This Data Explained summarises selected content and potential uses of the Northern Ireland (NI) children’s social care data contained in the Social Services Client Administration and Retrieval Environment (SOSCARE) dataset. This publication aims to guide researchers who are interested in using this data to investigate the experiences and outcomes of children and young people in contact with children’s social care services in NI.

This Data Explained has been produced by researchers at Queen’s University Belfast working within the Administrative Data Research Centre Northern Ireland (ADRC NI). It provides a snapshot of current learning about the SOSCARE data. Views expressed in this Data Explained are those of the researchers and not necessarily those of the data owners.

The SOSCARE data discussed in this Data Explained was made securely available as part of the Outcomes for Looked After Children in NI project and the Child Welfare Interventions project (ADRC NI grant number ES/S00744X/1). The data can be accessed from the Honest Broker Service (HBS), which is the trusted research environment for Health and Social Care (HSC) Northern Ireland, hosted within the HSC Business Services Organisation (BSO). The HBS enables access to linked, de-identified health data for research projects in the public interest that relate to Health and Social Care (for further information contact HonestBrokerService@hscni.net). The SOSCARE data was not originally collected for research and there are some gaps and inconsistencies in its recording, which are detailed in the following.
Introduction

In NI, children’s social care services are delivered through five regional Health and Social Care Trusts (HSCT). Each HSCT collects and maintains several data modules relating to children’s social care activity which include referrals, Children in Need, Child Protection Investigations, Child Protection Registrations and Looked After Children.

The Children (Northern Ireland) Order 1995 is the principal statute governing the care, upbringing and protection of children in NI. HSCTs have the power and in some circumstances the duty to help children by providing services to their families. When a child is referred, social services undertake an initial assessment to determine if that child is a ‘Child in Need’ as defined by the Children Order. A child is ‘In Need’ if:

a) he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority
b) his or her health or development is likely to be significantly impaired, or further impaired without the provision of such services
c) he or she is disabled [1].

If they are deemed a Child in Need, services should be offered to assist the child’s parents/carers to meet that identified need. If there are concerns that a child is suffering or at risk of suffering ‘significant harm’, social services will investigate and respond appropriately. A child may be included on the Child Protection Register and a Child Protection Plan may be drawn up to safeguard the child. If there are significant concerns that indicate authoritative intervention is required, social services may make an application to the Court for a Legal Order to enable them to afford an appropriate level of safeguarding to the child. This may include removing a child from their family and into the care of the HSCT. Looked After Children are defined as those in the care of an HSCT or provided with accommodation for a continuous period of more than 24 hours by the HSCT in the exercise of its social services function [1].

Official statistical publications only quantify the number of children in contact with the social care system at a specific census point each year. The SOSCARE data is a valuable research resource which can be used to quantify cumulative exposure at the population level and examine children’s social care pathways. Linkage to additional administrative and longitudinal datasets offers scope to explore the health and social trajectories of children in contact with social services across the life course, including those referred but assessed as Not in Need of any statutory help or support.

How is the data collected?

Information is recorded in SOSCARE by social workers or social work administrators as part of their operational duties. This data, initially captured at HSCT level, has been centrally collated and curated and made available through the BSO’s Regional Data Warehouse. SOSCARE data is available from 1985 onwards, however from 2015 the SOSCARE system was partially replaced by
a new information management system, Paris. Three HSCTs in NI migrated to Paris over time, while two HSCTs continue to use the SOS CARE system to record information on children’s social care activity. The Paris data is not available within the BSO’s Regional Data Warehouse. At the time of writing, a third, newer system (ENCOMPASS) is in early stages of roll-out with an uncertain timeline for complete NI coverage. The intention is that ENCOMPASS will be the information management system used for children’s social care across the region and will be made available within the BSO’s Regional Data Warehouse.

Structure of the data

The SOS CARE data is contained in a series of individual datasets or “modules”, each related to a different aspect of children’s social care activity. The modules are structured by episodes whereby any new activity is recorded as a separate episode. The SOS CARE modules can be linked using a child’s unique, anonymised Health and Care Number, which is double encrypted by data owners and recoded into an Anonymised Linkage Field. They can also be linked using a child’s SOS CARE identifier (anonymised by data owners), although this identifier may change if a child migrates from one HSCT to another.

