



# A Better Start Southend Stories of Impact

**The Impact of COVID-19  
on ABSS Services and Families**

# Executive Summary

The COVID-19 pandemic profoundly affected families, children's development, and social care services, with the greatest impact on populations living in areas of higher deprivation. Children in these communities faced additional challenges including limited access to digital learning resources, reduced socialisation opportunities, and increased family stress, which contributed to widening developmental inequalities compared to less deprived peers.

## Key outcomes from the ABSS programme:

- A decline in developmental progress among 2 to 2.5-year-olds during 2020-22, with recovery seen only in less deprived areas; children in ABSS wards continued to experience declines.
- Lower proportions of ABSS children achieving a Good Level of Development (GLD) in reception years following lockdown, remaining below national and less deprived area averages.
- A marked increase in overweight reception-age children in 2020/21, especially in ABSS wards, with levels remaining disproportionately higher than less deprived peers and national averages following the COVID-19 pandemic.

## Key insights and recommendations from the ABSS programme:

- By building responses to emergency situations around existing partnerships and relationships, authorities can continue to provide effective support to families. Strong multi-agency and cross-organisational working underpinned the ABSS response to the pandemic. Trusting relationships, shared goals and reduced bureaucracy enabled coordinated support for families during a time of national uncertainty.
- Agile and responsive services can maintain service continuity and support family resilience through emergency situations. The flexible design of ABSS services allowed for rapid adaptation, enabling services to pivot quickly to meet evolving family needs.
- Inclusive, blended service models that use digital services to complement face-to-face delivery improve engagement and accessibility of services. Shifting to online delivery models during the pandemic increased access and engagement for some families due to the convenience and flexibility offered. However, digital exclusion created new barriers for others, particularly those without reliable internet access or adequate devices, highlighting the need for blended service models.
- Services remaining present and continuous through emergency situations is crucial for sustaining engagement. Families in ABSS wards experienced heightened vulnerability during the COVID-19 pandemic, but consistent, trusted staff remained available for support, unlike areas where key personnel were redeployed. This continued engagement offered some protection from the worst impacts of the pandemic and has proven important as COVID-19's long-term effects on deprived cohorts become clearer.

