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Data Resource Profile: The Social Services Client Administration and Retrieval Environment (SOSCARE) administrative dataset for children's social care in Northern Ireland

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Abstract

Introduction

Children in contact with the children's social care (CSC) system are a vulnerable group likely to have experienced one or multiple forms of childhood adversity. Understanding the characteristics and social care pathways of these children and their health and social outcomes across the life course is important for informing policy and practice. The Social Services Client Administration and Retrieval Environment (SOSCARE) dataset holds routinely collected CSC data in Northern Ireland (NI). The aim of this data resource profile is to provide an overview of the three key modules in the SOSCARE dataset to act as a guide for researchers.

Methods

This paper reports selected data contained in the SOSCARE data modules relating to Children in Need, Child Protection Registrations and Children in Care between 1995 and 2015. Information on how to access the data and the strengths and limitations are discussed.

Results

The SOSCARE dataset is available to approved researchers via the Health and Social Care Honest Broker Service (HSC HBS) in NI and allows researchers to examine population-level interactions with key statutory thresholds of CSC. Between 1st January 1995 and 31st December 2015, the Children in Need module contains data for 148,862 unique children, and the Child Protection Registration and Children in Care modules contain data for 20,355 and 12,335 children respectively. While there are several methodological limitations, the data is a unique and rich resource to examine prevalence and patterns of CSC activity in NI. There is great potential for linkage to other health and administrative datasets to examine predictors of social care involvement and a range of health and social outcomes in childhood and adulthood.

Conclusion

The SOSCARE data provides detailed case level information on all children in contact with CSC in NI. Research using this data can make an important contribution to evidence-informed policy and practice.

Keywords

children's social care; administrative data; data linkage; Northern Ireland

Key Features

- The Social Services Client Administration and Retrieval Environment (SOSCARE) dataset holds detailed case-level information for children in contact with children's social care (CSC) in Northern Ireland.
- The SOSCARE data is available in a series of modules, each related to a different aspect of CSC activity which can be linked together and additionally linked to other health and administrative datasets.
- The SOSCARE data is available for the period 1985 to present, although geographical coverage is partial from around 2015 as three of the five Health and Social Care Trusts in Northern Ireland migrated to a new information management system (PARIS).
- The SOSCARE data is subject to access limitations and requires significant cleaning, however it is the most comprehensive source of information on vulnerable children in Northern Ireland.

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Background

The Social Services Client Administration and Retrieval Environment (SOSCARE) dataset holds routinely collected data on all children in contact with children's social care (CSC) in Northern Ireland (NI). The aim of the CSC system in the UK is to support children and families, intervene when children are at risk of harm, and provide care for those who need it [1]. Children in contact with CSC (i.e., children subject to; a referral, in-home family support, child protection measures or out-of-home care) are likely to have experienced one or multiple forms of adversity that place them at increased risk of poorer outcomes relative to their peers [2]. There is considerable international evidence demonstrating lower educational attainment, and higher levels of mental ill health and suicidal behaviour for this group [3–5]. Childhood disadvantage can continue into adulthood and contact with CSC is associated with a range of adverse health and social outcomes in adulthood [6–11].

When children and young people become known to CSC a significant amount of information about their case is routinely collected. Frontline social work teams carry out assessment and intervention aligned with statutory thresholds [12]. Client data are recorded in electronic format by social workers and social work administrators, against a client identifier. This offers robust capture of detailed child and episode characteristics in longitudinal electronic records. In the UK, CSC administrative data have been widely used for observational research to fill the data gap on vulnerable children [13–19].

Effective health and social policy requires robust longitudinal data that quantifies the characteristics and experiences of children in contact with CSC, trends over time, and the association with child and adult outcomes [20]. Routinely collected CSC administrative data can; overcome the high attrition rates in UK longitudinal panel studies which record childhood adversity, offer a high level of population coverage, be more cost-effective than primary research, comprise non-intrusive methods, and offer reduced potential for response bias [21]. While there are also limitations, there is great potential for research and policy evaluation through linkage to other routinely collected data sources such as health, housing, criminal justice, employment and education data [13, 22, 23].