This Data Explained is limited to SOS CARE modules and variables that were accessed by researchers at ADRC NI (or will be accessed as part of new project applications). There are additional SOS CARE modules (and additional variables within the modules described below) that are outside the remit of this paper.

The SOS CARE modules include:

1) Referrals
This module records all referrals to child and adult social care. Variables available within the Referrals module include:

- Health and Care Number
- SOS CARE identifier
- Social work team responsible
- HSCT responsible
- Sequence number of the referral episode
- Date of the referral
- Reason for the referral
- Date the referral was allocated for assessment
- Date of the initial assessment
- Reason for rejection (where applicable)
- Outcome of the referral
- Date the case was closed.
2) Children In Need module
This module records all individual Child in Need episodes that a child has experienced and the episode characteristics, including referrals that did not meet the Child in Need threshold. The umbrella category Child in Need includes children on a Child in Need Plan, Child Protection Register and Looked After Children. Variables available within the Children in Need module include:

- Health and Care Number
- SOSCARE identifier
- Social work team responsible for the child
- HSCT responsible for the child
- Sequence number of the episode
- Date of the initial referral
- Date of the initial assessment
- Outcome of the assessment.

3) Child Protection Investigations
This module records all Child Protection Investigation episodes that a child has experienced and the episode characteristics. Variables available within the Child Protection Investigation module include:

- Health and Care Number
- SOSCARE identifier
- Social work team responsible for the child
- HSCT responsible for the child
- Sequence number of the episode
- Date referred for Child Protection Investigation
- Primary alleged abuse type
- Additional alleged abuse type (maximum four including primary)
- Outcome of Child Protection Investigation
- Date of Child Protection Investigation outcome.

4) Child Protection Conferences
This module records all Child Protection Conference episodes that a child has experienced and the episode characteristics. Variables available within the Child Protection Conference module include:

- Health and Care Number
- SOSCARE identifier
- Social work team responsible for the child
- HSCT responsible for the child
- Sequence number of the episode
- Date of the Child Protection Conference
- Primary alleged abuse type
- Additional alleged abuse type(s) (maximum four including primary)
• Outcome of Child Protection Conference
• Reason for Child Protection Registration.

5) Child Protection Registrations
This module records all Child Protection Registration episodes that a child has experienced and the episode characteristics. Variables available within the Child Protection Registration module include:

• Health and Care Number
• SOSCARE identifier
• Social work team responsible for the child
• HSCT responsible for the child
• Sequence number of the episode
• Date of Child Protection Registration
• Primary abuse type
• Additional abuse type(s) (maximum four including primary)
• Reason for Child Protection Registration
• Date removed from Child Protection Register
• Reason removed from Child Protection Register.

6) Children in Care (Looked After)
This module records all individual Looked After Child episodes that a child has experienced and the episode characteristics. A new episode begins with any activity, e.g. a child starts to be looked after, a change in the child's legal status, a new concern is raised, and/or the child's placement changes. Variables available within the Children in Care module include:

• Health and Care Number
• SOSCARE identifier
• Social work team responsible for the child
• HSCT responsible for the child
• Sequence number of the episode
• Foster carer code (anonymised by data owners)
• Episode start date
• Reason in care
• Legal status
• Placement type
• Date of discharge from care
• Reason for discharge from care
• Discharged to
• Number of placement moves.

7) Client 27
This module is a summary of Looked After Children activity. Variables available within the Client 27 module include:
Data Explained

- Health and Care Number
- SOSCARE identifier
- Social work team responsible for the child
- Sequence number of the episode
- Date of entry to care
- Reason in care
- Date of discharge from care
- Reason for discharge from care
- Discharged to.

8) Client 27 Legal Status
This module is a summary of Looked After Children's legal status. Variables available within the Client 27 Legal Status module include:

- Health and Care Number
- SOSCARE identifier
- Social work team responsible for the child
- Legal status of the child
- Date legal status granted
- Date legal status terminated.

9) Family
This module records information about the family members of Looked After Children. Variables available within the Family module include:

- Looked After Child’s Health and Care Number
- SOSCARE identifier
- Family member identifier (anonymised by data owners)
- Relationship to the child.

