development (GLD), meaning that on average, just over 21 children in a class of 30 were reaching their expected milestones across early learning goals before the pandemic. No data was collated between 2019 and 2021. This was followed by a drop to 65.2% in 2021/22, rising in 2022/23 to 67.2%, and again in 2023/24 by around half a percentage point to 67.7%, meaning that on average, one fewer child in each class was reaching GLD (Department for Education, 2024d).
173. Development outcomes were lowest in the most deprived areas (58% reaching GLD = an average of 17.7 children out of 30) and highest in the least deprived (77% = 23 children out of 30). Inner London had the best regional performance (70%), while the North West had the lowest (64%), with all regions improving since 2021/22.
174. The rises following 2021 have been attributed to a gradual recovery from Covid-19-related disruption since the outbreak of the pandemic, as well as a growing familiarity with the new framework by practitioners (mirrored in the years following the previous revision in 2012/13: see Figure 7). However, children have still not recovered to pre-pandemic levels of attainment.

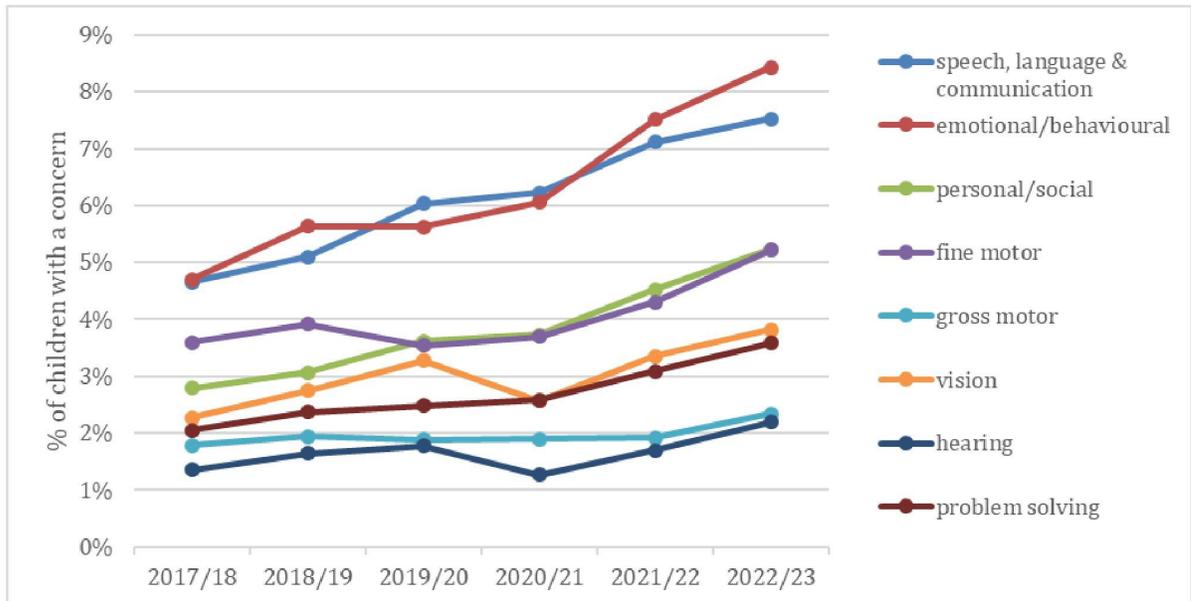
Figure 7. Percentage of children with a good level of development across all 17 early learning goals, 2012/13 to 2023/24 (England)



Source: Department for Education (Early Years Foundation Stage Profile Results) (2024)

175. Regarding Scotland, and referring back to Figure 3, the proportion of reviewed 4-to-5-year-olds with a concern noted in at least one area of their development has risen since 2020/21: 13% in 2019/20 and 2020/21, rising to 15% in 2021/22 and again to 17% in 2022/23. Concerns following the pandemic have accelerated since the introduction of the review, pre-pandemic.
176. The most common areas of concern reflect the skills that children practise in interactive environments. As shown in Figure 8, in 2022/23, the most frequent area of concern in 4-to-5-year-olds was the emotional/ behavioural domain (8.4%) followed by speech, language and communication (7.5%). Just over five per cent of children had a concern recorded for the personal/social and fine motor domains. Concerns about other aspects of development were less common. It will be important to track any recovery of these domains, especially the tentative levelling-off of language concerns emerging in 2022/23.

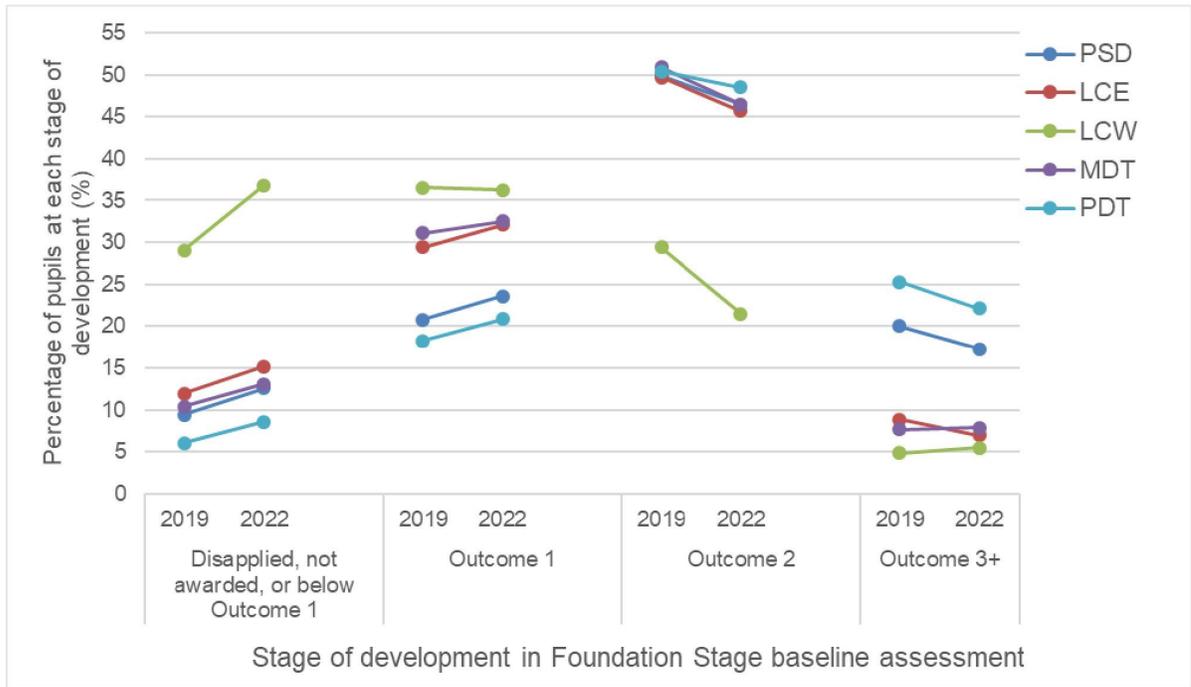
Figure 8. Percentage of reviewed 4- to 5-year-olds with a developmental concern, by domain (Scotland)



Source: Public Health Scotland (Early Child Development Statistics, Four to Five Year Data Tables) (2024) and Public Health Scotland (Early Child Development Statistics Report) (2024)

177. In Wales, the general expectation is that the majority of 4-year-olds will be assessed at outcome 2 (consistent with or greater than their age expectations), with substantial numbers also expected at outcomes 1 and 3 in each area of learning.
178. As shown in Figure 9, Welsh Government data shows that the proportion of children at outcome 2 dropped between 2019 and 2022, in all areas of learning. This is explained by increases in children assessed at lower outcome bands. In other words, more children were performing lower than their age expectations after the pandemic than before. Baseline (school entry) data was not collected in 2020 and 2021 due to the pandemic, and due to curricular changes in 2022, the Welsh Government then stopped collecting practitioner assessment data.

Figure 9. Percentage of pupils at each stage of development in Foundation Phase baseline assessment, 2019 vs. 2022, in each area of learning (Wales)



Key:

PSD	Personal and social development, wellbeing and cultural diversity
LCE	Language, literacy and communication skills-English
LCW	Language, literacy and communication skills – Welsh
MDT	Mathematical development
PDT	Physical development

Source: Welsh Government, Statistical First Release (Academic achievement of pupils aged 4 to 14 in core subjects (2019) and Welsh Government (Academic achievement of pupils in Foundation Phase baseline assessment and at Key Stage 3 (2022)).

179. In Northern Ireland, no data is made available on 4-to-5-year-olds' attainment levels. In broader reviews of the impact of the pandemic on school children in Northern Ireland,

particular issues emerged for young children, who spent the least time engaged in formal home-schooling. Nearly three-quarters (73%) of preschool parents reported that their children did not participate in any live teaching. However, they were more likely than their older peers to participate in outdoor learning and in arts and crafts. Parents were frequently concerned about their young children ‘missing out on their childhood’ (Purdy et al., 2021).

School readiness

180. School readiness refers to the full range of developmental abilities that children need on starting school. In addition to more ‘academic’ attainment measures, for example counting to 10, it includes wider communication and socioemotional abilities such as responding to instructions and eating independently.
181. Public discourse has highlighted post-pandemic concerns about children’s school readiness and the impacts on children, families, and schools when children start school.
182. Since 2020, the charitable foundation Kindred Squared and YouGov have conducted annual surveys with a large sample of teachers and parents to capture changes to school readiness, analyse their causes and effects, and make recommendations for policy and practice. Although potentially subject to some limitations (such as subjectivity and sampling bias), survey data is a rich complement to the EYFSP data discussed in paragraphs 159-166, converging to reveal notable concerns about overall rates of attainment, and inequities between demographic groups.
183. In 2020, early education and primary school teachers reported to Kindred Squared that 43% of children arriving at school were not school ready, for example they didn’t know how to listen or respond to instructions or to hold a pencil. Key reasons included challenges at home and reduced access to early education. In a separate survey of 683 parents in autumn 2020 (Tracey et al., 2022), 38% felt that the lockdown had an impact on how ready their child was to start school, although 47% stated that they did not feel the lockdown had negatively impacted school readiness (see paragraphs 184-185 for a persistent disconnect between parent and teacher perceptions of school readiness).
184. In the 2021 Kindred Squared survey (published 2022), teachers reported a rise of 50% of children not being school ready, with many citing reasons relating to the pandemic, for example reduced support for parents (e.g. Children’s Centres and toddler groups), lack of child experiences (including social interaction and visits to places of interest), and reduced nursery attendance. In 2022 (published 2023), teachers reported 46% of school starters were not ready (compared with 11% of parents). Both teachers and parents felt the

continuing effects of Covid-19 on school readiness: 66% of teachers said that less time spent in nursery during lockdowns had negatively impacted school readiness (down from 77% in 2021).

185. As time elapsed after the pandemic, Kindred Squared survey respondents said in 2023 (published 2024) that Covid-19 impacts were still being felt. Parents said that they felt their children missed out on valuable nursery time and teachers acknowledged the impact of this. 50% of teachers said the school readiness problem had worsened over the previous 12 months, with over a third of children unable to listen and respond to basic instructions, or to dress independently, impacting on the time teachers could devote to the wider class. In 2024, teachers reported that a third of school starters were not ready (compared with 10% of parents saying the same). Teachers cited the enduring impact of Covid-19 on societal factors, including the reduction of essential services and the entrenchment of habits such as an overreliance on screen time. Considering that the 2024 cohort comprises children born in the first year of the pandemic, studies comparing children born before, during, and after the pandemic will be key in identifying the role of Covid-19 in enduring concerns.
186. Overall, the Kindred Squared surveys reveal persistent concerns about school readiness, though the proportion of children deemed by teachers as not ready for school has fallen from 46% to 33% since the pandemic. Over the five years of data, the focus shifts from narrow causes related to lockdowns, for example the closure of parks, towards more systemic problems around underfunded services, exacerbating existing inequities.

Differential impacts of the pandemic on young children's development

187. The pandemic is widely known to have disproportionately negatively impacted groups with particular characteristics. For example, higher mortality has been observed in UK Black and Asian minority groups than in white groups, due to likelihood of working in certain occupations, living in densely occupied areas or having pre-existing health vulnerabilities (Platt, 2021). This section of the report summarises the demographics of children most at risk of pandemic-related impacts to their development.
188. As noted in paragraph 166 and shown in Figure 6, a decade-long trend shows that children living in socioeconomic disadvantage in England are less likely to meet developmental expectations than their peers at 5 years of age. In 2019, their development was 4.2 months behind their advantaged peers at the end of reception, rising to 4.8 months in 2022, the largest difference since 2014 (Hunt et al., 2023; Tuckett et al., 2024). The 2019 gap followed a period between 2016 and 2019 where the gap narrowed and levelled. More strikingly, this was preceded by a consistent narrowing of the attainment gap between 2013 and 2016.

189. Scottish developmental data for 30-month olds (= 2-and-a-half-years) shows clear and persistent attainment gaps for children living in deprived areas (see Figure 5). The proportion of children at this age with a concern is almost three times higher among children living in the most deprived areas (27%) than those in the least deprived (10%). This inequality has persisted since 2013/14, widening after 2022.
190. As paragraphs 188 and 189 indicate, the widening of the gaps after the outbreak of the pandemic strongly suggests that Covid-19 reversed a move towards equality and instead exacerbated existing socioeconomic inequalities in young children's development.
191. The pandemic overlaid multiple factors compromising child development and these were more likely to be experienced by disadvantaged children. They missed more early education than their peers, faced more barriers in the home learning environment to support home learning (e.g. fewer books), and were less likely to have online content provided by an early education setting (Andrew et al., 2020). They are likely to have had less access to outdoor space for play and exercise, to experience less responsive interactions, and to suffer more food insecurity.
192. In a survey by the Early Years Alliance in 2021, 54% of early education professionals observed negative changes in children's development during the first national lockdown, and 42% reported these negative changes were more evident amongst disadvantaged children (Hobbs & Bernard, 2021).
193. There are specific family circumstances that are more likely to coincide with socioeconomic disadvantage. These include having a child with additional needs or being from a particular ethnic background. Children from Black, Asian and minority ethnic communities are in general known to be at higher risk of poorer developmental outcomes. Like lower-income families, these ethnic groups were more likely to have a difficult experience of birth and parenting during lockdown. For example, in Saunders & Hogg's 2020 survey, Black or Black British respondents were least likely to have had any contact with breastfeeding support, Asian/Asian British respondents showed a higher level of concern related to getting reliable information for pregnancy, parenting and their child's development, and NHS workers from Black, Asian and minority ethnic backgrounds expressed additional concerns relating to exposure to increased risks.
194. Young children with additional needs were more likely to be negatively impacted by the pandemic. Disabled children and their families experience greater pre-existing health inequalities, reliance on therapies and services (including respite), digital requirements / exclusion, socioeconomic stressors, challenging child behaviour, and caregiver burden

which made them even more vulnerable to the challenges of Covid-19. In addition, access to therapy (not replicable at home) and care services were greatly restricted by lockdown, often requiring families to undertake complex caring duties with little support. Chapter 3 (detailed in paragraphs 355-360) highlights these inequities and the associated strain on families.

195. Data analysed by the Education Policy Institute reveals a widening of attainment due to special educational needs and disabilities. By the end of 2022, reception children with additional needs were over 12 months behind their peers developmentally. As Figure 10 shows (blue line), this follows a widening over the course of the pandemic to reach its highest level (12.4 months) since 2013. Note that the gap is larger at primary and secondary age, though unlike EYFSP, these gaps are narrowing over time (Hunt et al., 2023).

Figure 10. Attainment gaps for children receiving SEN support in England



Source: Education Policy Institute (Annual Report SEND) (2023)

196. Several surveys and reports spanning the full age range of schoolchildren, including 4-to-5-year-olds in their reception year found greater impacts of the pandemic on children with additional needs. For example, worsening child mental health (Castro-Kemp & Mahmud, 2021; Shaw & Shaw, 2021), and parental concerns about the impact of home schooling on their child’s development and progress, and the future transition (back) to

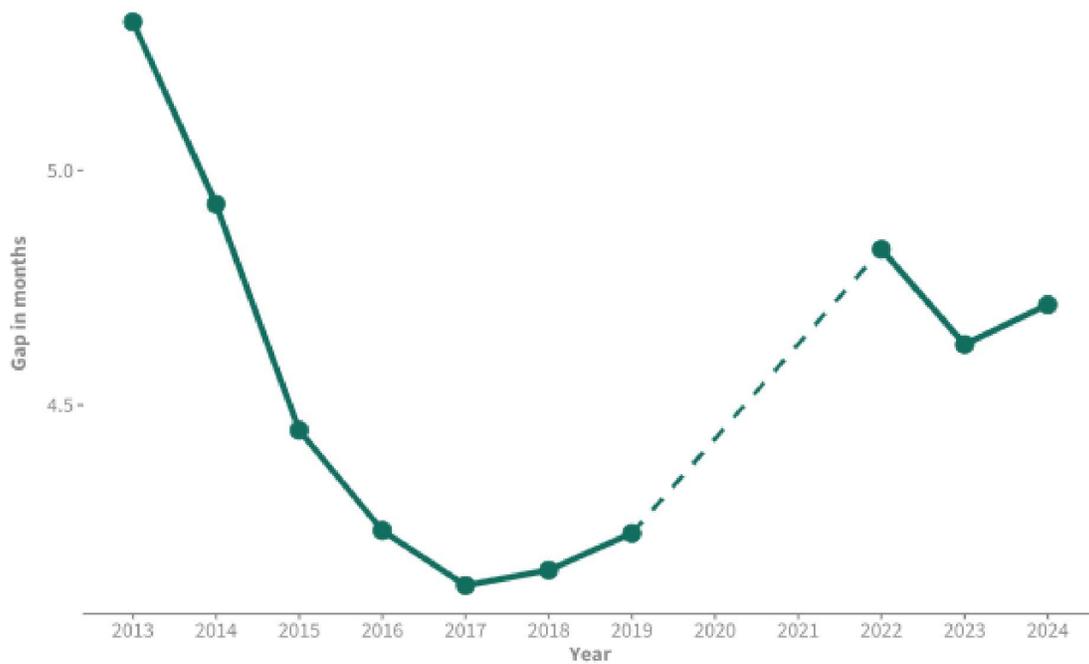
school (Bakopoulou, 2024; Paulauskaite et al., 2021). Parents of children with neurodevelopmental conditions were more likely to be dissatisfied with homeschooling provision, as they frequently lacked the necessary special equipment and software (Kouroupa et al., 2022).