The SOSCARE data offers unparalleled data on vulnerable children in NI. There were approximately 385,200 children living in NI in 2015 [24], which compares to 388,200 in 2023 [25]. At 31 March 2024 there were 22,450 children known to social services as a Child in Need in NI [26]. Of these, 3,999 were in care (looked after) and 2,334 were on the Child Protection Register. The rate of children in care was 54.5 per 10,000 children in 2007, rising to 61.2 in 2012, 66.4 in 2015, and reaching 91.6 per 10,000 children in 2024 [26, 27]. Whilst official statistical publications in NI quantify the number of children in contact with CSC at a specific census point each year and trends over time, these snapshot statistics cannot capture the complexity of CSC activity as children often enter, exit, and re-enter social care as needs escalate and de-escalate. The SOSCARE data can be used to examine cumulative exposure to CSC, for example research has found one in six children in NI had current or previous

contact with CSC in 2015 [28]. The data can also be used to examine patterns of intervention and social care experiences (e.g. type of adversity, number of referrals or care episodes, age at entry or exit, and care placement type) that may be associated with subsequent outcomes. Linkage to additional health and administrative datasets offers scope to explore the trajectories of children in contact with CSC across the life course.

This paper adds to the valuable contribution of existing UK data resource profiles relating to CSC in England [29, 30] and Wales [31, 32]. It is intended to guide researchers who are interested in using SOSCARE data to investigate the experiences and outcomes of children and young people in contact with CSC in NI.

About children's social care in Northern Ireland

CSC in NI has a comparable legislative, policy and assessment framework to England and Wales [33], but is distinct in that its health and social care services are fully integrated. Health and Social Care (HSC) is the publicly funded healthcare system in NI. Although created separately to the National Health Service (NHS), it is still funded by the UK government and considered a part of the overall UK NHS. In England, Scotland, and Wales, the NHS provides health care services while local councils provide social care services. In NI these services are uniquely integrated under one system.

CSC is delivered through five regional Health and Social Care Trusts (HSCT). Each HSCT collects administrative data on cases that meet (and do not meet) CSC thresholds. Requests for a service start off as a referral about a particular child, which can come from numerous sources including the Police, social services, and schools [26]. If the referral is accepted, information about the child is assessed to determine the appropriate form of provision.

Certain common thresholds are provided by The Children (NI) Order 1995, the principal statute governing the care, upbringing, and protection of children in NI [26]. 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; or c) he or she is disabled. If 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', a child may be included on the Child Protection Register and a Child Protection Plan drawn up to safeguard the child. If there are significant concerns, the response may include removing a child from its 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 [26]. Care placements for looked after children in NI include residential care, non-kinship foster care, kinship

foster care, or placement with parent(s) [26]. Placement with parent(s) refers to children for whom a Care Order exists who are placed with their parents, or a person who is not a parent but who has parental responsibility for the child, or if there was a Residence Order in force immediately before the Care Order was made, a person in whose favour the Residence Order was made [26].

Methods

Dataset purpose and curation

SOSCARE is an electronic information management system that has been used for statutory CSC in NI since 1985. It contains individual and episode characteristics related to referrals and the provision of social care services including family support, child protection and children in care (looked after). Data are used for service monitoring, remuneration, evaluation and statutory reporting at HSCT and national level. Data recorded in SOSCARE by each HSCT is centrally collated and curated within the HSC Business Service Organisation's (BSO) Regional Data Warehouse. Researchers can apply to access data held within the Regional Data Warehouse via the HSC Honest Broker Service (HSC HBS).

Availability of data and geographical coverage over time is impacted by: (i) the introduction in the late 1990's of the unique patient identifier, Health and Care Number (HCN), as before then there was partial use of hospital and trust specific identifiers and sporadic use of a community health index (CHI) numbering system making linkage of these records to other health and care data difficult; and (ii) the partial migration to a new system, PARIS, from around 2015. The Belfast HSCT was the first to move to PARIS, with roll-out within this Trust first piloted from 2012. In total, three out of the five HSCTs in NI migrated to PARIS (Belfast, Western, Southern) while two HSCTs (Northern and South Eastern) continue to use SOSCARE. Adjusting for child population size, the three HSCTs that migrated to PARIS recorded higher rates of children in need per 10,000 children in 2015 (Belfast 757.0, Western 642.3, Southern 483.9) than the two HSCTs that continue to use SOSCARE (Northern 466.2, South Eastern 462.6) [34]. PARIS migration involved different elements of CSC at different time points across HSCTs, with full conversion only occurring in some HSCTs in 2020/21 [33].

