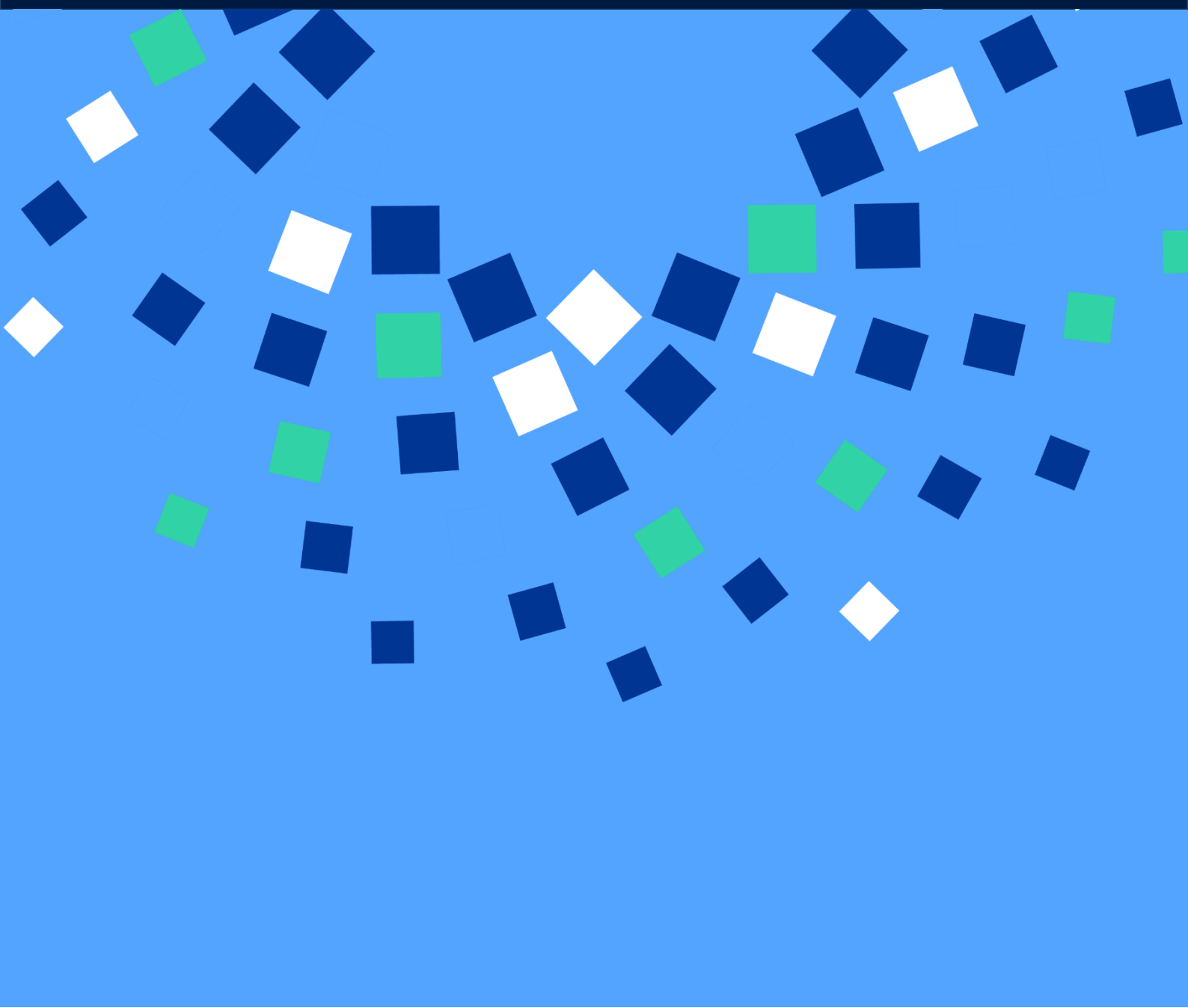


Homelessness and other severe disadvantages during pathways to adulthood

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Summary

In this Data Insight, the ADR Wales Housing & Homelessness research team explore experiences of 'severe disadvantage' among young people in Wales. These include homelessness, alcohol and drug misuse, and mental ill-health. Using linked administrative data, the team created a population-level cohort of young people. They then looked at the healthcare and other records of cohort members from their 16th birthday for a period of up to nine years. The analysis identified when young people were first recorded as experiencing each of the four severe disadvantages of interest. The findings help us understand how often severe disadvantages occur, how young people sometimes experience multiple different forms of disadvantage, and their timing as part of pathways to adulthood.