197. Regular routines, including diet, exercise, sleep, and medication are often of critical importance to families with additional needs. The pandemic disrupted typical rhythms, which was hard for young children and those with a learning disability to understand (Geraghty & Lyons, 2021).
198. The overall reductions in young children reaching developmental milestones reveal widening attainment gaps between children with and without additional needs. One of the most striking findings is the 2022-25 EPI data, which reveals that reception-aged pupils with an Education, Health and Care Plan (EHCP) were 19-20 months behind their peers, and that pupils receiving SEN Support were around 12-and-a-half months behind. Both these gaps widened during and since the pandemic (EPI, 2025).
199. Some families of children with additional needs reported a positive impact of education settings being closed. The pressure to stick to schedules was relieved and they could approach learning in a way that suited the child's needs. Some parents found that the closer interaction with their child had a positive impact on development, which the parent would have missed had schools not been closed (Geraghty & Lyons, 2021). However, these cases do not appear to translate to the overall quantitative data on attainment. Note that families with clinically vulnerable members also reported positive protective impacts of early education settings being closed, particularly before vaccinations were available (personal communication, Clinically Vulnerable Families, INQ000587993).
200. Note that there is a lack of available comparable data on the development of children with chronic health conditions or those classed as clinically extremely vulnerable (CEV). However, such children could not re-engage with in-person health visits or early years education in the same ways as their peers, due to increased risk of death or serious illness for themselves or clinically vulnerable family members should they become infected with COVID-19. Although it is not possible to present data relating specifically to attendance at early years settings, parents of clinically vulnerable children reported higher rates of persistent absence from school: 59% in 2022–23, up from 20% pre-pandemic. Severe absence rose from 2% to 23% (House of Commons Education Committee, 2023). It is our view that due to this restricted access, the development of clinically vulnerable children or those with clinically vulnerable family members would have been disproportionately affected.

Persistence of developmental changes after the pandemic.

201. Although restrictions to prevent the spread of the virus had eased after the end of June 2022, young children did not return to life as it had been before March 2020. Likewise, services did not go back to normal as they continued to be disrupted and delivered remotely well beyond June 2020; see paragraphs 311; 314; 316 (for early education); 347-351 (health visiting); 364 (additional needs support); 382 (children's social care).
202. In summer 2022, a survey of professionals and volunteers working with babies and their families in health visiting, mental health, maternity, early education, and other services revealed that 95% thought that the pandemic was continuing to negatively impact young children's personal and social skills (Hogg & Mayes, 2022). Ninety-two per cent said the same for communication skills and emotional development. Forty-three per cent stated that many babies were affected by parental anxiety, stress, or depression due to the pandemic. Forty per cent reported that many babies had been affected by the loss of family income or increased food poverty. Forty-four per cent said that many babies were affected by increased exposure to domestic conflict, child abuse and neglect (cf. 29% making the same observation in summer 2020).
203. As discussed in paragraph 166, the EPI's analysis of 5-year-olds' attainment rates in England shows a widening attainment gap for disadvantaged children since 2017, peaking at the end of the pandemic (2022) at 4.8 months (EPI, 2025). The EPI's most recent analysis shows that disadvantaged reception pupils were 4.7 months behind their peers in 2024. As Figure 6 shows (reproduced below as Figure 11), this is a slight narrowing of the gap since 2022, though remains above levels in 2019 (4.2 months) and in the five years prior to the pandemic.

Figure 11. Disadvantage gap for pupils in reception year in England 2013-2024



Source: Education Policy Institute Annual Report (Disadvantage) (2025)

204. The attainment gap for children with additional needs widened further between 2022 (12.4 months) and 2024 (12.6 months) (EPI, 2025, and see pre-pandemic data in Figure 10), in contrast to a slight narrowing of the gap in the latest data for children living with social disadvantage (Figure 11). This reflects the additional recovery challenge for children with additional needs who may have experienced delays in identification of needs and support.
205. Regarding school readiness in England, teachers said that 33% of 2024 school starters were not ready, pointing to ongoing underfunding of services, exacerbating existing inequalities (Kindred Squared, 2025). This figure is an improvement on preceding years (43% in 2023; 50% in 2021; 46% in 2022), which suggests a positive outlook for school readiness as we move away from the pandemic.
206. Public Health Scotland data presented below shows that developmental concerns are higher than pre-pandemic medians (dotted lines) at all three review points. For the youngest and oldest groups (Figures 12 and 14), rates have continued to rise since 2020, while for 30-months olds (Figure 13), concerns show a slight fall, though remain higher than they were before 2020.

Figure 12. Percentage of children with one or more developmental concerns recorded at the 13-15-month review in Scotland

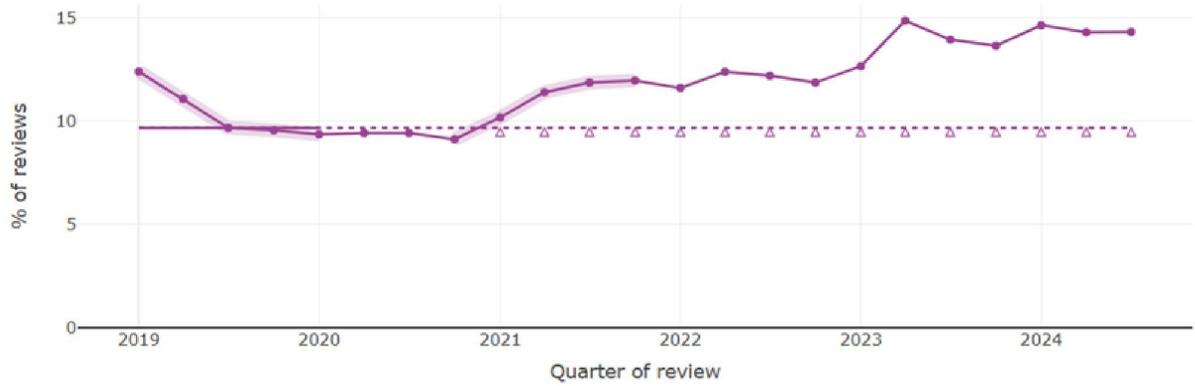


Figure 13. Percentage of children with one or more developmental concerns recorded at the 27-30-month review in Scotland

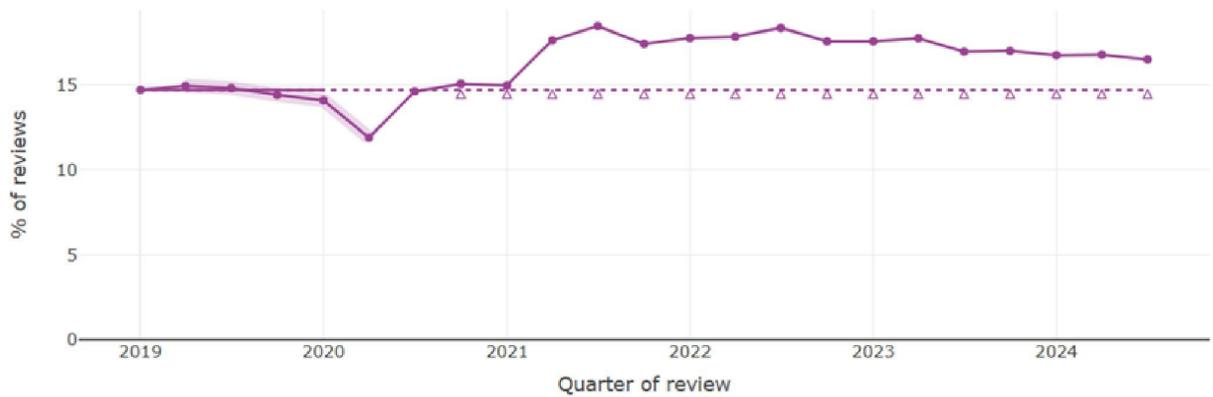
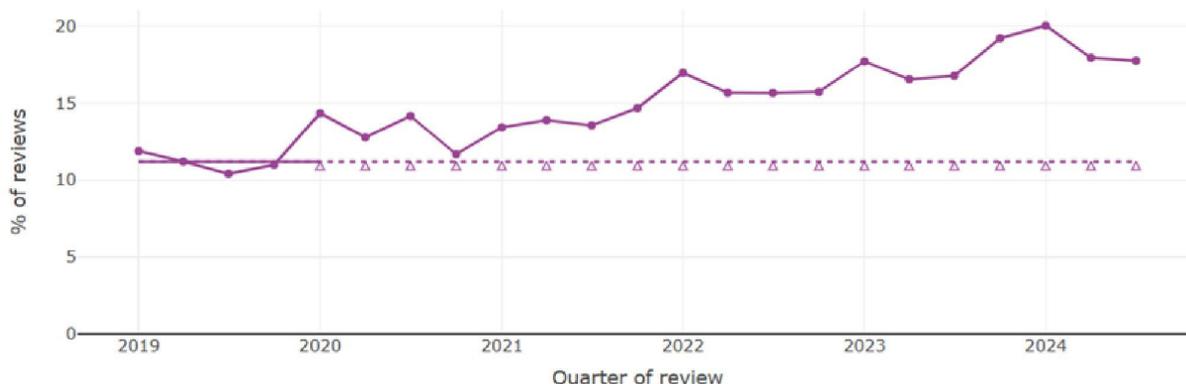


Figure 14. Percentage of children with one or more developmental concerns recorded at the 4-5-year review in Scotland



Source: Public Health Scotland (Health in the early years dashboard) (2025)

207. Professional organisations suggest that the array of challenges facing the early education sector during and since the pandemic contribute to the decline in young children reaching milestones, noting that children born in 2019 (to August) started school in 2023. Shortfalls to government funding and challenges attracting and retaining early years staff meant that settings often struggled to fulfil their potential.
208. The pandemic had a severe negative impact on the early education sector, with a loss of 3,025 childcare providers (all categories) in England over the 12 months from April 2020 (NDNA, 2021), though service capacity (i.e. registered places) would return to pre-Covid levels by 2023 as larger providers absorbed the capacity of smaller providers (especially childminders) that closed (Department for Education, 2023c). There were heavier losses in the most deprived areas, with ongoing shortages in these disadvantaged areas compared to more affluent ones.
209. Lack of access to early education is likely to contribute to attainment gaps: children of parents with lower levels of education experience a smaller gap if they attend early education (Becker, 2011).
210. High-quality early education is key to tackling socioeconomic inequalities and closing attainment gaps. The pandemic severely compromised the power of early education in doing so. Where children have been unable to attend a setting, differences were reported in physical, social and emotional development compared to those who were able to attend (Pascal et al., 2020).

Covid-19 impacts on development: Data summary

211. Due to data availability and changes in assessment methods, it is not straightforward to compare pandemic-era attainment with longer-term, representative data from preceding years. However, data from England, Scotland, and Wales show that the pandemic years have decreased the numbers of children reaching expected milestones. Splitting the available data by child characteristics shows that inequalities due to socioeconomic circumstances (England, Scotland) or additional needs (England) have persisted or widened, with the attainment gap for the latter group currently standing at record levels.
212. In England, the proportion of 2-year-olds at or above the expected level in all areas of development fell between 2019 (84%) to 2023 (79%). Likewise, the proportion of 5-year-olds reaching expected levels in all curriculum areas fell between 2019 (72%) and 2021 (59%) (Tracey et al., 2022). Levels of attainment currently remain lower than pre-pandemic, though may be on a tentative recent upwards trajectory. The pandemic appears to have widened attainment gaps at the end of children's reception year, reversing previous narrowing for some groups of children.
213. There are a range of attainment gaps underlying the averaged data. Children living with socioeconomic disadvantage, with additional needs, with English as an additional language, of specific ethnicities, and who are boys showed widened attainment gaps from their peers pre- and post-pandemic. Areas of learning with the most concerns include literacy, maths, communication, and personal, social, and emotional development: all key developmental domains during the early years. EYFSP data collected after the pandemic show that the same attainment gaps persist, although averaged attainment levels show small but steady rises between 2022 and 2024.
214. There is limited available data from health and developmental reviews completed at the age of two in Wales or Northern Ireland, though parent and practitioner insights reveal ongoing concerns about developmental progress. In Wales, the proportion of 4-year-olds at or above the expected level dropped between 2019 and 2022 in all areas of learning.
215. In Scotland, the proportion of children with a developmental concern at 15 months, 30 months, and 5 years has been rising steeply since 2021. For the oldest children, this trend is a continuation from 2018. However, for the two younger groups, concerns have only started to rise since 2021, following a reduction in concerns before the pandemic. The latter population-level data suggest that the pandemic reversed a previously positive trajectory for under-threes in Scotland. The most common domain of concern is communication,

continuing pre-pandemic patterns. There are major attainment gaps underlying the averaged data.

216. Prior to the pandemic, there was a substantial gap in attainment linked to socioeconomic background when children start school (Jerrim & Macmillan, 2015). Disaggregating the pandemic-era attainment data reveals that socioeconomic inequalities drive a widening of attainment between groups. UK families living on a low income, with children with additional needs, or of specific ethnicities face systemic disadvantages which act as a barrier to child development. Covid-19 overlaid additional factors which compounded existing disadvantages, which would have been heavier still for the many families belonging to more than one of these vulnerable groups.
217. Numerous surveys of parents, nursery and school leaders during the pandemic reveal a higher likelihood of socioeconomically disadvantaged families enduring pandemic-related hardships (noting that surveys are unlikely to have reached families with very highest needs).
218. In Scotland, the 2023 CEYRIS survey evidences the preponderance of low-income families reporting Covid-19-related impacts on their finances over three years after the start of the pandemic, preventing them from buying children's clothes that fit, giving pocket money, or going on family trips (Public Health Scotland, 2024a).
219. Survey data reveals persistent concerns from teachers and parents about the impacts of Covid-19 on school readiness due to reduced social interaction and disrupted early education.
220. Data from two years after the end of the specified period to June 2022 suggests that time and intervention has not yet translated to substantial recovery in young children from the impacts of the pandemic. Attainment gaps remain higher than pre-pandemic levels in 5-year-olds with additional needs or with socioeconomic disadvantage, though there has been a small narrowing in the last 12 months of data for the latter group.
221. Four years after the start of the pandemic, a third of children in England are deemed not ready for school (though this figure is lower than the preceding years). In Scotland, developmental concerns remain higher than pre-pandemic levels and are still rising.
222. A likely factor in the lack of recovery are the rising numbers of children living in poverty. The government has estimated that 4.3 million children, or 30% of all children in the UK, were living in relative low-income households after housing costs in 2022/23 (House of Lords Library, 2024).

223. Although we have focused on developmental attainment at approximately 2 and 4 years of age, other stages of development are also critical, notably the first 1000 days of a child's life from pregnancy to their second birthday, when foundations for life are built. For example, in a survey of almost 5,500 caregivers of very young children in spring 2020, 68% felt the changes brought about by Covid-19 were affecting their unborn baby, baby, or young child, and a third believed that their baby's interaction with them had changed during the lockdown period, e.g. more crying, tantrums, and clinginess. This was more frequent (43%) in parents on low incomes (Saunders & Hogg, 2020).

Chapter 3: What were the likely causes of changes in child development during Covid-19?

Chapter overview and summary

224. This chapter reviews the evidence on how young children's development was affected during and after the specified period due to changes in education, home, and wider environmental circumstances as a result of Covid-19 and its associated lockdowns. Focusing on changes which affect typical developmental expectations, we first discuss disruptions to early education, limited access to play facilities and the wider environment, and patterns of children's digital media use. The chapter then analyses the impact of family circumstances, including financial hardship, food insecurity, and child neglect. The second part of the chapter provides an in-depth account of pandemic-related changes to services supporting young children during the pandemic.
225. We present a wide selection of evidence to show that the pandemic induced a range of changes to the environments that British under-fives were growing up in between 2020 and 2022. The evidence is based on quantitative and qualitative data which illustrates the relationships between environmental changes and children's attainment of milestones, as well as expert perceptions from adults who were supporting under-fives.
226. The pandemic created a complex interplay of risks that disrupted young children's development. Known enablers of healthy development were removed: normal early education, play facilities, social interaction, and health and social care services were limited in supporting children's physical, cognitive, and emotional growth. Parents, often overwhelmed or vulnerable, were less able to offer their usual support. Pre-existing disadvantages worsened outcomes, with younger children especially impacted due to their greater dependence on adult care.
227. During the first UK lockdown, most children missed weeks of early education due to mandatory closures and, later, reduced capacity in some settings. Even when restrictions eased, some settings remained closed for longer, and some parents chose to keep their children at home due to safety concerns. These disruptions had negative effects on child development, which were compounded by reduced access to other children's services.
228. Health visitors were redeployed, and services were provided mainly remotely, leading to a decline in support, particularly during the first lockdown. As a result, families with young children received less pre- and postnatal support, and there were missed opportunities for identifying developmental delays and safeguarding concerns at an early stage.

229. Children with additional learning needs were particularly affected, as their reduced attendance in early education limited opportunities for early identification and tailored support. Those with complex needs also experienced setbacks due to disruptions in specialist community services, including remote services. Families of children with additional needs were less likely to be able to access remote provision, due to higher rates of digital exclusion.
230. Longstanding cuts to family support services prior to the pandemic had already left safeguarding systems under-resourced. As the crisis unfolded, services shifted even further toward costly crisis interventions, with reduced capacity to provide early help or preventative support. This limited their ability to work with families to prevent escalation of problems. During the pandemic, the number of children in care increased across the UK, except in Scotland.

Factors contributing to changes in developmental milestones during the pandemic

231. Covid-19 and its associated lockdowns had a pervasive effect on children's environments and exacerbated existing inequalities in learning opportunities. Social restrictions affected engagement in many of the daily activities that support development, for example, curtailed access to early education, decreased visits to playgrounds and libraries, and increased screen time.
232. Changes to employment, financial circumstances, and increased family stress impacted parenting behaviours as adults in the home had to split their resources between caring for young children, home-schooling, and working, alongside increased health and economic worries.
233. Overlaying these effects, the pandemic had a heavier impact on socioeconomically disadvantaged families. They missed more formal early learning than their more advantaged peers (La Valle et al., 2022) and suffered disproportionately regarding access to services, loss of social support, and increased family stress, illness, and bereavement (Shum et al., 2020). Families with clinically vulnerable members would have suffered a comparable toll due to reduced access to services. Families with multiple disadvantages were further impacted.

Limited or intermittent access to early education

234. As described in paragraphs 305-309, early education settings (nurseries, nursery classes and childminders) across the UK were asked to limit provision from 20 March 2020 'until further notice' as part of the UK government's Coronavirus action planning. Between March

and June 2020, settings remained open for children deemed vulnerable and for the children of key workers, such that only 5-10% of children who usually attended in England did so (Hunnikin & Blackburn, 2020) (see also paragraph 316).