From 2023-2025 a new digital platform, 'encompass', was introduced in NI as part of a multi-million-pound investment to digitise and modernise the health and social care system, intended as a central repository for all individual health and social care data. Implementation of the Children's Social Work and Social Care module of encompass is expected across all HSCTs by the end of 2027 [35]. Therefore, the SOSCARE data from 1995-2015 represents the most complete, national data with optimised HCN coverage for linkage to other HSC data.

Structure of the data

The SOSCARE data is contained in a series of individual datasets or "modules", each related to a different aspect of CSC activity. The modules are episode based, whereby any new activity related to a child is recorded as a separate

episode against the child's SOSCARE identifier. The modules are therefore in long format and an individual child may have multiple rows of data. When a child interacts with CSC they are assigned a SOSCARE identifier. Although this is intended to be unique to each child, with multiple interactions over time and interactions possible in different HSCTs, it is possible that one individual can have multiple SOSCARE identifiers and 'old' identifiers assigned to a new case. For this reason, HCN is the preferred personal identifier. Data providers are also able to assign area-level information (i.e., classification of settlement band and deprivation decile, linked through the family of origin postcode) to individual SOSCARE records.

This data resource profile is limited to SOSCARE modules and variables that have been accessed by researchers at the Administrative Data Research Centre Northern Ireland (ADRC NI). SOSCARE data can only be accessed on a project-specific basis, subject to application and approval. Researchers must justify the need for each individual module and specific variable requested. The SOSCARE data discussed in this paper were made securely available as part of the ADRC NI project *Predictors and Consequences of Homelessness in NI* (Funding ESW010240/1). The CSC population in each SOSCARE module reported in this paper relate to new child-related episodes (individuals aged less than 18 years) opened between 1st January 1995 and 31st December 2015 with a valid HCN assigned. There are additional SOSCARE modules (and additional variables within the modules described) not requested for the project that are outside the remit of this paper. An overview of selected additional modules is available elsewhere [36] and further information about the full range of SOSCARE modules and variables is available from the data providers (contact HonestBrokerService@hscni.net).

Data linkage

The individual SOSCARE modules can be linked using a child's anonymised SOSCARE identifier or HCN. For data linkage projects using other health and administrative datasets a child's unique, anonymised HCN is utilised. The HCN uniquely identifies patients and clients resident within NI and is used for receipt of Health and Social Services. The HCN is double encrypted by data owners and recoded into an Anonymised Linkage Field, called the 'study id'. Using HCN has the advantage of enabling straightforward linkage to additional population-level health and administrative datasets in NI, but HCN coverage is incomplete within SOSCARE. Not all interactions within the range of SOSCARE modules have a valid HCN recorded. Importantly, records do not equate to individuals, rather 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 records may not have a complete HCN, whilst others do.

For data linkage projects, the data providers will supply SOSCARE records with valid HCNs only, supplemented with an estimate of the number of unlinked SOSCARE identifiers for each module requested. This provides an approximation of how many individuals are missing due to incomplete HCN coverage but can never be accurate given the duplication of SOSCARE identifiers in some instances. Using the number of SOSCARE identifiers with no HCN to approximate the number

of people missing is also problematic because those individuals may be in the cohort already with a HCN recorded against a different SOS CARE identifier (duplicated either in the same HSCT or a different one). Also, for those individuals who have never had a HCN recorded against their record, there is no way to determine how many unique SOS CARE identifiers they have ever been assigned, or in how many HSCTs.

In this project, all data (which included SOS CARE, homelessness, health care registration, death records, hospital and prescribing data) were linked using 1-1 matching of unique HCN to create a record-linked anonymous dataset. When conducting research using SOS CARE modules only, it may be preferable to use a combination of the SOS CARE identifier and HCN as the linkage field due to coverage limitations of both identifiers in isolation. Bespoke linkages to other datasets using exact, probabilistic and/or fuzzy matching on demographic indicators is possible but is permitted on a project-by-project basis and would require consultation with the HSC HBS.