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# Introduction

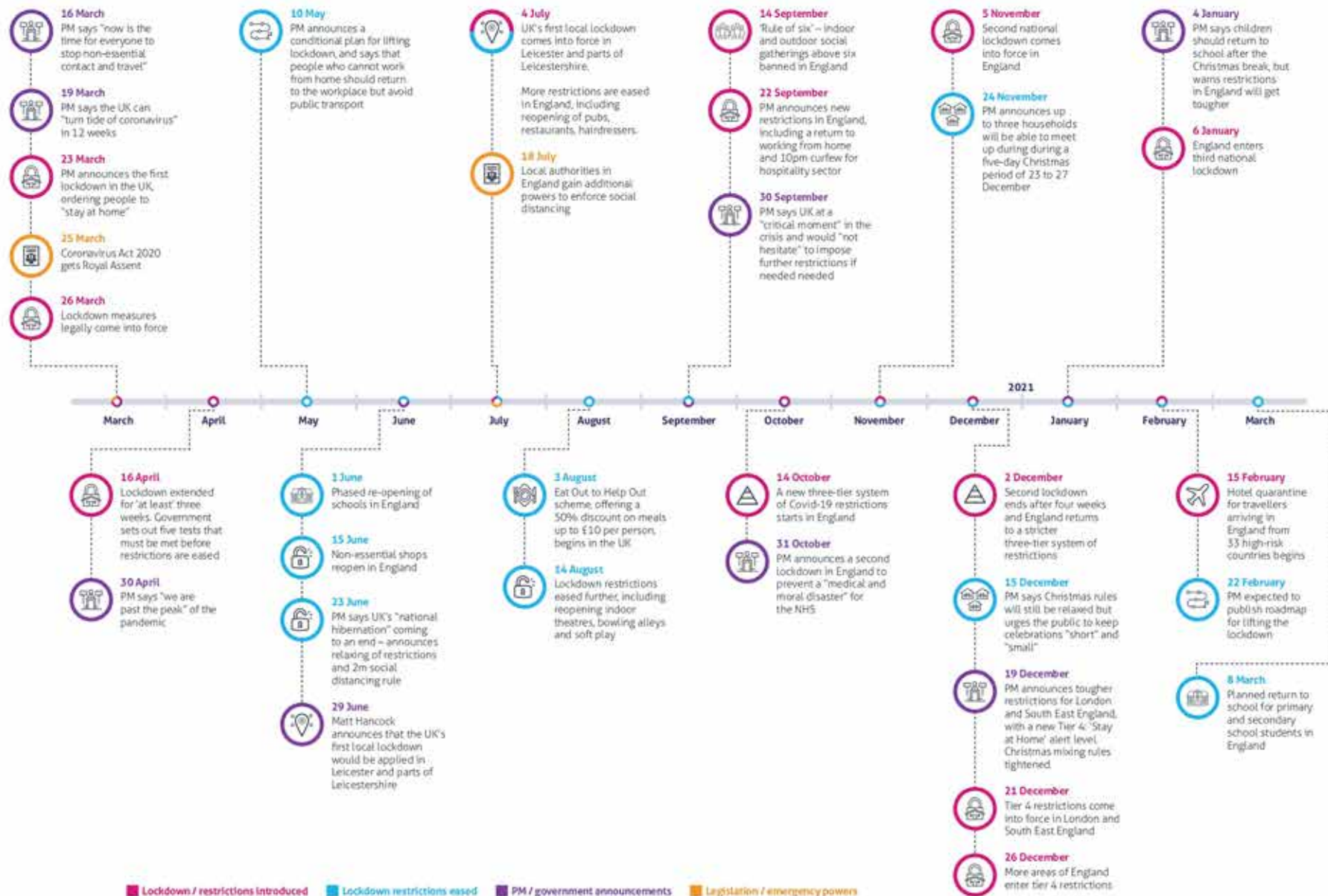
The first human case of the novel respiratory coronavirus, COVID-19, was discovered in Wuhan, China in late 2019, and transmitted around the world at an advanced pace (Siddiqui et al., 2022). Cases of COVID-19 were first detected in the UK in January 2020. The World Health Organisation (WHO) declared COVID-19 as a pandemic from March 2020 to May 2023 (WHO, 2024). As of 13th April 2024 (when the majority of countries stopped reporting data), over 7 million COVID-19-attributed deaths were recorded worldwide (Worldometer, 2024).

Prior to the development of successful vaccines, global governments introduced periods of “lockdown” to mitigate against rapid transmission of the virus. These aimed to avoid hospitals becoming overwhelmed and to limit the deaths of vulnerable people. In the UK, the first national lockdown commenced on 23rd March 2020 and required all places of education and non-essential businesses to close and residents to stay at home, with no socialising permitted. Lockdown rules were initially relaxed in June 2020 with a phased reopening of schools and businesses, although a new “local lockdown” policy was introduced for when cases of the virus rose in specific areas. The UK entered a second lockdown from November 2020, relaxed briefly in December 2020, followed by the third lockdown in January to March 2021. Final COVID-19 restrictions in the UK were lifted in July 2021 (Brown & Wade, 2021). The timeline of UK COVID-19-related events is illustrated in Figure 1 below.





**Figure 1: Timeline of UK government coronavirus lockdowns and measures, March 2020 to December 2021**



<https://www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf>

The impact of COVID-19 was exacerbated in areas of socio-economic deprivation because, due to health inequalities, individuals living in deprivation already suffered from disproportionately higher rates of clinical risk factors associated with COVID-19 mortality (Bambra et al., 2020). Office for National Statistics data for England and Wales showed that people living in the areas of greatest deprivation during the pandemic were approximately twice as likely to die from COVID-19 versus the areas of least deprivation (Lone et al., 2021).

Sustained periods of lockdown and social isolation significantly impacted the population's mental health (Banks and Xu, 2020). Family relationships became strained, negatively impacting children in the household. Domestic violence incidence increased, with more children witnessing abuse or being abused themselves, and victims of domestic abuse having less capacity to provide emotional support to young children whilst focusing on their own needs. All of these factors will have fuelled a decline in children's mental health during this time (Ioakimidis et al., 2022).

COVID-19 impacted the developmental progress of children, through the interruption of education, the absence of socialisation opportunities and the lack of enriching environmental stimuli such as access to playgroups and outside spaces (Ioakimidis et al., 2022). The true impacts of the pandemic on children are becoming apparent through falling attainment scores, falling school attendance (House of Commons Education Committee, 2023), increasing incidence

of poor behaviour (NASUWT, 2023) and increasing prevalence of poor mental health (Lacobucci, 2022). It is currently unclear how long these impacts will persist, or whether they will have a lifelong effect.