235. In June 2020, when early years settings in England were allowed to reopen to all children, attendance increased. Approximately half the average number of 3-to-4-year-old children expected in a typical week attended their early education setting (July 2020). For the remainder of 2020 and into 2021, measures were introduced to reduce virus transmission while enabling education to continue. Social bubbles (including self-isolation of bubble-mates when individuals tested positive for Covid-19) and enhanced hygiene protocols led to reduced attendance and other types of disruption. Although attendance increased incrementally over the first year of the pandemic, the number of children accessing early education in formal settings in England remained substantially below the norm in July 2021 at around 65% of those who would have normally been expected to attend (Department for Education, 2021a). Attendance increased to 90% in December 2020 but dropped again to 50% in January 2021 during the third lockdown when early education settings could remain open but schools were asked to switch to remote learning (see Figure 16).
236. A firm evidence base of peer-reviewed research with UK families shows that restricted access to early education, including high quality play and learning environments, affected preschool children's development in several domains, detailed below.
237. Children who attended more in-person preschool during the first 12 months of the pandemic showed larger language and communication gains than their peers who did not attend (Davies, Hendry et al., 2021; Davies et al., 2023: replicated outside of the UK by Kilenthong et al., 2023; Lynch et al., 2023), with greater benefits for children from disadvantaged backgrounds. The language environment in settings provides rich opportunities for communication in group- and one-to-one dynamics, and may serve as an important protective mechanism against the financial and structural stressors experienced by some families.
238. In a large-scale 2020/21 study conducted with parents and early education providers in England, concerns about speech and language delays (including increased referrals for speech and language support) were commonly reported as a result of disruption to early education, as children had fewer opportunities to develop their communication skills at home (La Valle et al., 2022).

239. In Scotland, increased speech, language and communication concerns – including bilingual proficiency - were recorded following early education restrictions (Kustatscher et al., 2023), and a survey of early education practitioners across all Scottish local authorities found that the majority had seen an ‘increase’ or ‘significant increase’ in communication needs within their settings, and that this impacted children’s peer interactions, behaviours, participation, learning, friendships and wellbeing (RCSLT, 2023). This is thought to be due to children’s reduced exposure to language and communication-enriching environments in education, and for bilingual children, reduced exposure to English (though with some advantages for home language proficiency).
240. Growth of cognitive executive functions (that is, thinking skills used to control impulses and to solve problems, as measured using a parent questionnaire on their child’s behaviour) was boosted by early education attendance during the first six months of the pandemic, regardless of socioeconomic background. This is thought to be due to the provision of developmentally appropriate learning materials and adult-child interactions which support learning (Davies, Hendry et al., 2021).
241. Regarding socioemotional development, a rapid evidence review of harms emerging from the pandemic highlighted 20 (of 21) studies that identified social emotional development as the primary concern at the time, particularly amongst parents of children who could not access early education settings (Fox et al., 2021).
242. Several other studies (including Ofsted’s series of reports, 2020a,b, 2022a) highlight practitioners’ concerns on returning to settings after the lockdown periods. For example, children struggled to adapt to the structure and daily routines in their setting, particularly those who had difficult experiences during the pandemic. Some children’s behaviour deteriorated, and providers reported that children were struggling to engage in activities. This is echoed by participants in La Valle et al.’s (2022) study, who reported that children struggled to adapt to new situations and missed out on opportunities to socialise and develop self-regulation skills resulting in increased social, emotional and mental health needs.
243. The CEYRIS survey found that Scottish parents of 2-to-7-year-olds identified a range of developmental impacts during early education restrictions, including their children’s social and emotional development, wellbeing, sleep, and concentration. Negative impacts were experienced more severely and more commonly by children from low-income and one-parent families (Public Health Scotland, 2020).

244. Almost a quarter of reception teachers were very concerned in Spring 2021 about children's physical development (i.e. gross and fine motor skills) and a further half were quite concerned, reflecting smaller proportions of children achieving expected levels in 2021 EYFSP measures compared to the national data from 2018/2019 (Tracey et al., 2022). Restrictions to early education, reducing opportunities for physical play and crafts are likely to be a factor in this data. Poor fine motor control can make handwriting slow, difficult, or illegible, can delay self-care tasks such as buttoning clothes, using cutlery, and brushing teeth, and even lead to reduced engagement in activities requiring hand-eye coordination, for example, music, sports, and crafts. Again, these observations are reiterated by participants in La Valle et al.'s (2022) study, who reported that children's physical development was negatively affected by not being in a setting, as they spent less time outdoors and more in sedentary activities.
245. There are socioeconomic differences in opportunities for physical development. For example, analysis shows that over a million children in England lacked access to a private garden during the Spring 2020 lockdown (Children's Commissioner, 2020), making it harder to reach physical milestones and leading to a decline in physical confidence, while early education providers reported to Ofsted that children with more outdoor opportunities at home showed better physical development.
246. Restricted access to early education has been attributed to a decline in the proportion of children deemed school-ready (quantified in paragraphs 183-186). As highlighted in annual Kindred Squared surveys 2020 to 2023, teachers and parents reported reduced nursery attendance as a major factor in declining school readiness.
247. Crucially, the impacts outlined above will have disproportionately affected disadvantaged children, as they missed more early education than their peers, widening attainment gaps. Despite early education settings being open for vulnerable children during lockdowns, there was a low take-up of these places at less than 10% of expected levels (see paragraph 316 and Figure 16). As well as providing rich developmental opportunities, early education can act as a buffer for low levels of learning opportunity at home. See paragraphs 100-101 for a discussion of access across the socioeconomic spectrum.
248. Settings provide stimulating physical environments and rich learning resources such as books, music, crafts, and baking. Children without access to these activities at either home or through access to early education can face a heavier learning loss. When early education is not available, parents are more heavily relied on, requiring parental time and confidence to help their children's development. The responsibility falls more heavily on parents of

younger children, who can not engage as easily with screen-based learning relative to their older peers.

249. Typically, children from disadvantaged families lose one month of learning during the two month break from school over summer (Alexander et al., 2007, Allington et al., 2010). Children from advantaged families do not generally experience this learning loss and in fact can make learning gains during summer breaks, depending on engagement with their families and communities. Thus, disadvantage is likely to be a major factor in attainment gaps.

Disruptions to school provision for children in their reception year

250. Restrictions to limit the impact of the pandemic led to widespread disruption to in-person schooling across the UK. For example, schools in England were closed to the majority of children for two extended periods. The first, from March 2020, lasted for up to 14 weeks. This meant that for most children starting reception in 2019, their first year at school – during which they should have been learning the skills and knowledge essential for later academic achievement - was severely disrupted as normal provision ended abruptly after their first six months at school.
251. The second period of disruption from January 2021 lasted for nine weeks, meaning that many children starting reception in 2020 had to pivot to home learning after just four months at school. For this period, schools were required to provide remote education for home learning, and the interpretation of eligibility rules for children of key workers was broadened (e.g. from both to one key worker parent, or from frontline staff to frontline + admin support staff) resulting in a notable rise in the numbers of children attending school compared to the previous period (Nash et al., 2022).
252. A study of the learning progress of 450 children in 10 schools in the north of England revealed that reception children made less progress in 2020 than expected: this was true for all curriculum areas, but particularly in literacy and mathematics, where a third of children made no progress at all. Compared to 2019 averages, substantially fewer children achieved the expected levels, with the largest gap being in literacy (Nash et al., 2022).
253. At the end of year 1, there were substantial delays in children reaching the goals that they would have been expected to reach a year earlier (Nash et al., 2022). While 36% exceeded reception-level expectations (which is appropriate for the end of year 1), 45% were still working at that level and 19% were still working towards it. 68% were not at the expected reading level for their age at the end of year 1.

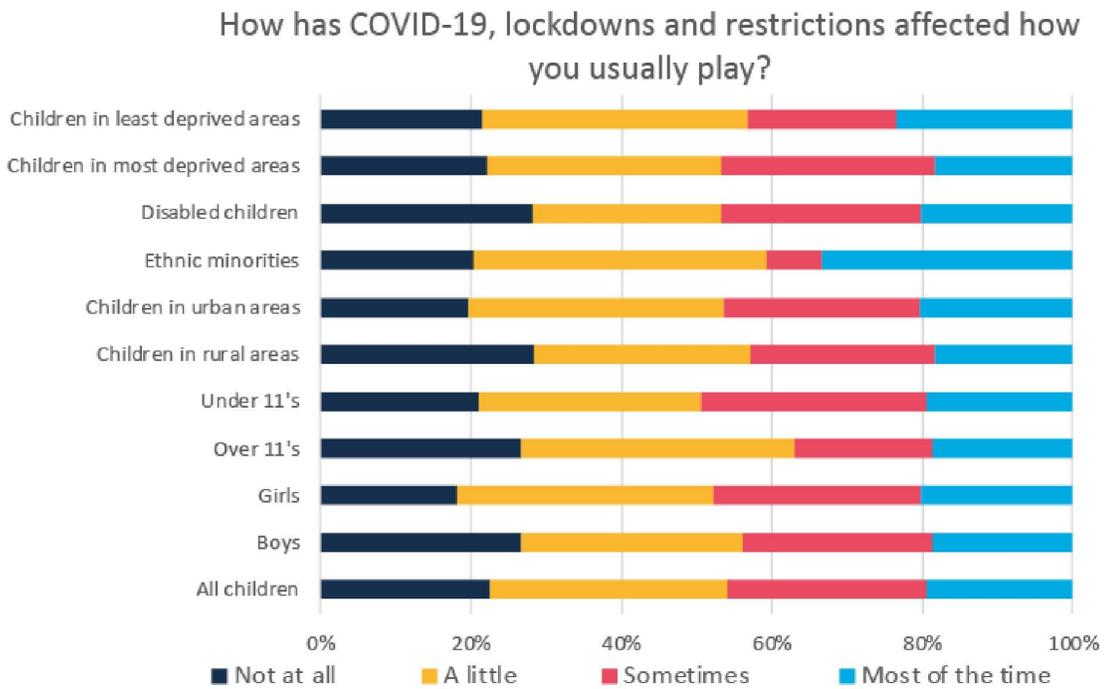
254. In Tracey et al.'s (2022) research using EYFSP data from 94 schools, the overwhelming majority reported that children who attended school during the lockdowns were more advanced in their learning than children who could not attend, particularly in personal, social, and emotional development (80%), literacy (74%), and communication and language (73%). Schools raised concerns about the practicalities of running operations during the pandemic relating to issues such as staff and pupil absences, increased staff workload, safety of staff and pupils, and staff wellbeing; all impacting pupil progress.

Limited or intermittent access to play facilities and the wider environment

255. Several international literature reviews evidence families' experience of the pandemic as a barrier to play, reducing interaction with other children and time outdoors, and increasing time on digital devices (Graber et al., 2020; Kourti et al., 2021).
256. Lockdown restrictions required the closure of a range of facilities supporting play. These included playgrounds and sports courts, swimming pools, soft play areas, skating rinks, bowling alleys, zoos, museums, galleries, libraries, funfairs, cinemas, theatres, and other indoor leisure centres or facilities. In-person organised activities for babies and preschoolers also stopped during the pandemic, including sports, drama, dance, music and craft groups, story and rhyme times, and baby massage classes.
257. During the Spring 2020 UK lockdown, the public were allowed access to communal outdoor spaces only once per day. However, this was curtailed since public playgrounds were closed, along with some parks in densely populated and disadvantaged areas (Duncan et al., 2020).
258. As a result, children played inside their homes. Barron et al.'s (2021)'s survey of 4-to-17-year-olds from a range of countries including the UK found that more time than usual was spent doing arts and crafts, drawing and painting, playing with toys, and playing cards or board games, which helped to soothe anxious families. Although these activities are highly beneficial for learning, they require close supervision from parents of under-fives. Parents often struggled to find time to play with their children due to increased responsibilities, including working from home, home schooling, and increased domestic responsibilities.
259. Lockdowns reduced physical activity for many preschool children. Although online physical activities were available, such as Joe Wicks and Cosmic Yoga, parents reported mixed levels of success as young children were unable to meaningfully engage for any length of time (Allen & Velija, 2023).

- 260. There were disproportionate impacts of play restrictions on disadvantaged children. During the UK Spring 2020 lockdown (but not before), socioeconomically disadvantaged parents spent less time with their children on activities requiring outdoor space (e.g. exercise and gardening) compared with advantaged families (Hendry et al., 2022). This is because advantaged families are more likely to have access to private outdoor space. There was also a rural/urban split found in an English study, with urban children spending more time inside during lockdown, and rural children spending more time outside (Howlett & Turner, 2021).
- 261. In a 2022 Welsh survey of over 6,000 children aged 4-14, most said that the Covid-19 restrictions affected how they played (Dallimore, 2022). They missed playing outside and the associated freedoms, but mostly they missed interacting with their friends. Over 20% of under 11s, girls, and disabled children said that their play had been affected most of the time (see Figure 15).

Figure 15. Impact of Covid-19 on play (6,077 responses; Wales)



Source: Play Wales (2023)

- 262. In Scotland, an independent Children’s Rights Impact Assessment on the Response to Covid-19 was published (Children and Young People’s Commissioner, June 2020), focusing on children’s rest, relaxation and play. It cited data from the Children’s Parliament survey

(2020) showing that being indoors more and learning at home impacts on the physical and mental health of children, for example a third (33%) of girls aged four to 10 said they feel sad most of the time. The assessment also found inequitable effects of closed play facilities, e.g. for children who lack oversight from caring adults. Restrictions were predicted to impact children's educational attainment, to increase attainment gaps, to negatively impact mental health, wellbeing, physical activity levels, and physical health.

263. Children also had limited contact with extended family and friends during the pandemic. For example, in England until July 2021, provision of care for grandchildren was allowed only under limited circumstances under complex guidance. This reduced interpersonal contact is likely to have been a factor in children's reduced communication and socioemotional development, since socialising in a range of family dynamics can provide additional opportunities for different types of interactions.
264. Several research studies have investigated the effects of adult mask use on children's development. Findings converge to show no detriment to language development within the study period (Feijoo et al., 2023; Frota et al., 2022; Singh & Quinn, 2023; Singh et al., 2021), with more mixed findings on the effects of mask-wearing on children's emotion recognition accuracy (Bourke et al., 2023; Gori et al., 2024). Mask-wearing has been found to encourage speakers to clarify their speech and gestures to compensate for the barrier (Crimon et al., 2022), and close caregivers were not masked for the majority of time they were with their children through the pandemic.
265. In summary, given the need for children to have a range of opportunities to learn through play and exploration, the sudden reduction in opportunities to play in and interact with the wider environment is highly likely to negatively impact preschoolers' development. This is compounded by the fact that play and socialisation is beneficial during times of anxiety, stress, and adversity.

Use of digital media

266. Many UK studies have evidenced increased screen use by young children during Covid-19. For example, total screen time among 3-to-7-year-olds during April to July 2020 was reported to increase from around 140 minutes pre-pandemic to around 230 minutes (Ribner et al., 2021). This was driven by entertainment and the use of educational apps, rather than on-screen socialising.
267. Sixty-one per cent of parents of 2-to-4-year-olds in the UK reported that their child spent up to two hours a day during the first lockdown, with a further 20% watching for three or more hours (Dodd et al., 2020). Comparable evidence suggests that this is an increase of nearly

half an hour from 2019 (Kanders et al., 2022). Many studies reveal that the pandemic increased young children's screen time globally (e.g. Bergmann et al., 2022). This is due to increased time for screen use by children during lockdowns, as well as an increase in children's overall exposure and awareness of technology in daily life due to increases in parents working from home (Flewitt et al., 2024).

268. In a qualitative study conducted in summer 2020 with 20 English families with 3-to-5-year-olds due to start school in September 2020 (Clarke et al., 2021), most parents reported an increase in their children's screen time; many substantially. Many parents cited the usefulness of screentime when trying to work from home, to fill time left by being unable to do normal activities, and to provide respite from their children's needs or from sibling squabbles.
269. Many parents felt uncomfortable about increased screen time, though they distinguished between 'good' screen time (e.g. educational or interactive games) and 'bad' (e.g. passive TV watching). This is complemented by findings from an Ofcom investigation into children's media use and attitudes (2021), which found that almost half of parents of preschoolers who went online said they had had to relax rules about what their child did online during 2020. The pandemic not only affected the quantity of time that under-fives spent on screens; it also changed how they accessed digital content. In 2020, for the first time, children were just as likely to watch TV programs on other devices as on a TV set (Ofcom, 2021).
270. Children from lower socioeconomic status households increased their screen use more than children from higher SES households, as did children of families who suffered more social disruption due to Covid-19, through job loss, income reduction, worry about loved ones, work stress, and family-related conflict. This may be driven by increased family stress and/or by greater availability of parents to help with use of apps (Ribner et al., 2021).
271. Increased use of screens stayed high throughout (and beyond) the pandemic. In July 2022, Nesta reported that under-fives maintained an average of three hours of video content every day (an increase of nearly half an hour from 2019; Kanders et al., 2022), and this was longer among children from low-income backgrounds (Hendry et al., 2022).
272. Young children's rising exposure to screen media has brought increasing concern about its impact on their development. Findings from research investigating these mechanisms have been mixed, which may be due to the range of variables under the 'screen-time' umbrella. That is, children's ages, duration and nature of screen use, device type, media content, parental involvement could all influence impact.