Data access and governance

Researcher access to anonymised SOS CARE data is facilitated via the HSC Honest Broker Service (HSC HBS), the Trusted Research Environment for HSC in NI. This service has been established by the HSC Business Services Organisation (BSO) and enables the provision of de-identified health and social care data to researchers within a secure setting. Individuals wishing to utilise SOS CARE for research purposes must apply to the HSC HBS for formal assessment to ensure the project's feasibility, health and social care relevance, and its implications for the delivery or improvement of public services. Data external to the HBS can also be requested subject to approval and the appropriate legal arrangement with the relevant data custodian. HSC HBS is publicly funded and operates on a cost recovery basis. It does not charge for data itself but charges to cover the costs of data processing and delivering the service, determined on a project-by-project basis. Costs are confirmed during the application process and formally agreed before processing work commences. The Charging Policy is publicly available on the HSC HBS website (<https://bsc.hscni.net/directorates/digital/honest-broker-service/>). Research proposals can be submitted via the HBS Application Procedure and Data Access Approval must be secured for a research project through the HSC Data Access Committee. Applications are considered and provided in line with the Five Safes' framework, a set of principles established to ensure the safe and responsible use of data: for further information contact HonestBrokerService@hscni.net.

Results

SOS CARE modules

Children in need

The Children in Need (CIN) module records information on children referred to CSC for support and episode characteristics, including children whose referrals are accepted for needs assessment but are subsequently assessed as 'not in need'. The module includes children assessed as in need and

subsequently supported through a child in need plan, child protection measures and/or in placed in care. However, in some instances (e.g. emergency care placement) there may not be corresponding activity in the CIN module as these children do not go through the standard referral procedure. Case workers may not 'backfill' the CIN module, as this is not actually required for the provision of the service. For children who are subject to a child protection registration or placed in care, detailed episode activity related to these tiers of statutory intervention will be recorded in the separate SOS CARE modules for Child Protection Registrations and Children in Care.

Table 1 shows information on selected variables available in the CIN module, including referral and assessment date, referral reason, and assessment outcome. Between 1st January 1995 and 31st December 2015, the CIN module contains records for 148,862 children (unique HCN) with 372,842 rows of data (Table 1). In the CIN module containing episodes recorded between 1995 and 2015, we identified 5,798 children (unique HCN) that had two SOS CARE identifiers assigned, 335 children with three SOS CARE identifiers assigned, and 11 children with four or more SOS CARE identifiers.

There is no case-specific information in the CIN module about what social care services a child received, with no recording of "date closed" or when service need ended. Additional modules are required to provide more complete information about subsequent interaction(s) with CSC.

Child protection registrations

The Child Protection Registrations (CPR) module records information on children placed on a child protection register and the episode characteristics. Table 2 provides information on selected variables in the CPR module including registration date, primary abuse type and additional abuse types, registration reason and removal date. Within the module it is possible to record up to four abuse types (including the primary), although not all additional abuse type variables were requested for this project. There may be inter-social worker differences in decisions about what is recorded as the primary abuse type, and the level of recording additional abuse types.

For new registrations recorded between 1st January 1995 and 31st December 2015 the CPR module contains 20,355 children (unique HCN), with 25,078 rows of data (Table 2). In the CPR module for 1995-2015 we identified 649 children (unique HCN) that had two SOS CARE identifiers assigned, and 21 children with three SOS CARE identifiers assigned.

Children in care (looked after children)

The Children in Care (CIC) module records information on looked after children 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, and/or the child's placement changes. Information on selected variables in the CIC module is shown in Table 3. Detailed information related to episodes of care is collected, including activity open and termination dates, reason in care, placement type, date the case was closed, discharge reason and destination on

Table 1: Description of selected variables in the SOS CARE module for Children in Need with a valid HCN 1995-2015

Variable description	Values	Number of rows with missing observations (base=372,842)	
		n	%
Study identifier (anonymised HCN) ^a	Numeric	0	0
SOS CARE identifier ^b	Numeric	0	0
CIN sequence number	Numeric	0	0
HSCT	Categorical: BT (Belfast Trust)/NT (Northern Trust)/W (Western Trust)/S (Southern Trust)/SE (South Eastern Trust)	0	0
Initial reason referred	Categorical: Awaiting assessment/carer requires support/carer temporarily unable to care/ceasing to be looked after/family breakdown/no-one exercising parental responsibility/ offending significant feature/request for financial assistance/subject to child protection investigation/homelessness/wellbeing prejudiced/disability/caring duties impairing development	0	0
Date of initial referral	Date	0	0
Date initial assessment	Date	0	0
Assessment outcome	Categorical: same values as initial reason referred plus NFA unable to meet need/not in need/unknown	0	0

^an = 148,862 unique study ids (anonymised HCN) with 372,842 rows of data.