COVID-19 also impacted organisations providing social care to vulnerable families and children. The challenges of lockdown transformed many social care services, with delivery continuing whilst adapting to the changing needs of children and families. Community and organisational resilience were key for enabling services to continue effectively during unprecedented uncertainty (Wyllie et al., 2022).

This report explores the impact of COVID-19 lockdowns on ABSS children through data related to the Ages and Stages Questionnaire (ASQ-3), EYFSP scores and the National Child Measurement Programme (NCMP - reception class weight). It also demonstrates how impacts on social care service providers were mitigated and overcome.

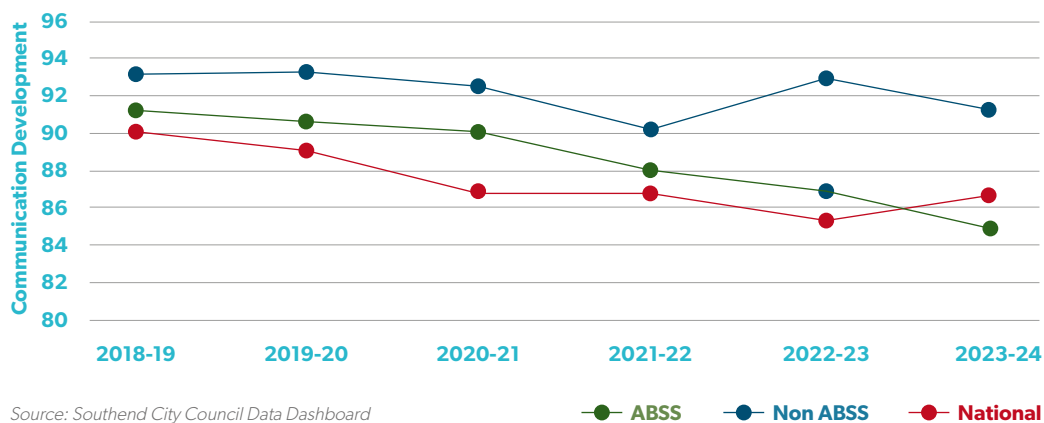
# Evidence and Impact

## Ages and Stages Questionnaire

The Ages and Stages Questionnaires, Third Edition (ASQ-3) is a screening tool used by professionals to assess early child development, enabling early recognition of developmental delays or disorders before the child starts school and so facilitating timely interventions. ASQ-3 is completed by parents and returned to the health visiting team when the child is aged 2 to 2.5-years-old. It covers general development including movement, speech, social skills and behaviour, and hearing and vision. As the survey is completed by parents, it is worth noting that there is a margin for error in responses; different parents may interpret questions differently, particularly if they have lower levels of literacy or are not fluent/native English speakers, which is more common in areas of deprivation such as those found in ABSS wards.

Figure 2 demonstrates the proportion of children who are on track with communication development at age 2 to 2.5-years-old in Southend and nationally. These data show that progress for ABSS children consistently lags that of Non-ABSS children, and progress has been in steady decline since 2020/21.

**Figure 2: Proportion of Children on Track with Communication Development (ASQ-3) at age 2 to 2.5 years-old**



During the COVID-19 pandemic in 2020/21, there was a small decline in communication development across all cohorts, which became more pronounced in the year following lockdown. This suggests that 2- to 2.5-year-olds' communication development was impacted by COVID-19 lockdowns, with fewer ABSS children on track versus Non-ABSS children. 2021/22 marked the trough in the proportion of Non-ABSS children on track with ASQ-3, with numbers recovering in subsequent years. In ABSS wards, however, the downward trend continued.