273. In a systematic review and meta-analysis of 100 studies investigating screen use (largely pre-pandemic) and developmental outcomes in children under 6 years, greater screen exposure was linked to poorer cognitive outcomes, including language. More exposure, age-inappropriate content, and caregiver screen use were linked to poorer behavioural and socioemotional outcomes. Children who used screens with their parents fared better in their later cognitive outcomes (Mallawaarachchi et al., 2024).
274. Regarding language development specifically, a meta-analysis of 28 studies (largely pre-pandemic) found that overall screen time negatively affected language development in 0-to-3-year-olds, though co-viewing and a later starting age of screen exposure were linked to better language development (Xie et al., 2024). In a study of young children's home activities during lockdowns, larger language gains were found in children who had watched less TV and whose caregivers read to them (Kartushina et al., 2022), supporting the idea that TV takes time away from more enriching experiences. This risk to language development is likely due to opportunity costs: there is some evidence that screen time displaces time spent interacting with parents or doing other activities between 0 and 2 years of age (Vandewater et al., 2006).
275. Regarding physical development, a study of UK-based toddlers (19 to 36 months) found no significant relationships between touchscreen use and either gross motor (i.e. walking) or language milestones. However, earlier touchscreen use, specifically scrolling of the screen and not passive video watching, was linked to earlier fine motor development, i.e. stacking blocks (Bedford et al., 2016).
276. In a study of screen use during the pandemic, Hendry et al. (2021) found that young children who used screens more had slower development of cognitive executive functions and behavioural regulation. This finding rests on a large pre-pandemic literature showing that greater exposure to media and TV in infants and toddlers leads to worse cognitive outcomes later (McHarg et al., 2020), and that frequent touchscreen use is linked to poor sleep quality in infancy (Cheung et al., 2017) – important in the development of executive functions.
277. Despite these mixed findings, research often points to excessive screen time in early childhood reducing time for enriching, interactive activities. Some of the benefits of screen use found for older children, e.g. building friendships, are less accessible for younger children.
278. The digital divide was apparent during the pandemic. An Ofcom survey from January to March 2020 found that 9% of households with children did not have home access to a laptop, desktop PC, or tablet (Baker et al., 2020). Together with a lack of data provision,

digital poverty was a challenging inequity during the pandemic when online access was increasingly important. However, as noted in paragraph 270, where children did have screen access during the pandemic, those from lower socioeconomic backgrounds showed larger increases in use compared to pre-pandemic habits. Disabled children, or those with disabled carers are also more likely to experience digital exclusion (Lloyds Bank, 2019).

279. Lack of access to digital devices during the lockdowns affected under-fives less than their older peers, who were expected to complete and submit home learning tasks digitally. However, many early education settings did offer virtual home learning ideas via learning platforms and WhatsApp. This included stories and songs, puppet shows, competitions, Makaton sign-of-the-day, gardening and cooking sessions, and photos of the activities happening in nursery. Settings also posted parent-targeted content, such as showing the protective measures in settings, breastfeeding support, and information to support children's transitions to school, including videos from teachers introducing themselves.
280. These resources helped to maintain relationships between children and keyworkers, and settings saw parents becoming more proactive in posting their activities with their little ones, where usage had been more passive previously. Settings reported that parents' confidence had soared in several areas: in using online platforms, in their understanding of the importance of play, and of the EYFS curriculum (Davies et al., 2020). Together, these effects are likely to have enriched the home learning environment in those families who were able to engage, which in turn may have offered some buffering against the lack of access to early education.
281. The digital divide would have compounded the negative impacts of early education settings being closed to most children, since those in digital poverty would not have been able to engage in online enriching activities and interpersonal connection, with implications for attainment gaps in digital literacy.

Family circumstances, including clinical vulnerability and adverse childhood experiences

282. The pandemic's adverse effects on family circumstances have been widely cited. This section focuses on how detriments to family finances, health, and other aspects of home life are likely to have impacted young children's development.
283. Covid-19 imposed new sources of stress for all families. However, it had disproportionate effects on socioeconomically disadvantaged children by exacerbating known risk factors to development, including household poverty, overcrowded or insecure housing, social isolation, domestic violence, and substance abuse (OECD, 2019). And despite early education setting remaining open for vulnerable children, families with clinically vulnerable

members were often prevented from attending due to shielding, removing known educational benefits and prolonging isolation.

284. For disadvantaged children spending all their time with their parents at home, reductions in support services during the pandemic removed key protections. Children who were living in precarious situations such as in temporary accommodation were likely to face increasingly severe hardships as normal sources of support were curtailed, financial pressures increased, and stress rose (Wood & Bennett, 2023). Risks were broad, deep, and experienced unevenly.
285. A report commissioned by the First 1000 Days movement (Reed & Parish, 2021) investigating impacts of the pandemic across the UK cites five categories of harm:
- a. An increased likelihood of exposure to traumatic experiences, e.g. neglect and exposure to abuse, compounded by reductions in safeguarding referrals.
 - b. An indirect health risk from time confined indoors and reduced contact with health services.
 - c. Risks of harm to development from restricted social interaction, including grandparental care.
 - d. Risk of increased parental stress, less responsive parenting, and harms to caregiving relationships.
 - e. Increased likelihood of hunger or material deprivation, e.g. reduced income and increased food poverty.
286. While it is beyond the scope of this report to ascertain the intrinsic nature or causes of these harms, we assert that each of them, alone and in combination, would have impacted the language, socioemotional, and physical development of babies and young children.
287. In the immediate term, families facing pre-existing or increased financial hardship found it harder to access materials or devices to support home learning, as well as providing access to a range of other services, e.g. remote health visitor appointments. This was flagged early in research undertaken with 208 early education providers in October 2020, which indicated that under-5s living in poverty were among the groups that providers were most concerned about (Ofsted, 2020b).
288. Scarcity of financial resource has been found to suppress the amount that parents talk with their children even in non-pandemic times (Roby & Scott, 2022). Increased levels of parental

stress are likely to have reduced caregivers' usual capacity for patient, sensitive interactions with their children (though NB. published research is mixed, e.g. daily reading to young children by a parent or family member declined through 2020 and 2021 (Lordi & Tan, 2023) cf. caregiver sensitivity remained stable through successive lockdowns (McGillion et al., 2023)). Reductions in responsive interactions between caregivers and their children is likely to hinder good language development. In a study exploring the link between UK caregivers' sensitivity and the vocabulary development of their 8-to-36-month-olds during Covid-19, children who experienced more sensitive interactions had higher receptive and expressive vocabularies, and children whose caregivers showed more sensitive interactions at the beginning of the pandemic showed greater expressive vocabulary growth six months later (McGillion et al., 2023).

289. Excessive or prolonged activation of stress responses (which were particularly acute during the pandemic) harms children's health and development into adulthood (Nelson et al., 2020). Child poverty compromises not only child wellbeing and development, but also educational outcomes and employment prospects in later life (OECD, 2019). In the early stages of development (prenatally as well as in infancy), this affects the systems that regulate neurobiological stress responses (Lupien et al., 2009; Thompson, 2014).

Food insecurity

290. Food insecurity, defined as a "*lack of regular access to enough safe and healthy nutritious food for normal growth and development and an active and healthy life*" (United Nations, cited by Hartgen-Walker & Lally, 2023) or "*limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways*" (Goudie & McIntyre, 2021) impacts children's physical and mental health and has negative consequences for their memory, learning abilities, and associated educational attainment (Adolphus et al., 2013; Hartgen-Walker & Lally, 2023). Over the longer term, food insecurity may be associated with poorer diets and poorer health, including higher risk of overweight and obesity (Berkowitz et al., 2018).
291. Covid-19 increased the percentage of UK households experiencing food insecurity to 9.6% in the first six months of the pandemic compared to 7.6% pre-pandemic. In early 2021, the Food Foundation reported that 2.3m children in England, Wales, and Northern Ireland were living in households that experienced food insecurity in the previous six months. This equates to 12% of households with children. More households with children experienced food insecurity than those without children throughout 2020. This gap was widest (and overall rates highest) in March 2020 amid challenges in sourcing food as the UK went into

lockdown. During that period, 21% of households with children suffered food insecurity compared to 14% without (Goudie & McIntyre, 2021).

292. There are further inequalities within this group: 41% of low-income households with children registered for free school meals reported food insecurity between August 2020 and January 2021. Households with a lone parent were twice as likely to be food insecure (31%) than couple households (15%). Among households with three or more children, food insecurity rose from 12% pre-Covid-19 to 16% in August 2020.
293. The Food Foundation report showed that food insecurity weighed heavily on children's minds. Though many children said that spending more time with their family and pets during lockdowns made them happy, others said that *"having enough food"* and *"having free vouchers from school"* were what made them most happy (Goudie & McIntyre, 2021).
294. Twenty-one percent of households with children under 18 years old experienced food insecurity within the first two weeks of lockdown in March 2020 (Goudie & McIntyre, 2021). This figure reflects the fact that food insecurity is generally higher in families with children than in the general population. Each nation differed in its management and monitoring of free school meals during school closures: England and parts of Scotland and Wales offered vouchers and food parcels; Northern Ireland and other parts of Scotland and Wales offered direct bank transfers (McIntyre et al., 2022). Despite UK Government guidance for eligible children to receive prepared meals, food parcels or supermarket vouchers, these were not reliable, functional, or appropriate at some point during the lockdowns for over half of eligible families, largely due to unexpectedly high demand and difficulty accessing the provider's website (House of Commons Committee of Public Accounts, 2021b; Parnham et al., 2020).
295. To compensate for families being unable to access meals or vouchers, schoolteachers commonly stepped in by making up food hampers and taking them to the families in need. Although some teachers reported this as a positive aspect of their role, the responsibility created additional pressure for schoolteachers and leaders (Kim & Asbury, 2020) as they were pulled away from their educational duties to help ensure families were fed, potentially compromising the education of the wider cohort of children learning at school or at home.

Factors contributing to changes in developmental milestones: summary

296. Evidence strongly suggests that children's development was negatively affected by partial or complete lack of access to early education, disruptions to school provision in children's reception year, limited access to play facilities and the wider environment, and detrimental

family circumstances, including increased exposure to financial hardship, parental physical and mental ill health, and food insecurity.

297. Each of these factors in isolation would reduce the likelihood of children reaching their potential. In such cases, when children are unable to attend education due to long-term illness, other resources can be used to compensate. However, the pandemic brought multiple simultaneous risks, which interacted to prevent effective protection against developmental threats. Educational settings were closed to most children and play facilities and familial childcare were unavailable. Parents were often struggling with finances, health, or other vulnerabilities, which meant that they could not support their children's development in ways that were ordinarily at their disposal. Families living with pre-existing disadvantages were affected more profoundly.
298. Under-fives suffered particular hardships from the combination of factors discussed. Their early stages of physical development would have been impacted by restrictions on places to play. Their early communication and socioemotional development would have been more impacted by the lack of interactions with a range of people. They are also more dependent than their older peers on adult supervision, which parents were not always able to provide.
299. Restricted opening of early education settings resulted in widespread concerns about young children's language, socioemotional, physical development, as well as their school readiness. Conversely, attending settings during the pandemic was linked to greater learning. These effects played out differentially across groups: negative impacts are more likely for socioeconomically disadvantaged and otherwise vulnerable children (e.g. those living with chronic health conditions) as they missed more education provision than their more advantaged peers.
300. Although a lack of control group in pandemic research means that we can not easily make comparisons on impacts, one area where causal links can be established is in access to early education. Replicated across many studies, children who went to school or nursery made more progress in their development.
301. The use of screens by UK-based under-fives increased during Covid-19 by around half an hour a day. Evidence on the impacts of these increases during and since the pandemic is not clear-cut. Research findings from before the pandemic suggest that screens have both positive and negative effects on children's development, depending on the contexts in which they are used. However, extended periods of solo, passive screen use by toddlers reduce the interactions that are necessary for good language development. Further, young children's screen use is likely to delay cognitive executive functions (ie the ability to manage

memory and thought processes), behavioural regulation, and may prevent them from getting enough physical activity. Conversely, use of high-quality, age-appropriate educational apps, supported by caregivers, for less than an hour a day, by children over 2 years of age is likely to support development of language and fine motor control. For fuller discussion and references, see paragraphs 266-277.

302. Reductions in support services during the pandemic removed key protections for vulnerable children. Increased stress, food insecurity, and scant material resources mean that parents were less able to support their children's development in ways they did before the pandemic.
303. In the broader social context, pandemic-era research highlights the pre-existing disadvantage that families on low income suffer, and which Covid-19 exacerbated. Inadequate social security systems and wider public services render families ill-equipped to weather crises such as (but not exclusive to) pandemics (Patrick et al., 2022).

How children's services changed during the pandemic and current state of services

304. Having considered how changes in family circumstances and in the wider environment affected young children's development, this section discusses how children's services changed during the pandemic (between March 2020 and June 2022). The section considers how changes affected children's and families' access to and experiences of these services and how disruptions in services may have affected children's development. The section concludes with a brief discussion of the current state of these services and early years systems and how prepared they would be in the event of another pandemic or similar crisis.

Early education services

305. From 23 March 2020, early education settings (nurseries, nursery classes and childminders) across the UK remained open for children deemed to be vulnerable and for the children of key workers. National guidance defined vulnerable children as those with a child in need plan, a child protection plan, children in care, or those with a plan for additional learning needs. The group was therefore narrowly defined, but the guidance also gave local authorities and educational providers discretion to classify children as vulnerable for other reasons (Bajjada et al., 2024; Casey and McLaughlin, 2022; La Valle et al., 2022; Kustatscher et al., 2023).
306. Guidance from the Department for Education in England indicated an expectation that early education providers, schools and local authorities would work together to ensure settings could remain open whenever possible and that local authorities would coordinate service

delivery. Settings were asked to update their local authority on provision to priority children (Department for Education, 2020).

307. In England, Northern Ireland, and Wales, early education settings started to reopen to all children in June 2020 and could remain open to all children during the third national lockdown between March and June 2021, when schools were asked to switch to remote learning. In England, nursery classes were allowed to remain open for all children during the third lockdown. Whether they remained open or closed was decided locally, based on circumstances and risk assessments. Research found tensions in some areas between early years teams' priorities to keep settings open for all children, and schools' desire for a consistent approach to managing staff exposure to infection risks, which led to some nursery classes closing during the third lockdown (La Valle et al., 2022).
308. In Scotland, early education settings reopened to all children later in summer 2020. However, they closed again to most children during the third lockdown, in line with school closures (Kustatscher et al., 2023).
309. Most settings closed during the first lockdown, especially as it became clear that very few eligible children were likely to attend (see paragraph 322). In Scotland, early education for key workers' children and vulnerable children was provided through local childcare hubs set up by local authorities, with provision delivered in collaboration with the private and voluntary sectors (Kustatscher et al., 2023). In Wales, with central government funding, local authorities supported the delivery of provision in settings in the voluntary and private sector (Children in Wales, 2022; Hardy et al., 2022). In England, local authorities largely relied on local nursery owners and childminders to ensure sufficient places for key workers and vulnerable children (La Valle et al., 2022).
310. Across the UK, no major gaps in early education provision emerged during this phase, as many families chose to keep children at home even if they were eligible to attend (see paragraphs 316 and 317 for attendance figures) (Bajjada et al., 2024; Casey and McLaughlin, 2022; Hardy et al., 2022; Kustatscher et al., 2023; La Valle et al., 2022).
311. Early education settings were encouraged and supported by local authorities to switch to remote learning, though there was no obligation to do so. It was up to individual settings to decide whether and how much remote learning to offer, even if they continued to receive funding for early education entitlements (Bajjada et al., 2024; Hardy et al., 2022; Kustatscher et al., 2023; La Valle et al., 2022). There was no government monitoring of remote learning in funded early education services, but a survey of British parents in summer 2020 found that 28% of families with an early education place had received online support. Middle-class

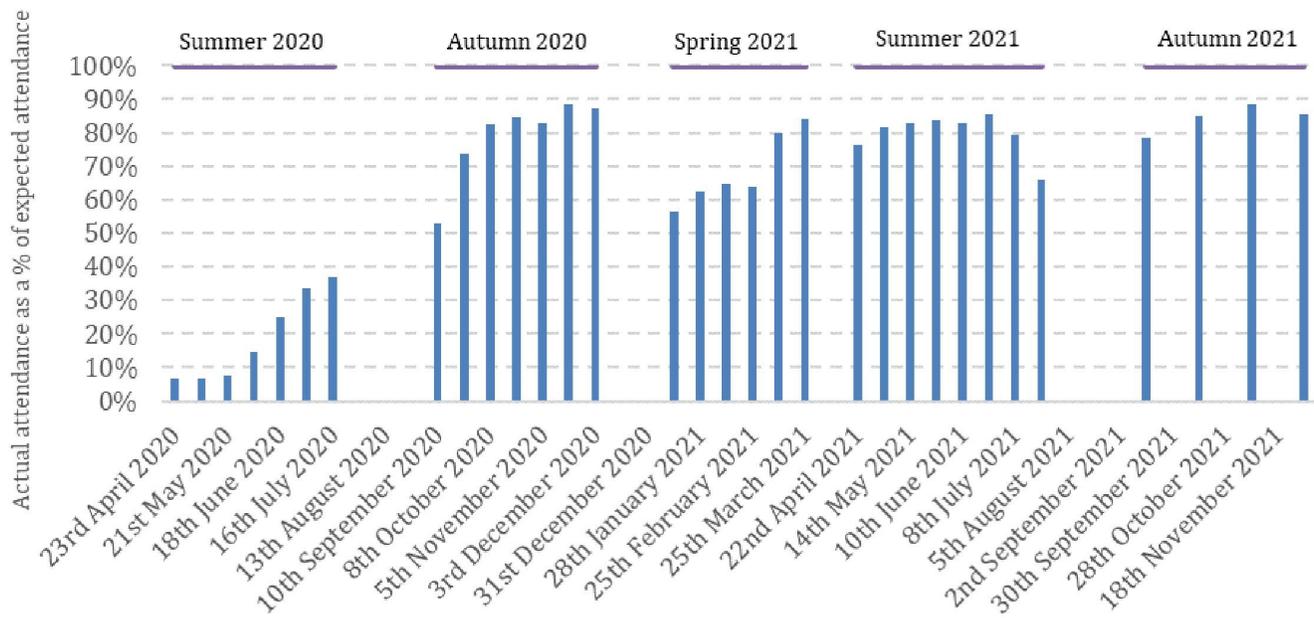
parents (ABC1) were more likely than working-class parents (C2DE) to report receiving online support from their setting, with respective figures of 31% and 23% (Pascal et al., 2020b).

