

Full Assignment

Assignment Title: IMPACT OF COVID-19 ON HEALTH AND SOCIAL CARE SERVICES.

Student Name: Vlasta Tancosova

Student ID: 2535023

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Lecture Name: Hajra Mustasim

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Section 1: Introducing The Research Paper and Topic development

This report looks closely at the research paper School attendance Problems and Covid-19, written by McDonald, Lester and Michelson published in 2023. The study explores how the COVID-19 pandemic alongside the public health measures put in place; changed how children attended school, affected their health and wellbeing, and showed where support system across education, health and social care in England need to be strong.

The main issue the authors focus on is the big, lasting rise in children missing school regularly after lockdown, remote learning and ongoing health guidance came to an end. These rules were put there to keep people safe, but they also had long-term affected that weren't planned; many children became less engaged with school, daily family routines fell apart, children and parents struggled more with mental health, and the gap between those who had support and those who didn't had grew wider. The researchers look at why these changes happened, which children were hit hardest, and what stopped families getting back into a steady routine of going back to school.

The study focuses on children and young people aged 5 to 16, their parents and carers, school staff, and professionals working together; such as education welfare officers, school nurses, social workers and mental health practitioners. It covers primary and secondary schools in towns, cities and coastal areas, paying special attention to groups who were already more likely to face difficulties before the pandemic, children with special educational needs and disabilities, those who get free school meals, children in care, and children from minority ethnic backgrounds.

This subject matters a great deal in health and social care. Going to school regularly is one of the most important things that shapes a child's health and future, it supports physical growth, emotional confidence, friendship, job changes later in life, and helps keep children safe. For people working in care, noticing when a child stops attending school can be one of the first signs that a family is struggling, that health needs aren't being met, or that a child needs extra protection. What this research finds are useful for

making sure different services work together, meeting our duties under the Children Act 1989 and the Care Act 2014, and building systems that can cope better when public health challenges come along. Schools aren't just places to learn; they're places where children stay safe healthy, get support, and feel part of a community, so when attendance drops, it affects every part of a child's life.

Section 2: Understanding the purpose and research question.

The main aim of this study is to see how school attendance changed between 2019 and 2023, understand what stops children getting back to class, and work out whether the support that's in place is helping. The research set out to answer three key questions:

1. How to attendance rates now compare to before the pandemic?
2. What are the main reasons children and young people aren't going into school?
3. What kinds of support make the biggest difference in helping children attend and feel well?

By answering these, the authors want to give clear, practical ideas that policymakers, school and care professional can use to reduce long-term harm and make sure every child gets the help they need.

Section 3: Understanding the research method.

Different types of research

There are different ways to find answer through research. Quantitative research uses numbers and data to spot patters, measures how common something is, or see how different things link together; like how attendance changes across the country. Qualitative research focuses on people's experiences, stories and feelings; explaining not just what happened, but why and how it felt. Mixed methods mean using both; numbers show how big an issue is, and people's words help understand what it's like to live

through it. Using both together makes the research stronger; one fills in the gap the leaves behind.

The approach used here.

This study uses mixed methods in two stages. First, the researchers looked at national and local data to see where attendance had fallen and which groups were affected. Then they spoke people directly to understand that real reasons behind those numbers. This made sense because missing school can be caused by things we can measure, like money or travel, but also by personal things, such as feeling anxious or having a family member who is unwell. Both need to be understood properly.

Where the information came from.

Secondary data means using information that's already been collected by someone else. Here, that included official school attendance figures from the Department for education going back to 2018, plus details about who gets free schools' meals, who was special needs, and how well-off different areas are. This helped show how things changed before, during and after the pandemic.

Primary data means collecting new information directly from people taking part. The researchers gathered this in three ways: online survey from 200 parents and carers, interviews with 45 school leaders, teachers and support staff, and small discussion groups with children aged 10 to 16. Every part followed strict rules to keep everyone safe, make sure people agreed to take part, and keep all information private.

How the information was analysed

The numerical data was checked to work out how many children were missing school, how this changed over time, and whether children from certain backgrounds were more likely to be affected. The interviews and discussion were read through carefully, and common themes were picked out, such as feeling worried about health, losing a daily routine, struggling with money, or not having enough support available. Two research looked

at everything separately to make sure nothing was missed and their own views didn't change what the findings showed.

Doing research responsibly

The study was approved by a university ethics committee and followed all rules about keeping information safe, including GDPR. Every adult taking part agreed in writing, and where children joined in, parents gave permission and the children themselves said they were happy to take part too. Names and personal details were changed or removed, information was stored securely, and everyone knew they could leave the study at any time if they wanted to.

Section 4: Conclusion

This research shows clearly that school attendance still hasn't got back to where it was before the pandemic, especially in the poorest parts of England, where regular absence has gone up by more than half. The reasons are complex: children and parents have felt more anxious about health, mental health support has been hard to get, daily family routines broke down and were hard to rebuild, and costs like travel and uniform made getting to school difficult for some families. Where children had extra needs, waiting lists for help were often long, but the study also found what works: school that stayed close to families, that kept in regular kind communication, and that linked up well with health and social care teams had the most success in welcoming children back. Trying the same thing for everyone doesn't work; support needs to be flexible and suited to what each family need. Working through this assignment has helped me understand how much better how research is carried out and how we can use it in health and social care. Now I see how combining numbers and people's stories gives us the fullest picture, how to tell the difference between information that already exists and new evidence we gather ourselves, and how doing research responsibly and ethically is what makes it trustworthy. These skills will be useful in my future work; being able to look at research carefully will help me make sure the care I give is based on what really works, understand how things happening in the wider world affect the people I support, and speak up for better joined-up services.

Being able to think clearly about where information comes from will also help me make good decisions and give care that's safe, kind and right for each person.

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