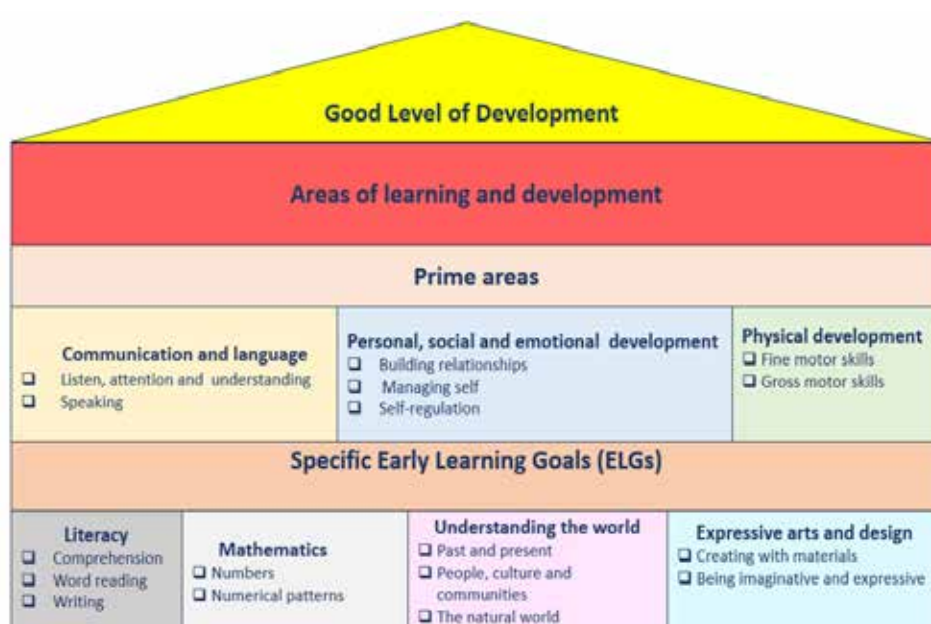
The COVID-19 pandemic was followed by a period of significant socioeconomic turbulence, coined the Cost-of-Living crisis, associated with high interest rates, high inflation, high energy rates, and falling affordability. Whilst COVID-19 marks a tipping point where ABSS children's ASQ-3 scores begin to decline, the Cost-of-Living crisis is likely

to be responsible for the continued fall. Across the country, parents/carers juggled caring needs with the need to earn money whilst navigating the "new normal". This stressful period may have meant that children's developmental and emotional needs were not being fully met (Ioakimidis et al., 2022). Some families stopped paid-for childcare activities, and many services that shut down during COVID-19 then failed to reopen due to a lack of funding, reducing access to educational and social activities for children. The prevalence of long-COVID is nearly 50% greater in deprived populations (Shabnam et al, 2023), again detracting from some parents/carers being able to fully meet the needs of young children. All of these factors would have greatest impact on the most deprived populations, which could explain why Non-ABSS ASQ-3 scores are not affected in the same way as those in ABSS wards.

## Early Years Foundation Stage Profile

The Early Years Foundation Stage Profile (EYFSP) is a compulsory national assessment undertaken in reception year. These data provide a measure of development against 17 early learning goals (ELGs) across seven areas of EYFS learning. Children are recognised to have achieved a Good Level of Development (GLD) if they meet the expected level within ELGs covering the prime areas of learning: communication and language, personal social and emotional development, and physical development, and also the specific areas of mathematics and literacy (Figure 3). These data are used by teachers to inform the year 1 curriculum by identifying required areas of learning. They are also used regionally and nationally to monitor children's development and learning (DfE, 2024).

**Figure 3: Early Years Foundation Stage Profile Overview**



The impact of COVID-19 on children's development in Southend was measured by focussing on the GLD measures for children attending Southend schools (including some children who live outside the Southend area) for the two years following the COVID-19 lockdowns (2021-23). Due to methodological changes and revisions to the seven learning areas of the EYFSP in 2021, data from previous years are not comparable. Table 1 demonstrates the difference in GLD scores between 2021-23 from a national to local level.

**Table 1: GLD figures 2021-23**

Area	2021-22	2022-23	Difference
National	65.2%	67.2%	2%
Southend	66%	67%	1%
Non-ABSS	72.1%	70.9%	-1.2%
ABSS	58.1%	62.4%	4.3%

