

# At a glance

## Health inequalities during transition to adulthood of vulnerable young people

### What we hope to find out

We want to understand the healthcare pathways of vulnerable young people as they transition to adulthood. Can we identify groups at age 16, who subsequently have high healthcare needs and who might benefit from earlier support? Are there markers of internalising symptoms (such as anxiety and depression, or unexplained physical symptoms) or externalising behaviours (such as aggression or antisocial acts) that might require different therapeutic approaches?

The study explores health outcomes and statutory support (social care or special needs) post-age 16. Our study compares vulnerable young people who have a neurodevelopmental condition (NDC) recorded in hospital records or who received social care or special educational needs support aged 11-16 with their peers.

First, we will explore whether these groups differ in their patterns of hospital use between 11 and 22 years. Are some groups high users of hospital care and how do they present? Are these patterns explained by indicators of inequality such as deprivation and ethnic background? Who receives statutory support post-16?

Second, we will explore whether these vulnerable groups can be clustered into internalising and externalising behaviours, using histories from school records, social care, and health records before age 16.

Third, we will investigate whether groups of adolescents with markers of internalising or externalising behaviours pre-16 differ in their hospital presentations up to age 22, their involvement in youth offending, and their receipt of statutory support.

### Why are we doing this study

Vulnerable adolescents can face more difficulties than their peers as they transition to adulthood from age 16, particularly those from disadvantaged backgrounds. This is a period of rapid maturation, when half of all adult mental health disorders present and it is also when risk-taking, impulsive behaviour, and drug or alcohol misuse can develop. By identifying the early patterns of attendance or contact with services that indicate groups at high risk of adverse physical and mental health in early adulthood we might be able to intervene early through health and social care, and the school environment. The

study may help us to identify groups who show internalising symptoms compared with externalising behaviours, as these need different types of support.

### Why this is important

There is evidence that young people who are vulnerable due to a neurodevelopmental disorder or receive special educational needs support or social care support have worse physical and mental health outcomes as they enter adulthood. We will also assess whether there is evidence that underlying vulnerabilities due to neurodevelopmental conditions are exacerbated by inequalities in access to social care and special needs provision post-16.

### What we will do

We will use linked administrative data in the [ECHILD Database](#) to identify adolescents who have a neurodevelopmental condition or received special educational needs or social care support at 11-16 years of age.

We will examine rates of overall hospital contacts including unplanned admissions overall and related to injuries, stress, violence or drugs, self-harm, or mental health, for different vulnerable groups aged 11-22. We will define clusters of presentations consistent with internalising and externalising behaviours and determine whether these clusters pre-16 are associated with different trajectories of hospital care from age 16 to 22.

Finally, we will explore which of these people receive continuing statutory support post age-16 including support from social care or youth custody.

### Project team

Dr Theodora Kokosi, Professor Ruth Gilbert, Dr Michelle Heys, Dr Johnny Downs, Dr Ania Zylbersztejn, Dr Ruth Blackburn

**November 2022**

[ucl.ac.uk/children-policy-research](http://ucl.ac.uk/children-policy-research)  
[ich.cpru@ucl.ac.uk](mailto:ich.cpru@ucl.ac.uk)

This study/project is funded by the National Institute for Health Research (NIHR) Policy Research Programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