Findings at a glance

- Roughly 1 in 18 young people experienced multiple (two or more) forms of severe disadvantage.
- The most frequent combination of severe disadvantages experienced was mental ill-health and substance misuse (whether drug or alcohol related).
- Among people experiencing youth homelessness, other severe disadvantages were (on average) experienced before their first episode of homelessness, if they were experienced at all.

Background

Severe disadvantage is the experience of often interconnected social harms, such as homelessness, substance misuse, criminal offending, domestic violence, or mental ill-health [1]. When people experience multiple different types of severe disadvantage, this is known as Severe and Multiple Disadvantage (SMD). Existing statistical profiles of severe disadvantage and SMD in the UK focus on the whole population [2, 3, 4]. Evidence relating to the experience of SMD among young people is limited, particularly the occurrence of disadvantages over time during pathways into adulthood. What research exists suggests that experiencing certain forms of severe disadvantage in early adolescence, such as substance misuse and youth homelessness, can act as mediators between childhood instability and homelessness in adulthood [5]. Furthermore, SMD can negatively impact young people's sense of self(worth) and their relationships with others [6].

What we did

We analysed administrative data accessed via the Secure Anonymised Information Linkage (SAIL) Databank. Our analysis followed a cohort of young people from the date of their 16th birthday for a maximum of up to 9 years. We chose to focus on this period in young people's pathways to adulthood as it matches with the age range (16- to 25-year-olds) typically used to define 'youth homelessness' in policy and practice. Young people were included in our analysis if they turned 16 years old between 1 April 2014 and 31 December 2015, inclusive of those dates, and were registered at a Welsh address on their 16th birthday. The Welsh Demographic Service Dataset (WDSD) was used to define the cohort.

Though severe disadvantage can take different forms, in this analysis we focused on:

- Mental ill-health
- Drug misuse
- Alcohol misuse
- Youth homelessness

Experiences of these disadvantages were identified in healthcare and substance misuse datasets, including:

- Welsh Longitudinal General Practice Dataset (WLGP)
- Patient Episode Database for Wales (PEDW)
- Outpatient Database for Wales (OPDW)
- Emergency Department Dataset (EDDS)
- Substance Misuse Dataset (SMDS)

Health diagnoses and direct measures were used to identify relevant experiences. For example, homelessness was identified using diagnosis fields in healthcare data (such as the code 'Z59.0' in the PEDW) and via a question asking about accommodation needs (which included homelessness) in the substance misuse dataset. We also used referrals and attendance at mental health outpatients' services to identify mental ill-health. Relevant diagnoses codes and measures were compiled using the SAIL Concept Library [7] and published research conducted by the team and others in Wales using SAIL data [8, 9]. Table 1 gives the concept libraries used to identify severe disadvantages in this study.

Table 1: SAIL concept libraries used in our analysis

Severe disadvantage	Concept library code
Mental-ill health	PH937 / 4055 (Bipolar & other mood disorders) PH939 / 4181 (Schizophrenia) PH938 / 4171 (Severe mental illness and other psychotic disorders) PH1113 / 4005 (Anxiety) PH1114 / 4128 (Depression) PH1116 / 4148 (Eating disorders)
Drug misuse	PH1108 / 4145
Alcohol misuse	PH1107 / 4002
Homelessness	PH344 / 688 PH346 / 692

We identified experiences of disadvantage occurring between the dates of a cohort member's 16th and 25th birthday. We calculated the age at which young people first experienced each form of severe disadvantage. We also created flags for each disadvantage indicating whether the cohort member had ever experienced them during the observation period. As SAIL contains only the week of birth, birthdates and cutoff dates were approximate.

What we found

The final study cohort contained 61,237 young people who had their 16th birthday between 1 April 2014 and 31 December 2015.

Scale and overlap of disadvantages

Roughly 3 out of every 10 young people in the cohort (17,948 / 61,237) had experienced severe disadvantage. The most common form of disadvantage recorded was mental ill-health (27%), followed by drug misuse (5%), alcohol misuse (3%), and finally homelessness (1%). In terms of combinations of severe disadvantages recorded among young people:

- 71% (43,289 / 61,237) experienced no severe disadvantages.
- 24% (14,582 / 61,237) experienced only one form of severe disadvantage.
- 5% (3,366 / 61,237) experienced two or more severe disadvantages, or SMD.