^bn = 155,364 SOS CARE ids with 372,842 rows of data. HCN, Health and Care Number; HSCT, Health & Social Care Trust.

leaving care. Where there are multiple records for a child it is challenging to distinguish which “date opened” entries relate to a new period of being looked after and which relate to activity while a child is already looked after, such as a change in legal status or placement move. Analysis of care pathways requires tracking a child’s legal status alongside other indicators.

The legal framework for compulsory intervention in the care and upbringing of children in NI can afford different legal statuses for children in care. Most children in care (looked after) in NI are subject to a Care Order (Article 50), which accords the HSCT parental responsibility and allows for the child to be removed from the parental home [26]. An alternative legal status of children in care is an Accommodation Order (Article 21). Children with this legal status have been accommodated by a HSCT if there is no one who has parental responsibility for them, they have been lost or abandoned, or the person who has been caring for them has been prevented, for whatever reason, from providing them with suitable accommodation or care. Children are often accommodated with the permission of their parent(s) [26]. A more detailed explanation of the sub-categories within the “reason terminated” variable (Table 3), which can reflect transitions to/from legal statuses that do not equate to the child being looked after, is provided in Supplementary Appendix 1.

Between 1st January 1995 and 31st December 2015 (new dates opened) the CIC module contains 12,335 children (unique HCN) with 204,505 rows of data (Table 3). In this module we identified 155 children (unique HCN) that had two SOS CARE identifiers assigned.

Discussion

Strengths and potential linkage to other datasets

The main strength of the SOS CARE data is that it provides whole population coverage (up to 2015) for all children in contact with CSC with varying levels of need, including those who were referred but assessed as not in need. As such it provides the most complete information on vulnerable children available in NI. The longitudinal and retrospective nature of the data enables examination of trends over time, and children’s trajectories from birth to adulthood when linked with other longitudinal datasets. Prior research has used SOS CARE data to evidence the extent and nature of CSC activity within the NI population and the association with deprivation [33]. Record-linkage studies have examined mental ill health in childhood [28], and risk of self-harm, suicidal ideation, all-cause mortality and death by suicide in young adulthood given childhood interaction with CSC [10, 11]. This evidence has informed several NI policy areas, including the recent Independent Review of Children’s Social Care in Northern Ireland [37–39].

The SOS CARE data detailed in this paper is currently being linked to homelessness data in NI to quantify the number and characteristics of children known to social care services who subsequently present as homeless to the Northern Ireland Housing Executive. A further ADRC NI project is linking SOS CARE data to NI Census data to examine child, family and area-level predictors of involvement

Table 2: Description of selected variables in the SOS CARE module for Child Protection Registrations with a valid HCN 1995-2015

Variable description	Values	Number of rows with missing observations (base=25,078)	
		n	%
Study identifier (anonymised HCN) ^a	Numeric	0	0
SOS CARE identifier ^b	Numeric	0	0
CPR sequence number	Numeric	0	0
HSCT	Categorical: BT (Belfast Trust)/NT (Northern Trust)/W (Western Trust)/S (Southern Trust)/SE (South-Eastern Trust)	0	0
Date registered	Date	0	0
Primary abuse type	Categorical: emotional abuse*/ neglect*/ physical abuse*/ sexual abuse*/ grave concern**	<10	<0.04
Additional abuse type 2	Categorical: same values as primary abuse type but no grave concern	10,981	43.8
Additional abuse type 3	Categorical: same values as primary abuse type but no grave concern	21,924	87.4
Reason registered	Categorical: can't protect themselves/inadequate parent or carer/parent can't protect/perpetrator in household/ rejected by parent or carer/Schedule 1 offender in family/Schedule 1 offender in house/suspected perpetrator in house	<10	<0.04
Date removed	Date	24	0.1

^an=20,355 unique study ids (anonymised HCN) with 25,078 rows of data.

^bn=21,046 SOS CARE ids with 25,078 rows of data.

*categories for each abuse type are recorded as either confirmed, potential or suspected.