312. Delivering effective remote learning to this group presented many challenges, especially given the limited time available to prepare appropriate learning resources. Nonetheless, during the first lockdown, remote learning was often the only way settings could support most children's learning. The effectiveness of remote learning depended heavily on parents' time, resources, and home environments, as well as children's additional needs. Disparities in access to technology also hindered participation among children from lower-income families, who often had limited access to devices and less reliable internet connections (Casey and McLaughlin, 2022; Children in Wales, 2022; La Valle et al., 2022; Kustatscher et al., 2023; Pascal et al., 2020b; Walsh et al., 2020).
313. Settings reopened gradually as lockdown restrictions were eased in summer 2020. While early education settings continued to receive entitlement funding, in the private and voluntary sector it was up to individual providers to decide when to reopen. For school-based settings, the decision to reopen was taken by the local authority, in collaboration with schools, depending on local circumstances and risk assessments (Bajjada et al., 2024; Casey and McLaughlin, 2022; La Valle et al., 2022; Kustatscher et al., 2023).
314. When early education settings reopened, many operated with reduced hours and/or reduced places. This partly reflected lower levels of demand, as some parents preferred to keep children at home even after restrictions were lifted. In the private and voluntary sector, the furlough scheme made it financially more advantageous for some settings to remain closed. Covid-19 safety measures (including self-isolation, social distancing, and the need to operate in 'small bubbles'), also led to reduced provision and temporary closures (Casey and McLaughlin, 2022; Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023).
315. Statistics from the Department for Education in England illustrate the impact of Covid-19 on early education participation, providing estimates of how attendance among 0-to-4-year-olds compared to what might have been expected without the pandemic.
316. As shown in Figure 16, in the first half of the summer term of 2020, when settings were only open to vulnerable children and the children of key workers, attendance was less than 10% of expected levels of attendance in early education. In summer 2020, attendance among 0-to-4-year-olds began to rise rapidly, reaching just under 90% of expected levels by December 2020, during the second lockdown, when early education settings (and schools) remained open. In January 2021, during the third lockdown, attendance dropped to around

50%, as many parents chose to keep their children at home, especially given that schools were closed (La Valle et al., 2022). In March 2021, after schools reopened, attendance increased again to around 80% of expected levels and remained at this level until the end of the academic year. In autumn 2021, attendance increased further but did not exceed around 90% of expected levels (no comparable figures are available for 2022).

317. Data from Wales shows a broadly similar pattern, with a sharp drop in attendance during the first lockdown as settings requested (but not mandated) that parents keep their children at home. This was followed by a rapid increase in attendance in the autumn. However, it should be noted that these figures are not directly comparable to those from England, as the Welsh data did not compare actual attendance with expected levels, and excluded settings in the private and voluntary sector. Between 24 March and 11 May 2020, 1.2% or fewer 3-to-4-year-olds attended a local authority early education setting each day (Welsh Government, 2020a). Attendance rose quickly in the autumn term, and by the end of November 2020, around eight in ten 3-to-4-year-olds enrolled in a nursery class were attending (Welsh Government, 2020b).

Figure 16. Attendance in early education among 0-to-4-year-olds (actual attendance as a percentage of expected attendance) in England in April 2020-November 2021



Source: Reproduced, with permission, from La Valle et al., 2022

318. In May 2021, attendance in England was higher in less deprived local authorities, in areas with better early child development outcomes, higher rates of female employment, and lower unemployment (La Valle et al., 2022).
319. Further evidence of gaps in attendance comes from take-up rates of the early education entitlement in England. Between January 2020 and January 2021, take-up among 2-year-olds eligible for the disadvantaged entitlement fell by seven percentage points (from 69% to 62%). By comparison, take-up among 3-year-olds fell by four points (from 91% to 87%), and among 4-year-olds by two points (from 95% to 93%) (La Valle et al., 2022).
320. Similar patterns were observed in the rest of the UK. Children from socioeconomically disadvantaged backgrounds and those with additional needs missed more early education than their peers. This led to concerns about growing inequalities in participation and widening developmental gaps (Bajjada et al., 2024; Children in Wales, 2022; Coleman et al., 2020; Curristan et al., 2023; Hardy et al., 2022; Kustatscher et al., 2023; Ofsted, 2022a).
321. The available data does not allow us to determine whether this gap in participation also emerged in the most disadvantaged areas of Wales (with Flying Start) and Northern Ireland (with SureStart) (see Box 2 in Chapter 1). Figures from Flying Start areas show that both early education provision and attendance remained high for 2-to-3-year-olds. In 2020-21, 96% of newly eligible children were offered a place (compared with nearly 100% pre-pandemic), and 84% took up the offer (only slightly lower than pre-pandemic) (Welsh Government, 2021a). The Flying Start early education offer was only available to those living in disadvantaged areas during this period, but these figures do not distinguish between different groups of children, such as those from disadvantaged backgrounds or those with additional needs. Furthermore, they cover the entire 2020-21 period; as shown in Figure 16, attendance varied considerably across different months.
322. A range of factors influenced parents' decisions about early education attendance during the pandemic. Parents' concerns about the developmental impact of missing formal learning experiences were weighed against other perceived risks. For example, concerns about Covid-19 infection were higher among families with clinically vulnerable members, ethnic minority communities, households where grandparents helped with childcare, and multigenerational families. The drop in attendance during the third lockdown suggests many families were unconvinced by government messaging that it was safe for young children to attend early education settings while schools were closed. When parents had a choice—because they were not working, were furloughed, or working from home—many

opted to keep children at home, particularly during the first and third lockdowns (Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023; Pascal et al., 2020b).

323. In England, there was also evidence that take-up was sometimes constrained by the limited availability of early education places. For instance, if a child's usual setting was closed, some parents preferred to keep them at home or rely on informal care rather than move them to a new setting. Some settings offered reduced hours or operated fewer days, which created difficulties for working parents who then opted for family-based care (e.g. grandparents). Some local authorities reported that disadvantaged areas were more likely to be affected by these disruptions (Hardy et al., 2022; La Valle et al., 2022).
324. In Wales, Scotland, and Northern Ireland, where most early education provision is delivered by the public sector, local authorities largely decided which early education services remained open during the first lockdown and how to increase the supply of services once restrictions were eased. Throughout the pandemic local authorities collaborated with the private and voluntary sectors to ensure adequate levels of provision (Geraghty and Lyons, 2021; Hardy et al., 2022; Kustatscher et al., 2023).
325. In England, local authorities also collaborated with private and voluntary early education providers to maintain service delivery. However, they had limited authority to influence their decisions, such as which settings should remain open during the first lockdown and which settings should reopen when restrictions were lifted. Some authorities reported greater shortages of early education services in disadvantaged areas compared to more affluent ones, where there were more working families. They had no means of addressing these disparities. The limited influence of local authorities in England to shape local early education services highlighted the need for stronger levers to ensure that publicly funded early education services align with national and local priorities in a time of crisis (La Valle, 2022).
326. Parents in England also voiced concerns about individual early education settings holding "*too much power*" over access to publicly funded services. Some parents felt it was unfair that publicly funded settings could unilaterally decide whether their child could attend. Others were negatively affected by unregulated fees: some providers charged full fees even when children were legally unable to attend (Competition and Markets Authority, 2020; La Valle et al., 2022).
327. When children returned to settings, their experiences continued to be shaped by the pandemic due to a range of Covid-19-related restrictions, which many settings maintained

- even after government guidance no longer required them. Settings were hesitant to remove all restrictions, citing a lack of clear guidance and reassurance about safety (Ofsted, 2022a).
328. For many months, parents were not allowed to enter early education settings and had to drop off and pick up children outside. This led to an increased use of digital platforms for communication between settings and families. Both parents and staff reported that limiting parental access negatively affected relationships and the quality of information shared. For example, it became more difficult to have regular 'pedagogical conversations' at drop-off and pick-up times: conversations that are key to exchanging information about children's activities, learning, and development (Bajjada et al., 2024; Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023; Ofsted, 2022a; Walsh et al., 2020).
329. Restrictions that affected children's experiences in settings included the removal of certain toys and play equipment; the formation of small, fixed groups or 'bubbles'; limitations on free-flow activities; and social distancing and face coverings for staff. Outings (e.g. to parks or libraries) and visits from volunteers or specialists were not permitted. Staff deployment was more flexible to manage absences, which reduced consistency and limited children's time with their key person and other familiar staff members (e.g. room managers).
330. Across the UK, parents and staff reported that these restrictions significantly limited the range of early learning activities and the quality of children's interactions with peers and staff (Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023; Ofsted, 2022a; Walsh et al., 2021). These restrictions - and reduced attendance - also made it more difficult to identify developmental concerns and additional learning needs early on and to provide adequate support (Bajjada et al., 2024; Ofsted, 2022a).
331. On a more positive note, due to the lower risk of infection outdoors, children in early education settings spent more time outside, and many settings enhanced their outdoor facilities (Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023; Walsh et al., 2020).
332. Children's transitions were also affected. For example, children and parents were unable to visit settings before starting, and parents were not permitted to stay during the settling-in period. Restrictions also disrupted good practice for school transitions: it was often not possible for children and families to visit schools ahead of time or for school staff to visit children in early years settings (Geraghty and Lyons, 2021; La Valle et al., 2022; Kustatscher et al., 2023; Ofsted, 2022a).
333. Despite the severe financial pressures faced by the early education sector, by spring 2022, research in England found that the level of provision had returned to what would have been

expected had the pandemic not occurred (La Valle et al., 2022). Evidence from other UK nations also indicates a return to normal levels of provision, including in Scotland, where the expanded annual offer of 1140 hours (see Box 1 in Chapter 1) was rolled out in 2021 (Department of Education, 2024b; Scottish Government, 2023b; The West Partnership, 2023; Welsh Government, 2024).

334. Government initiatives such as the Job Retention Scheme, sustainability grants, business rates holidays, and continued funding for the early education entitlement helped prevent a dramatic reshaping of the service landscape.
335. However, research carried out in 2021 and 2022 highlighted concerns about the financial viability of many settings, due to years of underfunding, which could affect both the quality and availability of early education going forward. Across the UK, the sector has also faced increasing recruitment and retention challenges, as the early education workforce - often demoralised - sought better opportunities in other sectors. This was particularly concerning at a time when many children needed additional support due to developmental delays and rising mental health issues among children and parents (Audit Scotland, 2023; Bajjada et al., 2024; Employers for Childcare, 2021; Hardy et al., 2022; La Valle et al., 2022; Kustatscher et al., 2023).
336. As service capacity returned to normal, participation in funded early education also returned to pre-Covid levels by 2023 (Department for Education, 2024b; Department of Education, 2024b; Scottish Government, 2023b; Welsh Government, 2024).
337. In summary, early education experiences were severely disrupted during the pandemic across the UK. Most children missed weeks of early education - even when settings were allowed to open - due to settings' decision to remain closed for longer, reduced capacity, or parental choice. Children from socioeconomically disadvantaged backgrounds, with additional needs, and those living in more deprived areas missed more early education than their peers. This partly explains the widening developmental gap discussed in Chapter 2. When children did return to settings, their experiences were further disrupted by reorganisations in line with Covid-19 requirements. Reduced service levels and continuing safety measures remained in place even after they were no longer mandatory, despite staff recognising their negative impact on children's experiences.

Health visiting services

338. When the pandemic began, health visiting services across the UK changed in two main ways. First, some health visitors were redeployed to support acute services, which reduced service capacity. Second, health visitors were asked to work remotely. Although these

measures could have been lifted at the end of the first lockdown, they remained in place, to some extent, beyond that point.

339. The extent to which services were affected by health visitor redeployments depended on the duration of redeployment and the proportion of staff involved, although data on these changes is limited.
340. In England, the duration of redeployment varied across local authorities but, on average, lasted over two months. In many areas, redeployments extended beyond June 2020 - when NHS England aimed to restore health visiting services - and some continued until at least September 2020 (Conti and Dow, 2020). In Wales, redeployments lasted an average of five months, again with local variation (Welsh Government, 2021b). There are no official estimates for the length of redeployments in Northern Ireland and Scotland; however, reports indicate that some redeployments extended beyond the first lockdown and varied significantly by location (King et al., 2024).
341. The level of redeployment in England varied considerably. Many local authorities avoided redeploying any health visitors, but 53% reported redeploying at least one full-time equivalent (FTE) health visitor. The proportion redeployed ranged from 5% or less to as high as 40-70% (Conti and Dow, 2020). While it is known that health visitors in the rest of the UK were also redeployed (King et al., 2024), no statistics could be found to show the scale of redeployment.
342. A key performance measure for the health visiting service is the completion rate of universal assessment visits for families with young children. At the start of the pandemic, health visitors were asked to work remotely so these assessments could continue. A comparison between 2018/19 and 2020/21 shows that completion of these assessments was not disrupted in Scotland, while in the rest of the UK completion rates at many stages dropped, particularly in England and Northern Ireland (table 4).

Table 4. Completion rates for health visitor postnatal universal contacts by nation in 2018/19 and 2020/21

	10-14 days		6-8 weeks		Around 1 year*		Around 2 years*	
	2018/19	2020/21	2018/19	2020/21	2018/19	2020/21	2018/19	2020/21
England	97%	97%	85%	80%	82%	66%	78%	72%
N Ireland	99%	98%	98%	90%	82%	52%	90%	68%
Scotland	97%	97%	91%	93%	72%	91%	89%	91%
Wales	93%	94%	79%	**	82%	81%	74%	79%

Source: Department of Health, 2019 and 2021; Office for Health Improvement and Disparities, 2019 and 2021; Public Health Scotland, 2023; Welsh Government 2019b and 2021b.

Notes: *Age range varies slightly across the four nations. ** In 2020/21 there were two reviews for this period in Wales at six weeks (completion 75%) and eight weeks (completion 67%)

343. Families who need more support, such as when a child has additional learning needs or a parent requires help with mental health challenges, are offered additional visits from health visitors. However, no national statistics are available on these follow-up contacts or how they were disrupted during the pandemic. There are also no government statistics on the proportion of universal and follow-up health visitor contacts carried out remotely.
344. The reduction in health visiting (and other family) services, combined with the move to remote access, led to a considerable decrease in the support and guidance available to families. A survey conducted during the first lockdown to explore the impact on UK families with young children found that only 11% of parents of children under two had seen a health visitor face-to-face this figure is not broken down by nation. While some parents appreciated digital health appointments, others who lacked the necessary skills or equipment to interact remotely reported feeling exposed and humiliated (Saunders and Hogg, 2020).
345. Research in England (UNICEF, 2022) and across the UK (Saunders and Hogg, 2020) examining the effects of Covid-19 on families with young children found that parents experienced increased challenges such as mental health problems, financial hardship, and rising family tensions. However, they struggled to access family support services (e.g. health visitors), which undermined their capacity and confidence to parent effectively. These difficulties were more commonly reported among families facing multiple disadvantages, including poverty, disability, and additional learning needs.

346. Parents also expressed concern that reduced contact with health visitors and the reliance on remote contact limited the ability to properly assess children, leading to missed opportunities for early identification of issues such as developmental delays and growth problems (King et al., 2024b).
347. Reflecting these concerns, a 2020 survey of health visitors in England found that while video contacts were considered useful for offering quick advice or information between routine visits, many respondents questioned their effectiveness in other scenarios. For example, 89% disagreed or strongly disagreed with the statement that “*video contacts are as effective as face-to-face contacts for identifying needs/enabling disclosure of risk factors,*” and 65% disagreed or strongly disagreed with using video contacts for families needing additional support, such as those experiencing perinatal mental health challenges (Institute of Health Visiting, 2020b).
348. The Institute of Health Visiting conducts annual surveys on the state of the service, which provide insights into the challenges faced by the sector during Covid-19 from the perspective of health visitors. The 2021 survey covered the entire UK, whereas the 2020 survey covered only England.
349. Although the 2021 survey was conducted across the UK, 90% of the respondents were health visitors from England. As a result, the survey findings mainly reflect the English context. It was not possible to conduct a full analysis of variations across the UK, as only a few results were broken down by nation and the sample sizes for Scotland and Wales were small (Northern Ireland is not reported separately).
350. In 2021, health visitors across the UK reported a widening of health inequalities and an increase in vulnerability and safeguarding risks, echoing the 2020 survey results from England. For instance, 81% of respondents reported an increase in perinatal mental health problems; 80% noted an increase in domestic abuse; and 71% saw a rise in child safeguarding concerns. Health visitors also reported increases in additional learning needs, including speech, language and communication delays (86%) and behavioural issues (80%). Nearly three-quarters (72%) said poverty had increased among the children and families they supported (Institute of Health Visiting, 2021).
351. Health visitors, particularly in England, reported feeling overwhelmed and underprepared to meet the growing needs of families. In 2021, only 9% of health visitors in England reported working within the recommended caseload of 250 children per full-time equivalent (FTE) practitioner, compared to around two-thirds in Scotland and Wales. In England, 49% reported caseloads of 500-699 children; in Scotland, the corresponding figure was just 3%.

More than one in four health visitors in England were responsible for over 750 children, whereas no health visitors in Scotland or Wales reported such high caseloads. These figures were consistent with the findings from England in 2020 (Institute of Health Visiting, 2021).

352. These high workloads were reflected in concerns about the effectiveness of the service. In 2021, 42% of UK respondents said they were worried that they “*can’t do enough to safeguard babies and children*” (Institute of Health Visiting, 2021). In England, in 2020, only 26% of health visitors rated their service as good or excellent; 33% said it was inadequate or poor, and 31% felt their time was spread too thinly to make a meaningful difference (Institute of Health Visiting, 2020b).
353. In summary, the service was disrupted by health visitors’ redeployment combined with the move to remote access, which continued, to some extent, after the end of the first lockdown. These changes to the service resulted in a considerable decrease in the support and guidance available to young children and their parents, at a time when families’ needs were increasing. These service changes also resulted in missed opportunities for early identification and support relating to issues such as developmental delays and safeguarding concerns.

Services for children with additional learning needs

354. Access to support for additional learning needs depends on children having these needs identified. Health visitors and early education settings (nurseries, nursery classes, and childminders) play an important role in identifying these needs. The disruption in health visiting services (see paragraph 353) and early years services (see paragraph 337) resulted in delays in identifying additional needs. Research found that, during the pandemic, many parents struggled to get advice and support about their children’s needs and behaviour, and there were long delays in obtaining diagnoses that could help parents understand how to support their children and access help from social and health services (Bajjada et al., 2024; La Valle et al., 2022; Kustatscher, 2023; UNICEF, 2020).
355. Some children with additional learning needs require specialist support provided by a wide range of health and social care services, such as therapy services, short-break provisions, and equipment services for disabled children. It is beyond the scope of this review to detail how these services changed during the pandemic. However, some examples are provided to illustrate how children and their families were affected by disruptions to these services, a disruption that continued well beyond the first lockdown.