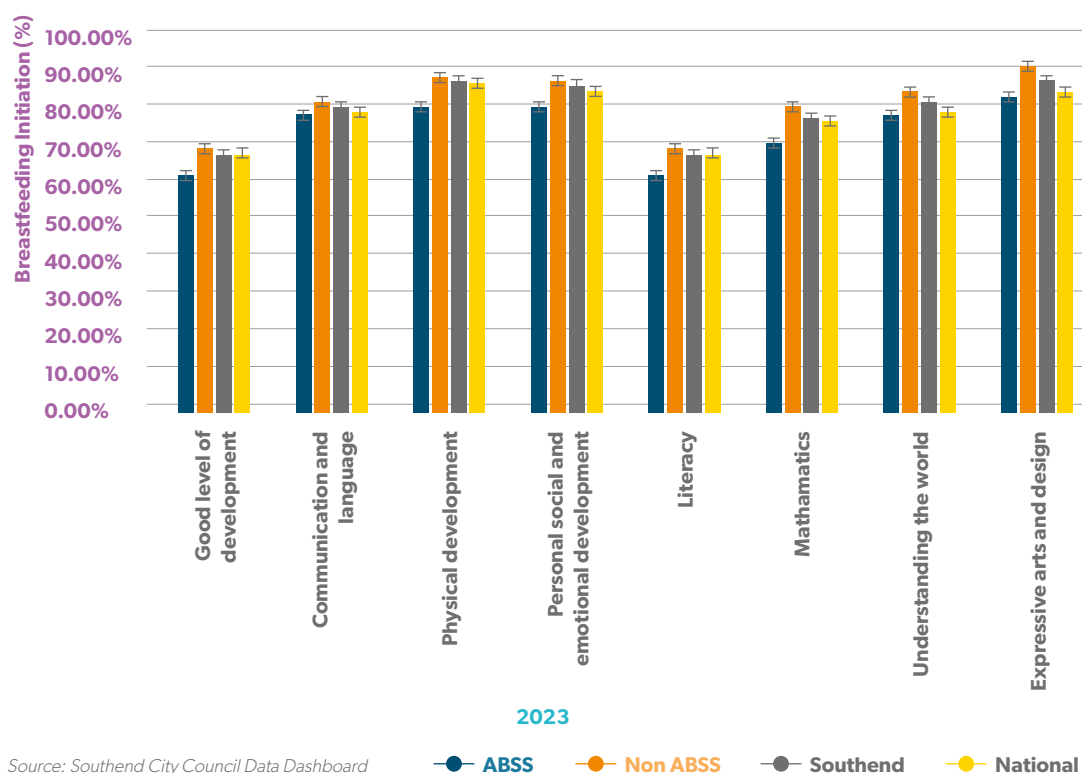
Source: Southend City Council Data Dashboard



In 2022/23, more children achieved a GLD in ABSS wards versus the previous year although this was still below the national average. In contrast, there was a decline in GLD achievement for Non-ABSS wards over the same period, but this was still above the national average. The GLD attainment gap between ABSS and Non-ABSS wards decreased by 5.5 percentage points between 2021-23, but this is as a result of declining Non-ABSS attainment as much as ABSS attainment.

Looking at the individual areas of learning, in 2022/23, the percentage of Non-ABSS children achieving a GLD was above national and local levels in every area of learning, whilst ABSS levels of GLD were the lowest for every measure, except Expressive Arts and Design (Figure 4). Of greatest significance was the contrast in the number of children achieving the expected level in Literacy and Mathematics, where nearly 10 percentage points more children reached these goals in Non-ABSS wards versus ABSS wards. The gap between the two cohorts was lowest for Personal, Social and Emotional Development, with 4.6 percentage points more children achieving GLD in Non-ABSS wards versus ABSS wards.