**grave concern as an abuse type sub-category was phased out after 1995 but historically was used for cases that did not fit within the other types.

HCN, Health and Care Number; HSCT, Health & Social Care Trust.

with CSC and subsequent health and social outcomes. Future work will aim to link SOS CARE data to data relating to interaction with the justice system and additional health datasets to examine the factors associated with both positive and negative outcomes for children in contact with CSC. There is huge potential to explore a range of issues relating to vulnerable children in NI through further data linkage. The intersectionality of health, education, and social care for children and young people necessitates data linkage to explore the relationships between these interventions [40].

Overall SOS CARE data limitations

There are several limitations that should be taken into consideration when utilising SOS CARE data. As with all administrative data, the SOS CARE data was not originally collected for research and there are some gaps and inconsistencies in its recording. At the time of writing there is no metadata to give an overview of the attributes of the individual variables contained in each of the modules, although

this is under development by the data providers. Its use for epidemiological studies requires extensive data processing and an understanding of the way the data are originally recorded and stored. Depending on the research questions and whether linkage to additional health and administrative datasets is required, a significant limitation of the SOS CARE modules is missing Health and Care Numbers (HCN). The HCN is not auto-generated in SOS CARE, and the system is not error-proofed, i.e. it is possible for the system user to enter an invalid HCN or leave the field blank if the HCN is unknown at the time of data entry.

While each of the modules within SOS CARE can be used for standalone longitudinal research, it is necessary to combine information across several modules to gain a full picture of CSC interaction for individual children across childhood. Additionally, the operation of dual data collection systems (SOS CARE and PARIS), the lack of access to PARIS data for research, and current uncertainty about timelines for researcher access to the planned social care information system (encompass), limit the utility of NI children's social care data for research purposes.

Table 3: Description of selected variables available in the SOS CARE module for Children in Care with a valid HCN 1995-2015

Variable description	Values	Number of rows with missing observations (base=204,505)	
		n	%
Study identifier (anonymised HCN) ^a	Numeric	0	0
SOS CARE identifier ^b	Numeric	0	0
CIC sequence number	Numeric	0	0
HSCT	Categorical: as per Tables 1 and 2	0	0
Date episode (activity) opened	Date	0	0
Date episode (activity) terminated	Date	438	0.2%
Date case closed ^c	Date	187,839	91.9%
Reason Children Order service opened	Categorical: access/beyond control of parent or carer/confinement parent or carer/criminal offence child/death of parent or carer/desertion/emotional abuse/respite/imprisonment parent or carer/mental illness parent or carer/neglect/ physical illness parent or carer/physical abuse/power of courts/pre-adoption/predicted parental inadequacy/relief of parental stress/Schedule 1 offender in household/self-referral/sexual abuse/suspected abuse	160	0.08
Placement type ^d	Numeric	1,444	0.7%
Reason terminated (activity) ^e	Categorical: AO replaced by RO/AO replaced by SO/AO replaced by CO/ AO discharged no other order made/adoption/attained 18 years of age/breakdown/CO discharged no other order made/CO replaced by RO/CO replaced by SO/CO replaced by AO/care by parent or guardian/care by parent or relative/deceased/hospital admission/marriage/new order/order expired/order revoked/planned move/reached age 18 years/reached age 21 years/respite/SO discharged/SO replaced by RO/SO replaced by CO/SO replaced by AO/Superseded/TSO granted/transferred	555	0.3%
Discharged to	Categorical: care undertaken by parent or guardian/hospital/hostel/independent living/jointly commissioned supported accommodation/lodgings/prison or remand/training school/transfer/adoptive parents/foster parents/relatives or friends	181,107	88.6%

^an = 12,335 unique study ids (anonymised HCN) with n=204,505 rows of data; ^bn = 12,490 SOS CARE ids with n = 204,505 rows of data; ^cdate closed and discharge destination are only populated when a case closes so high level of missing expected; ^danonymised numeric code, look-up is provided by data owners or can be requested as categorical variable with pre-defined groupings; CIC, child in care; HCN, Health and Care Number; HSCT, Health & Social Care Trust; ^eAO, Accommodation Order; RO, Residency Order; CO, Care Order; SO, Supervision Order; TSO, Training School Order. See Supplementary Appendix 1 for an explanation of each sub-category within "reason terminated."