Figure 1 shows the combination of severe disadvantages experienced by young people. Each circle represents a different type of severe disadvantage, and their size reflects the relative number of people experiencing them. Where circles overlap, this represents their combined experience. For ease of visualisation, drug and alcohol issues have been combined into the category of 'substance misuse'. Among the 17,948 young people who experienced at least one form of

severe disadvantage, the most prevalent combination was mental ill-health and substance misuse (15%), while the least prevalent combination was substance misuse and homelessness in the absence of mental ill-health (<1%).

Figure 1: Combinations of mental ill-health, substance misuse, and youth homelessness.

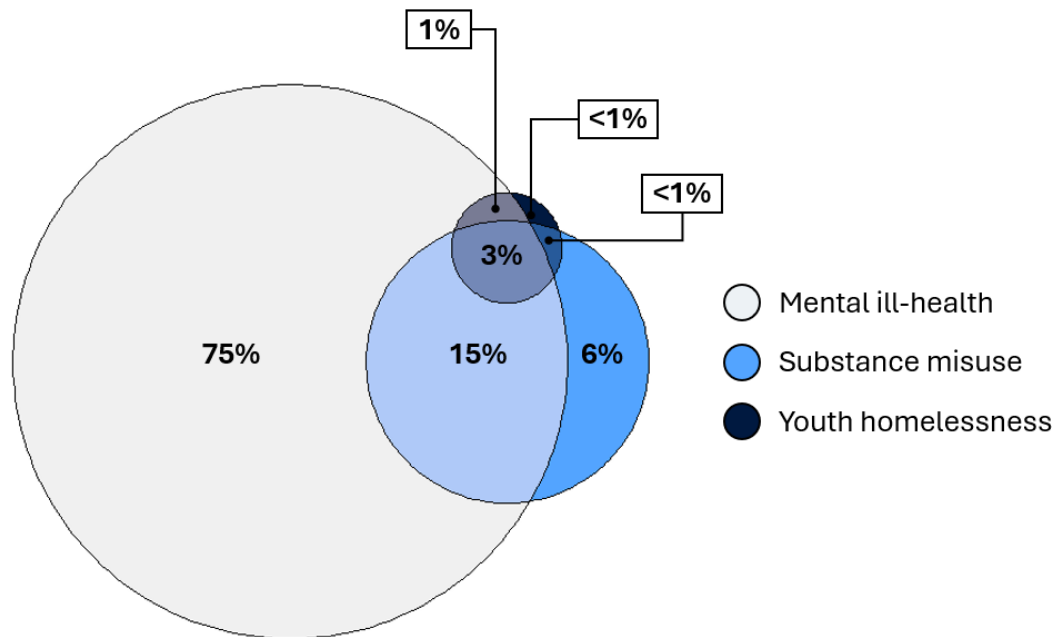
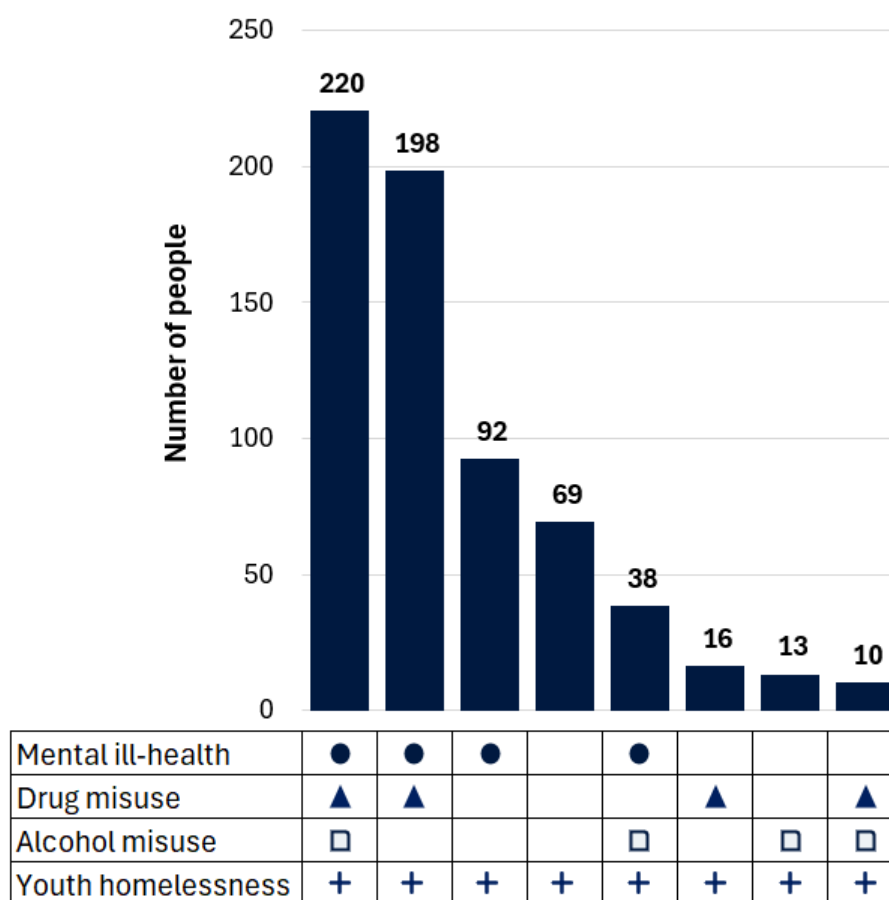