**Figure 4: GLD areas of learning 2023**



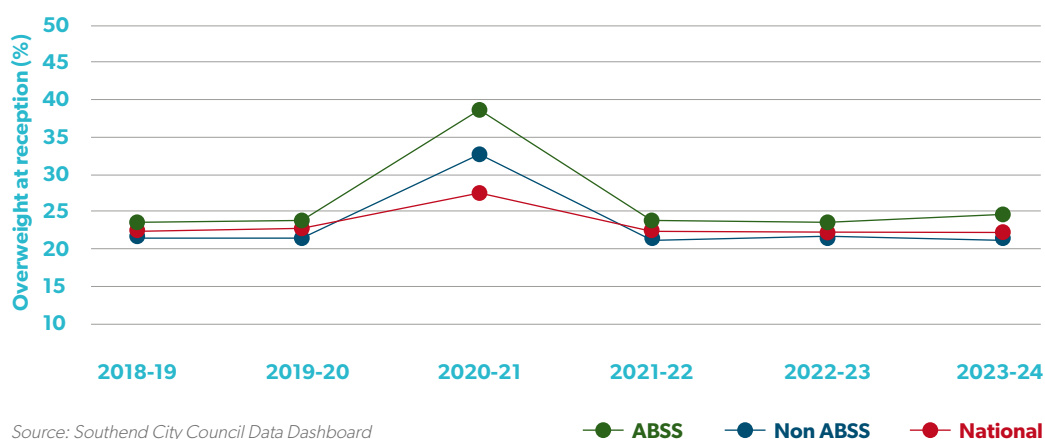
Only just over half of the ABSS cohort who were assessed in the year following lockdown (2021-22) attained a GLD. Many of these children faced additional challenges to learning and socialisation during the COVID-19 pandemic through a lack of access to computers and digital resources, stressed working parents/carers unable to devote as much time to children's needs, and lack of free educational childcare. Additionally, the demographics of areas of higher deprivation tend to include adults with lower levels of educational achievement, who may be less able to support their children's educational development. The partial uplift in numbers attaining GLD in 2022/23 (Table 1) implies a step towards normalisation of ABSS children's learning and development, and this trend continued in 2023/24 (63.5% achieving GLD) although this is still behind Non-ABSS (68%) and National (67.7%) cohorts.

## National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (age 4-5) and year 6 (age 10-11). The aim is to assess prevalence of overweight and obese children in primary school, to inform local public health initiatives and planning for children's services (NHS England Digital, 2024).

NCMP data for Southend (Figure 5) shows that the proportion of overweight children in ABSS wards was marginally higher than both National and Non-ABSS children for the majority of years. Children in more deprived areas, such as ABSS wards, tend to have more limited access to more expensive, nutritious food, while Southend also has a high density of takeaway and fast-food establishments, with reliance on foods with a higher salt, sugar and fat content driving an increase in weight. Furthermore, children who live in areas of deprivation are less likely to have ready access to outside spaces or activity clubs for exercise, with a more sedentary lifestyle likely to lead to excess calorie accumulation. During COVID-19 lockdowns, families living in ABSS wards reported difficulties accessing food and reduced choice (Ioakimidis et al., 2022).

**Figure 5: Prevalence of overweight children when entering reception in ABSS and Non-ABSS wards**



## National Child Measurement Programme *continued*

The year of COVID-19 lockdowns, 2020/21, showed a large spike in the numbers of overweight children across all areas, but most noticeably in ABSS wards (Figure 5). Several factors may underlie this spike. Firstly, due to school lockdowns, data collection was via population sample with statistical weighting, rather than by measuring individual children. This may lead to some data reliability issues despite data quality investigations. During lockdown, children were unable to access activity clubs, or opportunities and spaces for exercise, with more sedentary lifestyles giving fewer opportunities to burn calories. Finally, when at home, children had more access to food than when they were at school, and stressed parents may have been less in control of children's diets as they tried to manage working and educating from home.

National data demonstrated that in 2020/21, overweight/obesity rates in reception children increased by 4.5 percentage points versus 2019/20 (prior to lockdown). Nationally, children living in deprived areas were more than twice as likely to be obese than children in the least deprived areas during this year (20.3% versus 7.8% respectively). It took until 2022/23 for overweight/obesity rates in reception children to return to pre-pandemic levels, although nationally, children living in areas of deprivation are still twice as likely to be obese in reception as children who do not (NHS England Digital, 2021).

The impact of COVID-19 on reception children's obesity prevalence is clear, although the trend normalised more quickly in Southend than the National figures. These data suggest that this effect was temporary. It won't be until the year 6 NCMP data is released in 2027/28 that evidence will show whether the trend in obesity persisted for the 2020/21 cohort, or whether this also normalised.



## Local Organisations

The periods of lockdowns and social distancing during the COVID-19 pandemic represented a significant period of change for health and social care providers and other service organisations. Research conducted by the University of Essex in collaboration with ABSS examined organisational challenges and evidence of community resilience in Southend at this time (Wyllie et al., 2022). Local parents and leaders of key organisations took part in surveys and semi-structured interviews between May-July 2020 to share their experiences of this period.