Finally, the data do not contain information about children post-adoption. When an adoption order is granted, a child's identifiers are changed. This includes their SOS CARE identifier and their HCN, which therefore makes it difficult to follow the trajectories of these children beyond this point.

Conclusion

The SOS CARE dataset provides rich information on vulnerable children in NI. There is considerable scope for future research using this data that can make a

continued contribution to evidence-informed policy and practice.

Broker Service Governance Board (for information contact honestbrokerservice@hscni.net).

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Disclaimer

This resource profile 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 SOSCAR data. Views expressed are those of the researchers and not necessarily those of the data owners.

Ethics statement

This project received approval from the Research Ethics Committee (Ref 22/SC/0065).

Conflict of interests statement

None declared.

Publication consent

The authors have gained consent from the data custodians to publish and have shared details of how to access the data.

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Data availability statement

SOSCAR data are available for research projects in the public interest that relate to Health and Social Care, subject to application and approval by the Honest

Author contributions

Funding acquisition AM and DOR. Conceptualisation and data curation AM and DOR. Data validation SMcK and SM. Preparation of manuscript SMcK, SM and AM. All authors, with the exception of DOR, critically revised the paper for intellectual content and approved the final version of the manuscript. SMcK and AM are guarantors of the work.

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Supplementary Appendix 1: Children in Care History - reason terminated categories

Category coding	Explanation
Accom O. replaced by RO	Accommodation Order (Article 21) replaced by Residence Order. Children with Accommodated legal status have been accommodated by a HSCT if there is no one who has parental responsibility for them, they have been lost or abandoned or the person who has been caring for them has been prevented, for whatever reason, from providing them with suitable accommodation or care. Children are often accommodated with the permission of their parent(s). A Residence Order sets out where the child lives until they reach the age of 16 years. The Residence Order can be for residence with one parent or for shared residence between two parents. Other people, depending on their relationship with the child, may be able to apply for a Residence Order. A Residence Order does <i>not</i> give a HSCT parental responsibility.
Accom O. replaced by SO	Accommodation Order replaced by Supervision Order. A Supervision Order requires the HSCT to advise, assist and befriend the supervised child and can only be granted if the same threshold conditions that apply for Care Orders are met. A Supervision Order does <i>not</i> give a HSCT parental responsibility. It does allow a social worker to issue directions about the child's upbringing including place of residence and involvement in certain programmes.
Accom O. replaced by CO	Accommodation Order replaced by Care Order. A Care Order (Article 50) accords the HSCT parental responsibility and allows for the child to be removed from the parental home.
Accom O. discharged – no other Order made	Accommodation Order discharged – no other legal order made.
Adoption	Child adopted.
Attained 18 years of age	Reached age 18 years. Note this category defunct from approximately 1997, replaced by "Reached age 18 years".
Breakdown	Care placement broken down.
C.O. Disch – No other O.M	Care Order discharged, no other legal order made.
C.O. replaced by R.O.	Care Order replaced by Residence Order.
C.O. replaced by S.O.	Care Order replaced by Supervision Order.
C.O. replaced by A.O.	Care Order replaced by Accommodation Order.
Care untkn by par/grd	Care undertaken by parent or guardian.
Care untkn by par/rel	Care undertaken by parent or relative.
Deceased	Death of the child.
Hosp Admission	Child admitted to hospital.
Marriage	Marriage.
New Order	New Care Order.
Order Expired	Care Order expired when child reached 18 years.
Order Revoked	Care Order revoked.
Planned move	Placement move.
Reached age 18 years	Reached age 18 years.
Reached age 21 years	Reached age 21 years.
Respite	A move from one carer to another to give the main carer respite.
S.O. disch – no other O.M.	Supervision Order discharged, no other order made.

Continued

Supplementary Appendix 1: Continued

Category coding	Explanation
S.O. replaced by R.O.	Supervision Order discharged, replaced by Residence Order.
S.O. replaced by C.O.	Supervision Order discharged, replaced by Care Order.
S.O. replaced by Accom Order	Supervision Order discharged, replaced by Accommodation Order.
Superseded	Usually Care Order replaced by Adoption Order, sometimes may be a secure accommodation order.
TSO granted	Training School Order (TSO). Now defunct, but historically a child could be subject to a TSO for care or criminal justice reason.
Transferred	Transferred to another area /HSCT.