10) Client
This module records demographic information about children (and adults) referred to social services. Variables available within the Client module include:

- Health and Care Number
- SOSCARE identifier
- Social work team responsible
- HSCT responsible for the child
- Sequence number of the episode
- Birth month
- Birth year
- Postcode of home address at time of referral (restricted but can be used to assign Super Output Area and area deprivation indicator)
- Gender
• Religion
• Ethnicity
• Country of birth.

11) Client 41 Social Work Involvement
This summary module records information about children (and adults) receiving social care services. Variables available within the Client 41 Social Work Involvement module include:

• Health and Care Number
• SOSCARE identifier
• Social work team responsible
• HSCT responsible
• Sequence number of the episode
• Start date of episode
• Reason for episode
• Date case closed
• Reason case closed.

12) Physically Impaired
This module records information about any physical impairment that a child may have. Variables available within the Physically Impaired module include:

• Health and Care Number
• SOSCARE identifier
• Start date of episode
• End date of episode
• Disability type
• Diagnosis type.

13) Learning Disability
This module records information about any learning disability that a child may have. Variables available within the Learning Disability module include:

• Health and Care Number
• SOSCARE identifier
• Start date of episode
• End date of episode
• Disability type
• Degree of disability.

14) Mental Health
This module records information about any mental health condition that a child may have. Variables available within the Learning Disability module include:
Data Explained

- Health and Care Number
- SOSCARE identifier
- Start date of episode
- End date of episode
- Condition type.

Data limitations

The SOSCARE data is complex and requires significant cleaning to become “research ready.” There is no metadata which describes the modules and attributes of the variables; however, this is in preparation and is expected in 2024.

The SOCSCARE data covering 1985-1994 is more inconsistent than data for later time periods. Data for this timeframe has more missing information, and the number of children involved with social services is lower than expected.

A significant limitation of the SOSCARE modules is missing Health and Care Numbers (HCN), which can make it challenging to link records for individual children. Not all records within the range of SOSCARE modules have a valid HCN. Records do not equate to individuals. Every episode of involvement with social services creates a new record within the relevant SOSCARE module. An individual may have tens or hundreds of records within SOSCARE and some of those records may not have a complete HCN.

A further limitation is that the data does not contain information about children post-adoption. When an adoption order is granted, a child’s identifiers are changed. This includes their SOSCARE identifier and their Health and Care Number.

Existing research using this data

ADRC NI projects have used SOSCARE data to evidence the extent and nature of children’s social care contact within the NI population and the association with deprivation [2,3], mental ill-health in childhood [4], and self-harm and suicide risk in adulthood [5,6]. This evidence has informed several NI policy areas, including the recent Independent Review of Children’s Social Care in Northern Ireland [7–10].
**Suggested future data linkages**

There is huge potential to explore a range of issues relating to children's social care through further data linkage. Future research could improve our understanding of who comes into the system and what happens to children and young people before, during, and after contact. Future projects will link SOSCAR data to census, homelessness, and criminal justice data and additional health datasets to examine the factors associated with both poor and positive outcomes for children in contact with social services.

**Recommendations**

The SOSCAR data is complex and requires significant cleaning to make it “research ready.” The modules would benefit from the development of full metadata.

Improving the accuracy and completeness of Health and Care Number recording in children’s social care data in NI would increase the utility of the data and allow improved linkage to other health and social datasets.

The dual operation of the SOSCAR and Paris systems by different Health and Social Care Trusts since 2015 has resulted in a data deficit for research purposes. Paris data is currently not available within the Regional Data Warehouse, and it is not deemed a priority dataset. Children’s social care data in NI should be maintained in one uniform system across HSCTs and all historic data should be made centrally available for research purposes.

**References**


Acknowledgements

This work was supported by ADR UK (Administrative Data Research UK). ADR UK is a partnership transforming the way researchers access the UK’s wealth of public sector data, to enable better informed policy decisions that improve people’s lives. ADR UK is an Economic and Social Research Council (ESRC) investment (part of UK Research and Innovation). [Grant number: ES/S00744X/1].

The authors would like to acknowledge the help provided by the staff of the Honest Broker Service (HBS) within the Business Services Organisation Northern Ireland (BSO). The HBS is funded by the BSO and the Department of Health (DoH). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the authors and do not necessarily represent those of the BSO.

Contact

Name: Dr Sarah McKenna
Email: adrcni@qub.ac.uk