Data Insights

Children’s Mental Health and Social Care in Northern Ireland

Authors: Dr Aideen Maguire & Sarah McKenna
Email: a.maguire@qub.ac.uk
Date: February 2020

In 2015 around 1 in 6 young people aged 18 years and under in Northern Ireland (NI) were currently, or had been previously, known to social services. Research suggests that such children have poorer mental health than their peers who have had no contact with social services. However, there is a paucity of local knowledge within NI. Our programme of research explores the mental health of all children known to social services in NI in 2015*.

What we did

NI is unique as it has an integrated health and social care system, holding data centrally on all individuals known to social services. This Data Insight reports on a project that is studying all children born in NI between 1970 and 2015 based on social services data from the Social Services Client Administration and Retrieval Environment (SOSCARE) linked to primary care registration, medication data, hospital records and death records. Poor mental health is defined according to receipt of psychotropic medication, admission to psychiatric hospital or presentation to Emergency Department with self-harm. Cohort members were identified as, currently known to social services (as Child in Need (CIN), Looked after Child (LAC)), or previously known to social services as CIN or LAC.

Why it matters

Improving outcomes for children from adverse backgrounds, including those in the care of social services, is a key priority for the Department of Health (DoH) and is core to their “Health & Wellbeing 2026 Delivering Together” strategy and their "Early Intervention Transformation Programme" (EITP). This project will provide unique information on the mental health of children known to social services, providing insights into critical periods and care pathway effects.

What we found

- Our cohort identified 535,801 children alive and resident in NI in 2015
- Over 1 in 6 (17.6%, n=94,232) children aged 18 years and under in NI in 2015 were previously or currently known to social services (K2SS)
- Approximately 1 in 20 currently known to social service as CIN (4.2%) or LAC (0.3%)

Figure 1: Cohort description based on exposure to social services

*Health & Care Number was missing/incorrect for 21% of children in care records & 13% of Children In Need records. Records do not equate to individuals. At the time of publication researchers & DoH are exploring ways to improve data capture.
Figure 2: Percentage young people aged 0-18 years in NI with each mental health outcome in 2015 based on exposure to social services

- Figure 2 shows the percentage of children with each mental health outcome in 2015
- Children currently looked after had much higher uptake of psychotropic medication, higher rates of admission to psychiatric hospital and higher rates of self-harm
- 6.1% of LAC were in receipt of antidepressant medication in 2015 and 5.4% in receipt of antipsychotic medication compared to just 0.5% and 0.1% of those never known to social serviced respectively.

What next?

Our study provides first insights of the burden of poor mental health within the NI care population.
Next steps will be to explore how a range of factors such as care pathways, age of presentation, the reason a child is known to social services, and duration in care influence the likelihood of poorer outcomes.

Disclaimer: These are preliminary results using administrative data sets that have never before been used for research purposes. Some records from the SOSCARE data sets were unable to be linked to the other administrative data. Researchers are working to improve data capture before presenting final results.

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 author and do not necessarily represent those of the BSO.