356. Across the UK, research with families of children with additional needs found that they felt “*abandoned*” and “*overwhelmed*,” as they experienced great difficulties accessing services that had been supporting their children and struggled to determine what alternative support (if any) was available (Geraghty and Lyons, 2021; Kustatscher, 2023; Merrick, 2024; UNICEF, 2020).
357. A study in Scotland that monitored experiences of Covid-19 in the early years found that 10% of parents felt they had needed to use allied health professional services, such as speech and language therapists, during lockdown. Of those, 44% were not able to access these services. Among those who accessed services, 52% used them remotely and 4% used them face-to-face (Kustatscher et al., 2023).
358. In England, families with children with complex needs (children diagnosed with an illness, disability, or sensory impairment who need a lot of additional support daily) reported not having access to services, such as short breaks and personal assistants/carers, which placed an enormous strain on parents and siblings. Some of these services, such as short breaks, were closed for up to two years in some cases. For some children with a physical disability, the closure of equipment services meant that they did not have the right equipment to move safely or had to use equipment that did not fit properly (Merrick, 2024).
359. Ofsted has estimated that in England, the closure of services for disabled children and their families, such as short-break services and holiday schemes, during lockdowns resulted in many disabled children losing around two years of therapeutic support, which reduced their progress and, in some cases, led to regression (Ofsted, 2022b).
360. Research in England found that when children with additional needs were able to access services, the nature of support also changed as services were overstretched. Even services that had previously provided child-centred and well-coordinated support struggled to do so during the pandemic (Merrick, 2024; UNICEF, 2020).
361. Children with additional learning needs receive tailored support in early education settings to ensure their additional needs do not prevent them from learning and enjoying their early education experiences. When children with additional needs are not in early education, they miss not only the range of activities that support all children’s learning, but also the specialist support for their additional needs (for example, some autistic children require help to develop their communication with tools such as visual schedules, picture exchange communication systems (PECS), and Makaton). Throughout the pandemic period, children with additional learning needs missed more early education than their peers (as detailed in

paragraphs 319-320), and this helps to explain the widening development gap between these children and their peers discussed in Chapter 2.

362. Vulnerable children were allowed to attend early education settings during lockdown restrictions; however, only children with a support plan⁷ (based on an assessment and a diagnosis) were included in this definition. Few young children have this type of plan because a diagnosis may not be possible at an early age. Furthermore, when emerging needs are identified, for example, in early education, delays in providing an assessment may mean that children have already moved on to school by the time they receive a plan.
363. Government guidance allowed local authorities and educational providers discretion to classify children as vulnerable for reasons beyond those specified in the guidance. However, we do not know how many children with additional needs (but without a support plan) were able to access early education during the first (and third in Scotland) lockdowns because they were classified as vulnerable. Research with local authorities, parents and early education providers suggest that there were considerable variations in how the definition was adapted locally (La Valle et al., 2022; Kustatscher et al., 2023).
364. Even when children with additional learning needs were allowed to attend early education settings, research in England and Scotland shows that parents reported confusing advice about whether children with conditions that may put them at higher risk of infection should shield. With limited and sometimes conflicting advice, it could be very hard for families to decide what was best for their child, whether to keep them at home to minimize infection risks or send them to nursery to support their learning and development, at a time when other learning and development opportunities were drastically reduced (La Valle et al., 2022; Kustatscher, 2023). No information was identified on how children with different needs were more likely to require better guidance and advice.
365. Transitions in education were also particularly challenging for children with additional needs, as for many months parents were not allowed to enter early education settings and schools (see paragraph 328). For example, it was more difficult for parents to make decisions about the suitability of a setting or school without being able to visit and to be confident that adequate support would be in place (Geraghty and Lyons, 2021; Kustatscher, 2023; La Valle et al., 2022).

⁷ This comprises: an Education, Health and Care Plan (EHCP) in England; a Statement of Special Educational Needs in Northern Ireland; a Coordinated Support Plan (CSP) in Scotland; and an Individual Development Plan (IDP) in Wales.

366. In summary, young children who need additional support to learn were considerably more affected by the disruption in early education and health visiting services during the pandemic. First, because it is usually through accessing these services that their needs are identified, and they can be helped to access relevant support. Second, for these children, missing early education meant missing the additional support they needed to address their needs. For some children, this problem was compounded by disruptions in specialist support in the community, for example, support for children with complex needs.

Children's social care services

367. During the pandemic, children's social care services across the UK had to constantly adapt their practice to evolving national Covid-19 guidance, balancing the risks of infection with safeguarding risks to children. While all children's services had to adjust to rapidly changing circumstances, this was especially challenging for services supporting the most vulnerable children, where practice is tightly regulated by statutory guidance. For example, research found that it was particularly difficult for services to interpret and apply the following government guidance:

"we know that local authorities and local safeguarding partners will want to continue to meet their statutory duties as far as they can, but there will be times in the current circumstances when this is not possible." (Ferguson et al., 2021)

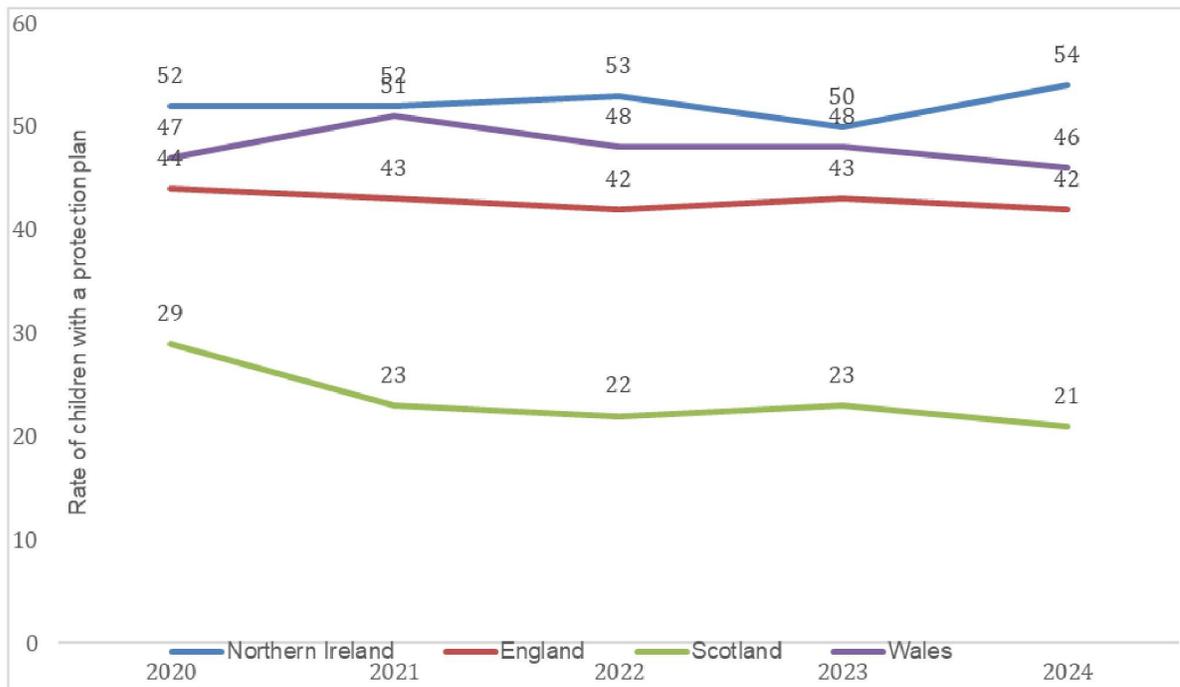
368. Children's social care services were asked to work remotely but were given discretion to continue in-person visits for high-risk cases. Some authorities used a red, amber, green (RAG) rating system to prioritise which children should still receive face-to-face visits. In some cases, in-person visits continued for new referrals, as direct contact was considered important for building relationships with families. Some social workers met children and parents outdoors, for example in parks or gardens. There are no national statistics on the number of families visited in person versus remotely, although it is known that remote visits continued beyond the first lockdown (Ofsted, 2022b; Kong and Noone, 2021).
369. Research with social workers suggests that remote visits did not always allow for a full assessment of children's needs or family situations. Concerns were raised about missing non-verbal cues, not being able to see who else was present in the room when speaking to children, and the fact that virtual contact was easier for some families to avoid (Ferguson et al., 2021; Kong and Noone, 2021). As discussed below, in England in a high proportion of cases where a child died or was seriously harmed due to (suspected) abuse or neglect face-to-face, visits by professionals had been replaced by telephone or video contact (Department for Education, 2021b).

370. Research with parents found that remote services were less effective for families with limited access to devices or insufficient internet data. Some found virtual contact isolating or intimidating. Parents attending online meetings, panels, or court proceedings were often doing so alone from their own homes, without support. This raised serious concerns about their ability to participate meaningfully in safeguarding and legal processes that could have major consequences for their children and families (Ferguson et al., 2021; Kong and Noone, 2021).
371. Due to lockdown restrictions, children in care were unable to see their families in person. Despite the efforts of social workers and foster carers to maintain relationships and communication, the lack of face-to-face contact was likely to have been distressing for many children (Ofsted, 2022b).
372. Referral levels fell at the start of the pandemic, as key referrers such as schools, nurseries, and health professionals were seeing fewer children. These levels remained below average even as restrictions eased in summer 2020 (Ofsted, 2022b). There were concerns that the reduced ability to identify children at risk early in the pandemic would eventually lead to a rise in the number of children on protection plans. However, early evidence also suggested that some children were kept on protection plans longer than they would have been under normal circumstances. For example, social workers exercised caution due to difficulties in fully assessing risk and concerns about providing adequate follow-up if children were stepped down to a child in need plan (Ofsted, 2022b; Kustatscher et al., 2023).
373. There were also concerns that the pandemic's impact on families, such as increased mental health issues, domestic abuse, and substance abuse, would lead to more children being taken into care, particularly given the inconsistent and limited support available to prevent families from reaching crisis point.
374. Reflecting concerns about the effectiveness of the safeguarding system during Covid-19, England experienced a rise in Serious Incident Notifications (SINs): notifications made when a child dies or is seriously harmed, and abuse or neglect is known or suspected, or when a child in care dies. Between April 2020 and March 2021, there were 536 SINs, the highest number recorded to date. While notifications had already begun to increase before Covid-19 (from 386 in 2018/19 to 449 in 2019/20), the rise during the first year of the pandemic was substantial. The number then declined, with 442 SINs reported in 2021/22 and 456 in 2022/23 (Department for Education, 2023b). The Child Safeguarding Practice Review Panel's annual report for the January–December 2020 period highlighted that babies under 12 months were the most frequently notified group. A high proportion of cases involved non-accidental injury and sudden unexpected infant death, often in the context of family

stressors that significantly increased risk. In some cases, face-to-face visits had been replaced by telephone or video contact, potentially limiting the effectiveness of safeguarding responses (Department for Education, 2021b). Equivalent data for Wales, Scotland, and Northern Ireland could not be identified.

375. Figures 17 and 18 show trends in children with a child protection plan and those in care before, during, and after the pandemic across the UK. These suggest that early concerns about an increase in statutory intervention were largely borne out for children in care (except in Scotland), but only partially reflected the situation for children with a protection plan which increased only in Northern Ireland, and to a lesser extent, in Wales.
376. The reporting periods for the statistics in Figures 17 and 18 are April to March. Therefore, the 2020 pre-Covid figures cover April 2019 to March 2020; the first year of the pandemic spans April 2020 to March 2021; and the final year of the pandemic covers April 2021 to March 2022. The figures apply to all children under 18, as comparable data for children under five are not readily available. However, there is no evidence to suggest different trends for younger children.
377. In the first year of the pandemic, the rate per 10,000 children under 18 with a protection plan increased in Wales, remained unchanged in Northern Ireland, and decreased in England and to a greater extent in Scotland. In the second year, the rate increased in Northern Ireland but fell elsewhere in the UK (Figure 17).
378. In 2024, the rate of children with a protection plan increased in Northern Ireland, remained the same elsewhere, with lower rates compared with pre-Covid-19 (2019/20) (Figure 17).

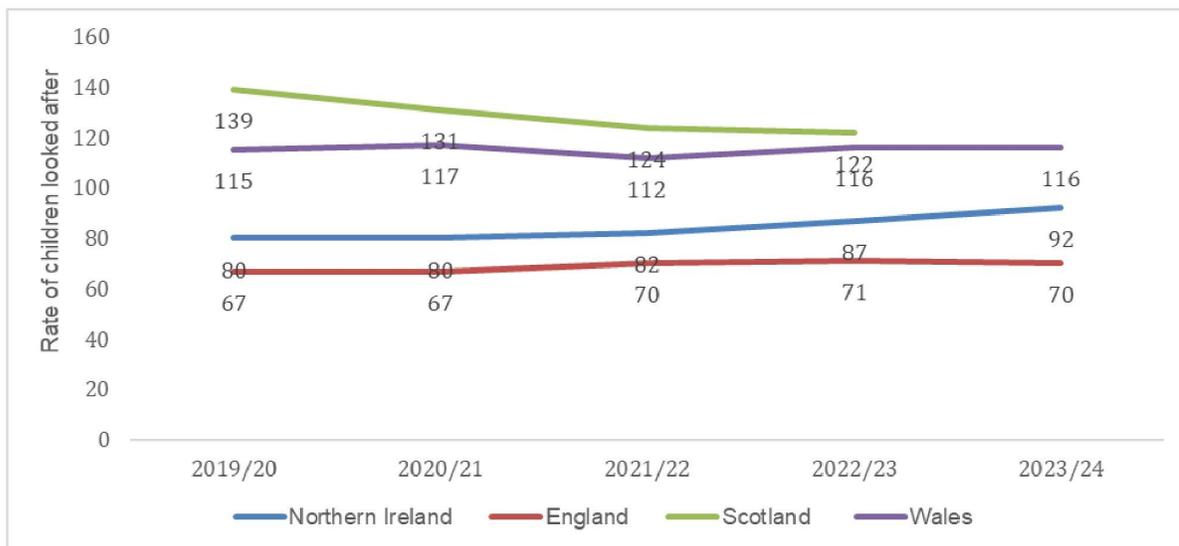
Figure 17. Rate of children with a protection plan per 10,000 children under 18 by nation, 2020-2024



Source: Department of Health (2020-2024) Children's social care statistics for Northern Ireland; Welsh Government (2020-2024) Children Receiving Care and Support Census, Wales; Department for Education (2020-2024) Children in Need Census, England; Scottish Government (2020-2024) Children's Social Work Statistics, Scotland.

379. As shown in Figure 18, apart from Scotland, where rates of children under 18 in care per 10,000 have been steadily declining, the rest of the UK saw higher rates towards the end of the pandemic compared with the year before the pandemic, and these remained above pre-pandemic levels in 2024. (Note: the figures for Scotland are not comparable with those presented in Figure 2 due to a change in methodology).

Figure 18. Rate of children looked after per 10,000 children under 18 by nation, 2020-2024



Source: Department for Education (2020-2024) Children looked after in England including adoptions, England; Department of Health (2020-2024) Children's social care statistics for Northern Ireland; Scottish Government (2020-2024) Children's Social Work Statistics, Scotland; StatWales (2020-2024), Children Looked after at the 31 March, Wales.

380. Apart from Scotland, where the number of children with a protection plan and in care has been decreasing, the demand for one or both statutory interventions has been increasing, particularly in Northern Ireland. It is not possible to determine with certainty whether these increases were caused by Covid-19 or would have happened regardless. However, there was considerable evidence in the years leading up to the pandemic that, in order to cope with increasing demand for statutory interventions, funding was being diverted away from services designed to prevent families from reaching crisis point (as detailed in paragraphs 128-129). This created a situation where problems were stored up for the future, especially in the event of increased pressures on services, as happened during the pandemic.

381. The rise in the number of children in care led to a shortage of foster and residential care placements, which in turn contributed to an increase in unregulated placements. In England

and Wales, this scarcity drove a substantial increase in residential care costs, particularly in services provided by the private, for-profit sector. In this supply-led market, private providers raised their fees and increased profits, while supply often failed to meet children's needs. For example, there was a shortage of placements for children with complex needs, and many placements were located in cheaper areas rather than where the need was greatest (Competition and Markets Authority, 2022; MacAlister, 2022). These challenges pre-dated the pandemic but were exacerbated by it, as the number of children in care increased.

382. In the second year of the pandemic, England experienced a serious shortage of social workers due to recruitment and retention challenges. While it is unclear whether this workforce crisis would have occurred without Covid-19, the intense pressure on staff during the pandemic was likely to have negatively affected social workers' morale and motivation to stay in the profession (Ofsted, 2022b). This also led to increased reliance on private agency staff, who are more expensive than directly employed staff, further reducing the resources available to support children (MacAlister, 2022).
383. In 2022, an independent government-commissioned review in England highlighted the crisis in children's social care and its consequences for children, such as more being taken into care. The review recommended an uplift of approximately £2.6 billion in children's social care spending, including £1 billion in ring-fenced funding for family support to shift the focus from crisis intervention to early help (MacAlister, 2022). However, the government at the time did not implement this recommendation.
384. In summary, the disinvestment in family support and early help services in the years preceding the pandemic meant children's social care services were ill-equipped to deal with Covid-19. During the pandemic these services became even more focused on expensive crisis interventions, and far less able to intervene early, prevent escalation, and harness the support of families and communities to help keep children out of the care system.

Current state of early years services and systems

Early education

385. By late 2022 and early 2023, early education provision and participation across the UK had largely returned to normal, suggesting that the pandemic did not have lasting impacts on the participation of the next cohort of young children. However, long-standing underfunding, combined with current and planned expansions to early education entitlements (see Box 1 in Chapter 1), is placing significant pressure on the sector.

386. These pressures are already affecting the quality of provision, and there is growing evidence from parents that children who need additional support - especially those with high-level needs - are being excluded from early education (see paragraph 112). This raises serious concerns about the sector's ability to provide high-quality, inclusive education in the event of another pandemic.
387. There is also evidence that there is much that local authorities can do to remove barriers to participation in early education. Success factors include strategic leadership, community engagement, tailored support to parents to take-up the entitlement. The evidence also suggests that local authorities must be prepared to take action to challenge exclusionary practices, support settings that cater largely for children with additional needs and from a socio-economic disadvantaged background, and monitor attendance to reduce inequalities (La Valle et al., 2024).

Health visiting

388. Evidence on the current state of the health visiting service continues to highlight weaknesses. These are long standing weaknesses, and it seems unlikely that they are due to Covid-19 alone, however, the current state of the service in England in particular raises questions about its ability to cope with another pandemic.
389. The latest report on the state of the UK health visiting service in 2024 points to increasing demand due to rising needs, including perinatal mental health challenges. Concerns about neurodevelopmental issues and child behaviour were especially high in Scotland, and Wales. In England, health visitor practice was largely shaped by the needs of families affected by poverty and safeguarding risks (Mayes et al., 2025).
390. Ongoing funding constraints remain a major barrier to delivering the personalised, high-quality, and integrated support necessary for an effective health visiting service. This is particularly concerning in England, where a crisis in children's social care has forced health visitors to take on responsibilities that should fall to other agencies (Mayes et al., 2025; Wilkinson, 2024).
391. Very high levels of work-related stress were reported by health visitors in 2024, driven by excessive workloads and what one report described as "*the trauma of being the frontline practitioner who must tell families that they cannot provide the care that they need due to a 'broken NHS'*" (Mayes et al., 2025).
392. The reliance on remote services during the pandemic, has however, revealed some opportunities for service improvement. For instance, remote check-ins are now used to help

professionals stay in contact with families between universal visits. Some information, guidance, and support are also now delivered digitally, and new resources developed during the pandemic have helped accelerate pre-existing digital trends (King et al., 2024).