The majority of ABSS practitioners continued service provision via homeworking and an adapted delivery model using either online platforms (typically Zoom or Microsoft Teams), social media or telephone contact. Where particularly vulnerable families were identified, for example when concerning incidence of domestic violence, some aspects of face-to-face service were retained within the constraints of national guidelines. The decision to continue delivery of ABSS services was taken in consultation with key partners including the Director of Public Health. Practitioners believed in the importance of service continuity, especially when families were faced with significant uncertainty. Many practitioners were impressed with the success of online service delivery, noting the uptake in public engagement via this arrangement. As a result, many organisations opted to integrate a mixed model of service delivery following the COVID-19 pandemic to continue to benefit from increased engagement while ensuring access. This supports the objective of the Start for Life and Family Hubs policy, to provide physical and digital service offers.

While online service delivery increased access for some families who had previously struggled with the logistics of attending in person, other families were excluded in new ways. Digital exclusion affected families who did not have internet access or digital devices at home, as well as families who shared devices or bandwidth across multiple family members or for multiple purposes, for example working from home, homeschooling and accessing services.

Practitioners noted how supportive the ABSS Programme team was during the COVID-19 pandemic, and how delivery partners benefited from open communication and a high level of trust with practitioners, which allowed the flexibility to adapt to changing circumstances. Practitioners also recognised the resilience of the ABSS community, with parents/carers stepping up to provide social support and signposting to each other.

The COVID-19 pandemic provided a context through which services were compelled to reevaluate and adapt delivery models, including closer working relationships between statutory, community and voluntary organisations to improve synergy and better manage caseloads. The ABSS programme was particularly successful in the continuation of its services during the COVID-19 pandemic, because it was designed around the ethos of driving systems change by cultivating trusting relationships both between organisations, and with the community and families. The ABSS partnership approach, which was developed prior to the COVID-19 pandemic, was fundamental to ensuring that while service delivery changed physically, the relationships between delivery partners, the community and families remained unchanged, and valuable support continued.

These findings indicate that there had been improvements at local level in terms of multi-agency and cross-organisational working in Southend, built on mutual trust and respect, with a common goal to ensure the best possible support for families and their children. This ecosystem of support proved to be essential in empowering families in ABSS wards to build community resilience that could be drawn on during the COVID-19 pandemic.





# Learning and Recommendations

## Policymakers

- Early years child development, in particular communication, and school readiness declined during the years associated with the COVID-19 lockdowns. The greatest impact was seen in children living in the most deprived areas.
- Families living in areas of higher deprivation had more limited access to good quality food and outdoor space than families in less deprived areas at this time, with the same cohort reporting the largest increase in the number of overweight reception-aged children.
- Children living in less deprived areas were more resilient and able to overcome the challenges associated with lockdown, with early years attainment and reception age weight in these areas returning to pre-pandemic levels more quickly.
- The effects of interrupted education, and absence of socialisation opportunities and environmental stimuli were further exacerbated by the Cost-of-Living crisis, being felt more acutely by children living in areas of higher deprivation.
- COVID-cohorts are likely to continue to need additional support as they progress through life, particularly those living in areas of deprivation. Support needs to be in place for the long-term as the true impacts of the COVID-19 pandemic on physical and mental health are unknown.
- Vulnerable families had even greater needs during this period of significant uncertainty. It was important that staff were still available to support vulnerable families, rather than being redeployed for activities such as COVID-19 testing and vaccinations, as seen elsewhere e.g. in the NHS.



## Practitioners

- Strong partnerships between ABSS services were important to support family resilience during COVID-19 lockdowns. These would have protected outcomes from being much worse.
- Delivery partners recognised the importance of community support and signposting during the COVID-19 pandemic. This was invaluable as it reduced pressure on professional services.
- Delivery partners acknowledged that for families, barriers to access changed during the pandemic. For example, online delivery models benefited families that typically struggled to leave the house, but digital exclusion affected families without computers/the internet or who shared devices between family members or for multiple purposes, such as working from home, homeschooling and accessing services.

## Commissioners

- Trusting relationships and multi-agency cross-organisational working in Southend was very beneficial during this period of uncertainty. Working towards a common goal and reducing bureaucracy ensured the best support for families and children.
- The ABSS programme allowed flexibility of design which enabled services to pivot quickly and adapt to meet rapidly changing demands from services and families. Some of the new working models, e.g. online service delivery, were integrated into services following lockdown as a result of enhanced engagement.



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## A Better Start Southend Stories of Impact

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