Services for children with additional needs

393. The current challenges facing systems that support children with additional learning needs throughout the UK are well-documented and will not be repeated here (Children & Young People’s Commissioner for Scotland, 2023; Department of Education, 2023; Department of Education, 2025; Estyn, 2024; Morgan, 2020; National Audit Office, 2024; SCLD, 2022; UK Parliament, 2024).
394. While these challenges were not caused by Covid-19, the fact remains that these systems are failing children, and unless they are strengthened with more attention given to additional needs in the early years, another pandemic could be even more damaging for this group of children.

Children’s social care services

395. Across the UK, children’s social care services continue to face considerable challenges, particularly in England, Northern Ireland and Wales where the number of children in care continues to increase, a trend that could be partly attributed to the pandemic. Recent policy developments acknowledge these challenges and aim to address longstanding system weaknesses.
396. For example, Scotland has introduced a comprehensive plan (The Promise Scotland, 2020) to reduce the number of children in care, improve their experiences of the care system and improve outcomes for these children.
397. In England, the Children’s Wellbeing and Schools Bill (2024) aims to strengthen the safeguarding role of education—including early education settings—and improve information sharing to protect children more effectively. Investment in family help services in England is set to rise to £500 million in 2025, though this is well below the level recommended by the 2022 children’s social care review (MacAlister, 2022).
398. Wales has decided to ban profit-making in children’s social care services, with provision gradually being moved out of the private sector (Health and Social Care (Wales) Act, 2025). In England, more modest measures have been proposed to curb profiteering in this sector (Department for Education, 2024c).

399. It is too soon to establish whether these policy changes will significantly strengthen safeguarding systems and better prepare them for future crises such as another pandemic. However, all available evidence suggests that ‘tinkering’ with systems that are so weak will not be enough. A more ambitious approach is needed: a national, long-term strategy and plan for young (and older) children, backed by dedicated funding, aimed at improving life chances and avoiding costly statutory crisis interventions, which can be traumatic for children and their families. Such a strategy would make children’s social care services more resilient and better equipped to support children during a pandemic.

Early years systems

400. Most young children in the UK are not supported by services and systems that work in a coordinated way or offer consistent, effective support regardless of where they live. As discussed in Chapter 2, while Wales and Northern Ireland have relevant programmes in place, Flying Start and Sure Start, these reach only a small proportion of UK children.
401. England previously had the Sure Start programme, which before significant cutbacks was effective in supporting early childhood development and reducing inequalities in education and health (see Box 3 in Chapter 1).
402. In 2022, in England the government introduced the Family Hubs and Start for Life programme to provide integrated support to families with children and young people aged 0–19. However, this programme is considerably smaller and less well funded than its predecessor, while covering a broader age range and larger population.
403. Initially launched as a three-year pilot in 75 local authorities with a budget of £300 million, Family Hubs received a further £69 million in autumn 2024. As of 2025, there are around 400 Family Hubs delivered by 88 local authorities and the government has recently announced further investment (£500 million) to achieve 1,000 Family Hubs nationwide by 2028 (Department for Education, 2025b). In contrast, by 2010—before the decline in Sure Start funding—there were 3,290 Children’s Centres, with 83% of four-year-olds living within pram-pushing distance (2.5 km) of a centre. Total spending on Sure Start at that time was £2.7 billion (in 2023–24 prices) (Carneiro et al., 2025).
404. Estimates from the Centre for Young Lives and the Financial Times suggest that, in 2024, funding for Family Hubs and other family services was less than a quarter of what was spent on Sure Start Children’s Centres up to 2010 (Hughes and Borrett, 2025).
405. This underinvestment means that systems supporting early childhood development remain fragile. In the event of another pandemic or similar crisis, the impact on young children’s

development and learning could be as severe as during Covid-19, once again disproportionately affecting the most vulnerable.

Chapter 4. Addressing the impact of Covid-19 on development from birth to five

Chapter overview and summary

406. This chapter opens by characterising the range of reports that have been published on the impacts of the pandemic on young children. They represent a wide range of stakeholders and advocates. We have drawn from many of these reviews within this report, and so do not summarise them again here. Overall, they have evidenced the profound effects of the pandemic on young children's lives and lay out recommendations for mitigating ongoing effects on children as they move through the school system.
407. We then present representative examples of education, health, and community-based initiatives and interventions that were implemented to support the development of young children, from soon after the beginning of the first national lockdown, evolving through the pandemic to respond to children's needs. These projects recognised the critical early years for cognitive, socioemotional, and physical growth. Some of these initiatives were newly created in response to the pandemic while others pre-dated the pandemic. Some were high-budget, targeted, and proven interventions, and others were grassroots community collaborations.
408. We conclude by summarising and endorsing a selection of recommendations to address pandemic impacts, from stakeholders in young children's development. This is followed by a number of new recommendations for mitigation based on the evidence that we have reviewed in writing this report. Finally, we present clear, evidence-based recommendations for protecting young children's development in the event of a future pandemic or comparable event.

Reviews of the impact of the pandemic

409. Numerous reports on the impact of Covid-19 have been generated in the UK by a range of stakeholders, including:
- a. **Academic research groups** (e.g. Andrew et al., 2020; Davies et al., 2021; 2023; Castro-Kemp & Mahmud, 2021; Fox et al., 2021; Tracey et al., 2022; Zuniga-Montanez et al., 2024);
 - b. **Charities and foundations** such as Kindred Squared, Nesta, Nuffield Trust, Save the Children, Sutton Trust (e.g. Kanders et al., 2022; Kindred² 2024; 2025;

Oppenheim & Milton, 2021; Pascal et al., 2020; Patrick et al., 2022; Save the Children 2020; 2023);

- c. **Government groups** such as Children's Commissioners from the four nations, Department for Education, OECD, Ofsted, Parliamentary Office of Science and Technology; Public Accounts Committee, Welsh Parliament (e.g. Baker et al., 2020; Department for Education, 2021a; Ofsted, 2022a,b; OECD, 2020; Welsh Parliament Children, Young People and Education Committee, 2021);
- d. **Professional bodies, advocacy groups, and think tanks** such as the Education Policy Institute, the First 1001 Days Movement, Food Foundation, Institute for Fiscal Studies, National Children's Bureau, National Day Nurseries Association, Playboard NI, Public Health Scotland, Royal College of Speech and Language Therapists (e.g. Cattan et al., 2021b; EPI, 2025; Geraghty & Lyons, 2021; Hunt et al., 2023; NDNA, 2021; Public Accounts Committee, 2021; Public Health Scotland, 2020; RCSLT, 2023; Reed et al., 2021; Tuckett et al., 2024; Walsh et al., 2021).

410. These reports have presented quantitative and qualitative data at different stages of the pandemic to evidence impacts on young children across the age range and living in and with various circumstances. They have focused on different aspects of child development, including: mental health and wellbeing (Scottish Government, 2020; UK Government, 2022); physical development (Early Intervention Foundation, 2021); and communication (RCSLT, 2023). Some reports have focused on the impact on services for children, especially early education (Goddard, 2023; Hobbs & Bernard, 2021; UK Parliament Education Committee, 2021).

411. Some reports were published iteratively as the pandemic unfolded, giving a dynamic account of the impacts on young children. One example of this is the four rounds of the CEYRIS Covid-19 Early Years Resilience and Impact Survey (Public Health Scotland, 2020; 2024a). The CEYRIS gathered data on how 2-to-7-year-olds were affected by Covid-19, covering areas such as key behaviours, play and learning, use of outdoor spaces, social interactions, and the experiences of parents and carers. Findings informed policies and support services tailored to the needs of young children.

412. Many reports included young children within a childhood-wide analysis of impacts on children and young people, and some represented children's own stories as told in their own words (Children's Commissioner for Wales, 2020; 2021; Save the Children, 2023).

413. Although there were some positives, the weight of evidence reflected adverse effects on children's basic needs and on their behaviour, play, social interactions, and learning. New

challenges were created (e.g. interactions with friends) and existing challenges were made more complex (e.g. financial hardship).

414. Negative impacts were not evenly distributed: the lowest income groups experienced greater financial hardship and bereavement, reduced mental health and wellbeing, and more limited access to activities and outdoor space (e.g.. Public Health Scotland, 2020).
415. Children with additional learning needs found learning through the pandemic especially difficult, and lost access to specialist support, increasing risks to their health and wellbeing. Many reports captured concerns for children's futures, including such as education transitions and risks to job prospects and financial stability.

Educational support

416. Several initiatives were implemented to support children's development through the pandemic and to recover lost learning. Early in the pandemic, devolved governments' focus was on allowing vulnerable children and children of key workers to attend early education settings (including nurseries and childminders) during lockdowns. This was followed by wider-scope recovery planning which enabled settings to reopen to children: in England, Wales, and Northern Ireland, settings were allowed to reopen to all children in June 2020. In Scotland they re-opened later in the summer of 2020, and closed again in the second lockdown in January-February 2021 (see paragraphs 308-309).
417. For children who had started school in 2019, schools mobilised a response to concerns about lost learning. Reflecting concerns about specific areas of learning, they prioritised socioemotional development, communication and language, and literacy (Tracey et al., 2022). Over two thirds of schools surveyed said that their goal for educational recovery was to minimise the gap between pandemic and pre-pandemic cohorts, and to minimise the attainment gap between children with higher and lower levels of attainment (62% of schools surveyed). Frontline staff quickly saw which groups were most at risk: 44% of schools said they were most concerned about children eligible for free school meals, citing lack of engagement in home learning and widening learning gaps. Children with additional needs were the main concern for 24% of schools, citing concerns over the lack of professional support, disruptions to routine, and wellbeing (Tracey et al., 2022).

Provision of remote learning resources during lockdowns

418. Charities provided early learning packs, toys, and games as part of their wider emergency response for parents and children at home. For example, between April 2020 and April 2021, Save the Children provided support to 7,149 families reaching 15,430 children aged 0-6 years old across the UK. Save the Children's 2021 impact analysis of their UK Emergency Response grants highlighted the need for the UK government to restore a strong social security system.
419. Education providers mobilised early learning platforms to engage young children at home and to educate caregivers on how to support their children's development. Some of these were co-created and promoted by education and healthcare professionals. One example is the BBC's Tiny Happy People, which focuses on early language development for 0-to-4-year-olds, developed in partnership with the Royal Foundation, the National Literacy Trust, Education Endowment Foundation, Public Health England, Royal College of Speech & Language Therapists, and Royal College of Midwives (Salter et al., 2023).
420. Locally, early education settings chose to deliver online learning sessions, as outlined in paragraph 279. Other children's services continued to deliver remotely (though were not required to after the first lockdown), including health visiting (see paragraph 344) and social services (see paragraph 368).

Financial support for the early education sector

421. Settings continued to receive funding for the early education entitlement until the end of 2020 even if children did not attend, except for the Childcare Offer for 3-to-4 Year Olds in Wales, which provides additional funded hours to working parents. Continued funding for the entitlements, alongside business rates relief and furlough for settings that closed, was key to their survival. Local authorities also provided sufficiency grants to settings.
422. The Early Years (EY) Professional Development was a hybrid initiative funded by the Department for Education as part of the Early Years Education Recovery Programme. It was designed to upskill the early years workforce, with the pandemic-era phase supporting them to address the impact of Covid-19 on young children's development. It included professional development for staff at all career stages. It focused on the most impacted areas of learning (early communication and language, mathematics and personal, social, and emotional development) and the uneven impact of the pandemic on specific groups, including children from disadvantaged backgrounds and those with additional needs. Since its launch, and as of June 2024, the EY education recovery programme provided more than 29,000 training opportunities at setting/school level and more than 52,000 training opportunities to individual

educators. However, during the post-pilot rollout from September 2022 to July 2024, it was only available to a limited number of settings (e.g. those judged as Requires Improvement (RI) or Inadequate by Ofsted in the previous three years) and of those, capacity challenges hindered participation or completion of the programme, meaning that the stated offer was taken up by a smaller subset. The programme was funded to March 2025 (INQ000651499). Evaluations show a positive impact on educators' perceived confidence in supporting children's language, maths, and socioemotional development. The programme was felt to have contributed to children's education recovery following Covid19, and children's readiness for school, to some extent. Setting leaders were cautious about impact on staff morale, recruitment and retention. There was no direct assessment of children's outcomes (Department for Education, 2024e; Department for Education, Ecorys and Sylva, 2025).

423. The Northern Ireland Executive provided Childcare Recovery Support in July 2020. This was financial assistance to childcare providers to ensure continuity of services following temporary closures early in the pandemic.
424. Following delayed plans made before the pandemic, the Scottish Government, in collaboration with local authorities, expanded early learning and childcare services in August 2021. The annual entitlement to funded provision increased from 600 to 1140 hours for all 3-to-4-year-olds and eligible 2-year-olds.
425. These and similar interventions aimed to maintain access to quality early education, addressing children's developmental needs and enabling parents to return to work or training as part of economic recovery measures.

Interventions to support learning recovery

426. In response to the pandemic, the Department for Education funded a £9m national roll-out of the Nuffield Early Language Intervention (NELI), a pre-existing 20-week programme designed to enhance the language skills of 4- and 5-year-olds (Fricke et al., 2013). It was offered to state-funded primary schools, and has continued to be funded (with an over £20m investment) across five school years (2020–21, 2021–22, 2022–23, 2023–24 and 2024–25). An independent evaluation by the National Foundation for Educational Research found that children who participated in NELI made on average four months' additional progress in their language skills compared to those who did not participate. Notably, children eligible for free school meals showed even greater progress, averaging seven months' additional development (Smith et al., 2023).
427. Some regions implemented established learning interventions, with promising results. For example, through the Thrive at Five programme, nursery teachers in selected settings in

Stoke-on-Trent were trained in Oxford Education's Talking Time (Dockrell et al., 2023) to improve preschoolers' language development and communication skills. The number of children with significant language delays was reduced by half from 39% to 19%, and overall, 71% of the 187 children from the six schools that delivered Talking Time improved their communication and language skills (Coster & Wellings, 2024).

428. Other projects focused on providing support, advice, and activities for families with children born during the pandemic, to mitigate lockdown's impact on babies' and toddlers' development, including healthy eating, toileting, and sleeping. For example, the Steps Ahead Project in Gloucestershire, which ran 2022-2023, found that 90% of the 2,000 participating children demonstrated increased confidence and improved social, emotional, and communication skills. Nearly 90% of parents and carers reported enhanced confidence, with over 80% noting a better home environment and happier children.
429. By early 2022, the Scottish Government had collaborated across policy areas (Infant Health and Wellbeing and early education) to re-prioritise within existing budgets. They developed a programme designed to respond to emerging speech, language and communication needs, with a particular focus on birth to 5-year-olds, resulting in a Speech and Language focus in their Childcare Strategic Plan to boost speech and language capacity in settings, as well as launching two pilot projects with the Scottish Book Trust.

Health Support

430. To combat food insecurity during Covid-19, UK nations offered meal deliveries or supplementary vouchers for low-income families. Financial support measures pre-dating the pandemic continued, for example the Scottish Government's Best Start Grant (providing one-off payments to eligible families at key stages of a child's early years) and Best Start Foods (financial support to eligible families for healthy food items during children's formative years). As discussed in paragraph 294, the rollout of some of this provision was unreliable.

Community-Based Support

431. The Welsh Government's 'Summer of Fun' initiative provided free leisure, recreational, sporting, and cultural activities for children and young people aged 0-25. Running from July to September 2021, the programme aimed to support social, emotional, physical, and mental wellbeing through Welsh and English, helping children reconnect and recover from the pandemic. Reach and reception was positive, and the evaluation reported that it supported personal, social, and physical skills following the lockdowns (Gill et al., 2021)

Published recommendations to address young children's development

432. Professional groups were quick to understand the longer-term implications for children growing up during and after the pandemic. A series of recommendations emerged throughout Covid-19 from stakeholders in young children's development. We endorse these and present them below, grouped by theme.
433. Early in the pandemic, recommendations focused on a swift and safe return to high-quality face-to-face support from services. Professionals also called for a commitment by the Treasury for additional short-term funding for the early education sector to ensure all children could access their entitlements, as well as a catch-up programme to mirror what older children were offered (e.g. National Children's Bureau, no date).
434. Major stakeholders such as the Education Policy Institute, the EEF, Nesta, and Save the Children and have made appeals within their reports of pandemic-related impacts on young children. Here we synthesise five converging, evidence-based recommendations for post-pandemic recovery.

Cross-government, long-term investment to support child development

435. Many recommendations appeal for a holistic, cross-government strategy to support child development and longer-term educational recovery, underpinned by long-term investment across the range of early years services to address the multifaceted needs of children and their families.
436. Such an approach must recognise that the social determinants of educational inequalities – such as poverty, housing, healthcare, transport and many other aspects of daily life – cannot be addressed in isolation, or by any one government department. The National Children's Bureau (no date) called for a
- “single, cross-government Children's Recovery Strategy, starting in the first 1001 days (...) evaluated through a rigorous accountability framework, overseen by a Cabinet-level pan-Government Children's Minister with cross-departmental responsibility.”*
437. The approach above reflects the ambition of Sir Kevan Collins, the UK Government's Education Recovery Commissioner appointed in February 2021, who appealed for an additional £15bn for post-Covid-19 recovery across all levels of education. After government announcements in June 2021, the total recovery spending was £3.1bn, falling substantially

short of what Kevan Collins had recommended, leading to his resignation from the Commissioner role (Andrews et al., 2021).

Ensure equal access to high-quality early education

438. A firm evidence base shows that high-quality early education is a powerful means of narrowing the disadvantage gap, including during the pandemic (Davies, Hendry et al., 2021, 2023; Pascal et al., 2020). As attainment gaps persist post-pandemic, professional advocacy groups urge governments to make equality of access a policy priority, including (in England) matching the value of Early Years Pupil Premium funding to the same level as the primary school equivalent (e.g. Neil Leitch, CEO of the Early Years Alliance, 2024).
439. Calls for equality of access to early education pre-dates the pandemic as a key strategic approach for closing disadvantage gaps. From the earliest stages of the pandemic, early education professionals could see the likely worsening of inequalities, exacerbating the challenges (e.g. inadequate funding) that they had been working with in the preceding years. The pandemic raised this need to even greater critical importance.

Professionalise the early education sector

440. Many early education practitioners see the pandemic as an opportunity to reset priorities and further professionalise the sector. This requires improved pay, working conditions, and career structure for the early education workforce; a long-established challenge in the sector.
441. In England, the government provided a £180m package of workforce training, qualifications, support, and guidance for the early education sector to support staff and settings, and address the impact of the pandemic on the most disadvantaged children (Department for Education, 2022).

Provide enhanced support for early speech, language, and communication

442. There are widespread concerns about children's language development as they enter school. Poor language is linked to later educational attainment, later employment opportunities, contact with youth justice systems, mental ill health, lower quality of life, vulnerabilities to abuse, and impacts on the economy. The National Children's Bureau appealed for the Government to allocate additional Early Years Pupil Premium for Covid-19 catch-up programmes focused on communication, language, and emotional wellbeing.

Provide more effective support for children with additional needs

443. The disruption to early education had a particularly detrimental impact on children with special educational needs and disabilities. The House of Commons Committee of Public Accounts (2021a) recommended that the Department of Education work with the Department of Health and Social Care to identify the specific actions needed to help children with additional needs recover from the damage caused during the pandemic.

Invest in early intervention and support services

444. To fill gaps left by insufficient family support, increased investment is needed in early intervention services, such as speech and language therapy, to address developmental delays promptly.

Additional recommendations to address the impact of the pandemic on young children's development

445. Our expert view supports the recommendations that have been published elsewhere, outlined in paragraphs 433-444. We reiterate the need for a long term, cross-government national strategy and plan for children, with ring-fenced funding to ensure more consistent and high-quality support in these crucial formative years.
446. We also endorse recommendations for equality of access to high-quality early education, supported by a professionalised early education sector, and more enhanced support for early speech, language, and communication, and for children with additional needs.
447. Based on the evidence we have reviewed, we present a number of additional recommendations to those published elsewhere.
448. Families need to be enabled to take up their offer of high-quality early education. While uptake of places is monitored at local and national level, additional support and monitoring of attendance trends is necessary to identify barriers preventing children from making the most of early education.
449. The evidence we have reviewed reveals severe and widening gaps for children with additional needs. Building on the recommendations made to help children with additional needs recover from the pandemic, we add that more effective and consistent systems are needed for identifying and assessing emerging needs, as part of a national strategy and plan for children mentioned in paragraph 446. Families will need to be supported and empowered to access the help their children need, before a diagnosis and/or a plan is received. The local authority support that settings get for these children varies enormously;

some may get nothing because there is no statutory obligation. Robust piloting and implementation of early identification is needed, with an equal emphasis on both safeguarding and identifying children with emerging needs.

450. We also emphasise the need for evidence-based policy creation and implementation, co-created by affected practitioners and communities.
451. It is imperative to follow the development of cohorts of children born into and after the pandemic to fully understand the causal factors impacting their developmental outcomes. The foundational evidence base, e.g. Born in Covid Year- Key Lockdown Effects (Henry, Botting et al.); Social Distancing and Development Study (Gonzalez-Gomez et al.), which analyses the effects of the pandemic response on young children's development will be instrumental. In addition, policymakers need to commit to ongoing review of the strengths and limitations of the interventions and adaptations implemented due to Covid-19 to ensure that future practice is informed by the best evidence of 'what works' to improve outcomes. This will require adequate funding and expertise from the research and development sector, and careful methodologies to tease apart the impacts of successive social change post-pandemic.
452. This report is driven by expert analysis of available data. As such, gaps in data availability, for example progress and attainment data in Northern Ireland at age two and at school entry (detailed in paragraphs 62, 156, 157, 179, 200) compromises our understanding of the impacts of the pandemic on young children, of pre-existing circumstances, and of interventions, as well as where additional support is needed. Thus we recommend an increased focus on data collection, collation, and open sharing by professionals with the required resource and expertise.

Recommendations in the event of a future pandemic

453. The Department for Education, which oversees early education in England, was unprepared for the challenges of the pandemic, As the House of Commons Committee of Public Accounts stated (2021a, p.3):

“Despite being involved in a 2016 cross-government exercise on dealing with an influenza pandemic, the Department for Education had no plan for handling disruption of this kind and was unprepared for dealing with the challenges the pandemic presented in early 2020. Consequently, it struggled to react to events in a timely and effective way. The Department set no standards for in-school or remote

learning during the rest of the 2019/20 school year and, as a result, children had very unequal experiences”.

“The disruption to schooling had particularly damaging effects on children who were already facing adversity (...) Children with special educational needs and disabilities found remote learning especially difficult, and some lost access to specialist support and equipment, increasing risks to their health and welfare. Disadvantaged children also faced major barriers to effective home learning, widening the gap between them and their peers”.

454. Save the Children are equally robust in their view of the deprioritisation of children in pandemic response (2021, p.6)

“It is our view that the Covid-19 pandemic disproportionately impacted children and young people because decision-makers did not consistently and robustly consider their rights and interests. School and playground closures, social distancing rules and lockdowns meant many children missed hundreds of days of learning, missed spending time with other children and missed the services and people who were once there to support them”.

“Much of the harm caused during the pandemic could have been prevented if the UK’s decision-makers considered children’s rights or talked to children when they were creating laws and guidance. Instead, adult-focused policies caused great damage and saw children deprived of their right to education, right to play and right to live free from harm”.

455. There are many lessons to be learned from the way that children’s development was affected by the Covid-19 pandemic, as we have described throughout this report. In the event of a future pandemic, we would strongly recommend a rebalancing of priorities: a) reducing the impacts of lockdown on the youngest in society over the immediate and longer term, b) reducing the spread of the virus to the most vulnerable members of society, and c) economic recovery. This imbalance between the first and final factors was demonstrated by the framing of the re-opening of educational settings, which focused on the benefits for parents returning to work rather than for children’s wellbeing and development, e.g. *“children will still only be able to attend indoor childcare or supervised activities where doing so will allow parents or carers to work”* (Cabinet Office, 2021).

456. The evidence we have reviewed has shown us much about the toll on early years services and on young children’s development. In the event of a future pandemic or similar event, we recommend enabling children to attend early education settings. This echoes Save the

Children's (2023) recommendation to "*classify schools and early years settings as essential infrastructure for future health emergencies*" and "*ensure that the decision to close schools cannot be made by ministers alone and is considered only as a last resort*". All early education providers, whether they are in the private and voluntary sector or school-based, should be expected to respond in line with national and local priorities, to ensure all early education services continue to operate in young children's best interest. Alongside this, there should be clearer guidance for parents on how to decide if it is safe to send a child to a setting and how to balance the health risk of infection with the risk of developmental impacts when children miss early education.

457. Health visitors should not be redeployed as some were during Covid-19. They have been described as "*...the backbone of early years services across the UK (...) the 'safety net' around all families*" (UNICEF, 2022). The Covid-19 pandemic revealed the consequences of removing this 'safety net' (paragraph 81).
458. The remote delivery of different types of services should be evaluated against evidence from Covid-19 to assess whether/when remote delivery is appropriate in light of its effects on children and families with diverse needs and in different socioeconomic circumstances.
459. Local authorities should monitor whether services continue to implement restrictions to contain infections beyond the period required by the government. Examples of these restrictions include remote service delivery, banning parents from entering early education settings, and restricting specific activities in settings. Local authorities should be empowered to investigate if continued restrictions are necessary and if not justified or likely to negatively affect children's development, to lift those restrictions.
460. Last but not least, pandemic policy and guidance should be co-created and tested with children and families to ensure information is accessible, feasible, and acceptable.

Annexe 1. References

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Annexe 2: Glossary

Ages and Stages Questionnaire (ASQ)	A developmental screening tool used to assess young children's communication, motor skills, problem-solving, and personal-social development. It is designed for children from birth to 6 years of age
Attainment Gap	The disparity in achievement between different groups of children at the same age, often based on socioeconomic status, ethnicity, or other characteristics. It highlights inequalities in educational outcomes.
Children in need	Children who require additional support to achieve or maintain a reasonable standard of health or development, or to prevent significant harm.
Children with additional (learning) needs	Children whose learning difficulties and/or disabilities make it harder for them to learn than their peers, and who therefore require additional support. In England and Northern they are referred to as children with SEND (special educational needs and disabilities) . In Scotland and Wales the definition also encompasses children who need extra help due to other circumstances, such as having English as an additional language. They are referred to as children with ASP (additional support for learning) in Scotland and children with ALN (additional learning needs) in Wales.
Children's social care services	These services are provided by Local Authorities in England, Scotland and Wales and by Health and Social Care Trusts in Northern Ireland. They include services for: safeguarding and child protection; children in need; children in care; care leavers, children with disabilities; adoption; early help and family support.
Early education	Centre-based education and care for children under five. May be referred to as early education and childcare in England, early learning and care in Scotland, preschool education in Northern Ireland, and early childhood, play, learning & care in Wales (nursery education for 3-4-year-olds), with some variation in how the four nations conceptualise childcare as distinct from education.

Early education entitlements	<p>Before they start school children have an entitlement to free early education, sometimes also referred to as ‘funded’ early education. There are universal and targeted entitlements.</p> <p>Across the UK there is a universal entitlement for 3-to-4-year-olds who are eligible to access free early education, the hours they are entitled to vary across nations.</p> <p>There are three types of targeted early education entitlements. The entitlement targeted at disadvantaged 2-year-olds in England and Scotland. The entitlement targeted at all 2-year-olds in disadvantaged areas in Northern Ireland and Wales. The entitlement targeted at working families in England and Wales.</p>
Early education settings/providers	<p>Services that support children’s social, emotional, physical, and cognitive development in a safe and nurturing environment while also enabling parents and carers to work, study, or manage other responsibilities. They must be registered with the relevant authority to ensure they meet standards of safety, quality, and educational provision, including following the curriculum set by the government.</p>
Early intervention	<p>Support services and strategies provided to families and children, typically from birth to around five years old, to promote healthy development and prevent potential difficulties from becoming more serious.</p>
Early Learning Goals (ELGs)	<p>A set of 17 expected developmental standards for children in England at the end of the Early Years Foundation Stage, typically assessed at age five. They cover areas such as communication, literacy, mathematics, and personal development.</p>
Early Years Foundation Stage (EYFS)	<p>The learning framework for children from birth to five years in England. It incorporates a broad range of knowledge and skills for progress at school entry and beyond, with a focus on literacy, numeracy, communication, and personal development.</p>
Education, Health and Care Plan (EHCP)	<p>A legally binding document in England that outlines the education, health, and social care support required by a child or young person with significant special educational needs and/or disabilities.</p>

English as an Additional Language (EAL)	EAL refers to children with a home language that is not English and who are taught through the medium of English.
Free School Meals (FSM)	FSM is a government-funded programme providing eligible pupils with a free, nutritious meal during the school day. It serves as a key indicator for identifying disadvantaged children in education data.
Good Level of Development (GLD)	A measure used in England to indicate whether a child has met or exceeded their age specific thresholds across domains of development.
<p>Healthy Child Programme, England</p> <p>Healthy Child, Healthy Future, Northern Ireland</p> <p>The Child Health Programme, Scotland</p> <p>Healthy Child Wales Programme</p>	<p>National early intervention and public health programmes that aim to support children's health and development. The programmes provide a structured framework of health and development reviews, immunisations, screenings, and advice to families. They operate through a progressive universalism approach, offering a universal service for all families, with additional targeted support for those who need it most.</p>
Integrated early years services	Coordinated delivery of support for young children and their families through the collaboration of different professionals and agencies. These services bring together early education, childcare, health, social care, and family support into a seamless system that aims to meet the wide-ranging needs in early childhood. Examples of integrated early years services include Sure Start in England and Northern Ireland, and Flying Start in Wales.

Learning Loss	A decline in knowledge or skills, typically resulting from interruptions in formal education such as school closures or absenteeism. It can disproportionately affect disadvantaged pupils.
Pedagogy	Pedagogy is the method and practice of teaching, including instructional strategies, classroom techniques, and educational philosophy. It shapes how teachers deliver content and engage learners.
Persistent Poverty	Persistent poverty describes a situation where a child or family experiences poverty over an extended period, often measured across multiple years. It is linked to deeper, more entrenched disadvantages affecting educational and life outcomes.
Progressive universalism	This approach entails a basic level of service provision (universal access) to all children or families, with additional or more intensive support offered to those who need it most (targeted support). In early years and family services, this means offering services that everyone can use, such as health visiting or early education, while directing extra help to children and families facing greater disadvantage or risk.
Relative Poverty	Relative poverty refers to a situation where individuals or families have significantly less income or resources than the average in their society. It is typically measured as living below a certain percentage (e.g. 60%) of the median national income.
Safeguarding systems	Safeguarding systems refer to the range of local agencies, professionals and structures that play a part in keeping children safe.

Annexe 3. Data search strategy

To gather the evidence used in this statement, a literature search was conducted between December 2024 and March 2025. It collated relevant documents reporting on the impact of the pandemic on the development of children from birth to five years old in England, Scotland, Wales, and Northern Ireland; the main services supporting children's development; and how these have changed since the pandemic.

An initial data search was conducted across several databases, including the Education Resources Information Centre, ProQuest, PsycInfo, PubMed and Web of Science, as well as through broader internet searches using Google Scholar and government websites. Examples of key terms used can be found in Table 5. For each search, combinations of these key terms were applied using Boolean operators. To allow for comparisons on the impact of the pandemic, literature from before the pandemic until March 2025 was included where possible.

Following the initial literature search, several targeted searches were undertaken to identify any missing information not yet gathered. These targeted searches involved consulting experts, and exploring the websites of relevant institutions, charities, and organisations working in topics related to the research objectives. The literature identified through these searches included a wide range of sources such as reports, briefings, statistical reports, academic papers, datasets, peer-reviewed publications, and grey literature.

Table 5. Key terms used in the literature search.

child*	educational health and care plan	United Kingdom
infant*	mental health	England
toddler*	speech	Scotland
baby	language	Wales
babies	communica*	Northern Ireland
children	SLT	pandemic
early years	SALT	covid*
early childhood	CAMHS	digital
early education	speech and language therap*	digital access

early learning	local authority	digital delivery
childcare	LA	electronic*
nursery	statutory duty	tablet*
childminder	public service delivery	smartphone*
safeguard*	funded services	computer*
foster*	government	ipad*
adopt*	service reach	digital devices
guardian*	service provision	screen time
children services	access*	finance
children centre	qual*	job*
early help	availab*	hardship
health visit*	inclusion	food
SEND	performance	money
SEN	barrier	Initiative*
special educational needs	effective	recommendations
ASN	waitlist*	recom*
additional support needs	waiting list	recovery
additional needs	UK	Intervention*
EHCP		support

Annexe 4. Figures and Sources

Figure	Source
<p>Figure 1. Rate of children with a protection plan per 10,000 children under 18 by nation 2010-2019</p>	<p>https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024</p> <p>https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201920</p> <p>https://www.gov.scot/collections/childrens-social-work/</p> <p>https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After</p>
<p>Figure 2. Rate of children looked after per 10,000 children under 18 by nation 2010-2019</p>	<p>https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024</p> <p>https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201920</p> <p>https://www.gov.scot/collections/childrens-social-work/</p> <p>https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After</p>
<p>Figure 3. Percentage of children with a developmental concern by stage of review (Scotland).</p>	<p>https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2022-to-2023/</p>

Figure 4. Percentage of reviewed 27-30-month-olds with a developmental concern, by domain (Scotland)	https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2022-to-2023/
Figure 5. Percentage of children with any developmental concern recorded at 27-30-month review by deprivation level, Scotland, 2013/14-2022/23	https://publichealthscotland.scot/media/26641/2024-04-23-early-child-development-publication-report.pdf
Figure 6. Disadvantage gap for pupils in reception year in England 2013-2024	https://epi.org.uk/annual-report-2025-disadvantage/
Figure 7. Percentage of children with a good level of development across all 17 early learning goals, 2012/13 to 2023/24 (England)	https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results
Figure 8. Percentage of reviewed 4- to 5-year-olds with a developmental concern, by domain (Scotland)	https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2022-to-2023/ https://publichealthscotland.scot/media/26641/2024-04-23-early-child-development-publication-report.pdf
Figure 9. Percentage of pupils at each stage of development in Foundation Phase baseline assessment, 2019 vs. 2022, in each area of learning (Wales)	https://www.gov.wales/sites/default/files/statistics-and-research/2019-08/academic-achievement-pupils-aged-4-14-core-subjects-2019_0.pdf https://www.gov.wales/academic-achievement-pupils-foundation-phase-baseline-assessment-and-key-stage-3-2022-html
Figure 10. Attainment gaps for children receiving SEN support in England	https://epi.org.uk/annual-report-2023-send/
Figure 11. Disadvantage gap for pupils in reception year in England 2013-2024	https://epi.org.uk/annual-report-2025-disadvantage/

Figure 12. Percentage of children with one or more developmental concerns recorded at the 13-15-month review in Scotland	https://publichealthscotland.scot/publications/health-in-the-early-years-heys-dashboard/health-in-the-early-years-heys-dashboard-14-january-2025/
Figure 13. Percentage of children with one or more developmental concerns recorded at the 27-30-month review in Scotland	https://publichealthscotland.scot/publications/health-in-the-early-years-heys-dashboard/health-in-the-early-years-heys-dashboard-14-january-2025/
Figure 14. Percentage of children with one or more developmental concerns recorded at the 4-5-year review in Scotland	https://publichealthscotland.scot/publications/health-in-the-early-years-heys-dashboard/health-in-the-early-years-heys-dashboard-14-january-2025/
Figure 15. Impact of Covid-19 on play (6,077 responses; Wales)	https://play.wales/wp-content/uploads/2023/09/What-children-say-about-play-in-Wales-2022.pdf
Figure 16. Attendance in early education among 0- to 4-year-olds (actual attendance as a percentage of expected attendance) in England in April 2020-November 2021	https://www.familyandchildcaretrust.org/what-we-do/covid-and-childcare-local-impacts-across-england
Figure 17. Rate of children with a protection plan per 10,000 children under 18 by nation, 2020-2024	https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-202324 https://www.gov.wales/wales-children-receiving-care-and-support-census https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2024 https://www.gov.scot/collections/childrens-social-work/
Figure 18. Rate of children looked after per 10,000 children under 18 by nation, 2020-2024	https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024 https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-202324

	<p>https://www.gov.scot/collections/childrens-social-work/</p> <p>https://statswales.gov.wales/catalogue/health-and-social-care/social-services/childrens-services/children-looked-after/childrenlookedafterat31march-by-localauthority-gender-age</p>
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Annexe 5. Inquiry Documents

Document	INQ
Department for Education Module 8 witness statement	INQ000651499
Clinically Vulnerable Families Module 8 witness statement	INQ000587993