Figure 2 focuses on young people who experienced youth homelessness (n = 656) and visualises whether and how homelessness combined with drug and alcohol misuse, or mental ill-health. The symbols at the bottom of the figure indicate which combination is being represented in the column above. This breakdown shows that:

- Drug and alcohol misuse and mental ill-health were the most common combination of severe disadvantage among people experiencing youth homelessness (220 / 656).
- It was relatively uncommon for homelessness to *not be* combined with some other form of severe disadvantage (69 / 656). However, this finding may be due to the use of substance misuse and healthcare data to identify experiences of homelessness.

Figure 2: Number of young people reporting different combinations of homelessness and other severe disadvantages.



Timing of disadvantages

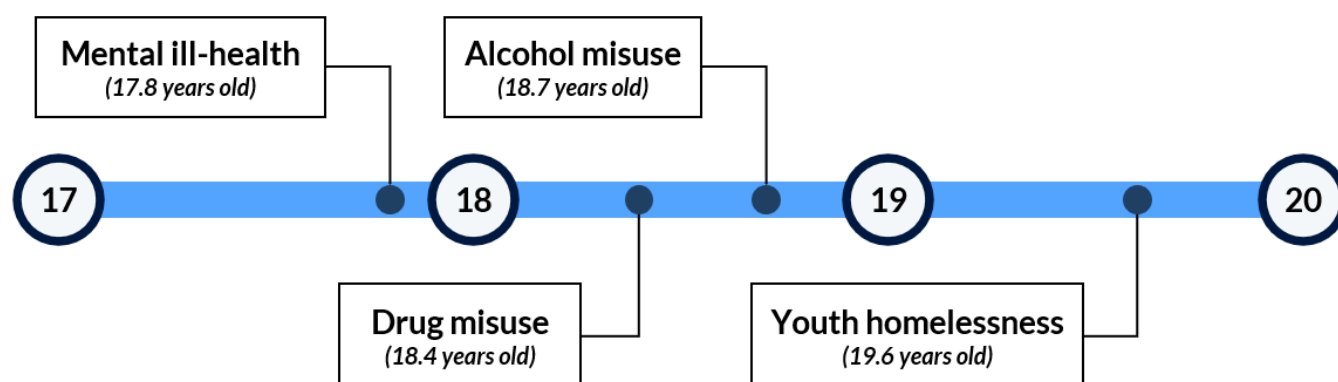
For all young people in the cohort, the median age at which severe disadvantages were first recorded was:

- 19.3 years old for mental ill-health,
- 19.6 years old for youth homelessness,
- 19.6 years old for alcohol misuse, and
- 19.7 years old for drug misuse.

Figure 3 focuses on young people who experienced homelessness and visualises the median age at which the four severe disadvantages were first recorded. The timing of disadvantages suggests a slightly more differentiated chronological ordering than the whole cohort, building up to youth homelessness. This pattern indicates that mental ill-health (if it occurred) typically preceded homelessness by more than one year.

A similar ordering was found when looking at the 25th and 75th percentiles of ages, with mental ill-health emerging earliest, followed by substance-related issues, and youth homelessness occurring last.

Figure 3: Timeline showing median age at which young people with experience of homelessness first experienced other forms of severe disadvantage.



Why it matters

Developing a better understanding of SMD helps in the delivery of targeted, cross-sector interventions. Whereas most studies of the scale of SMD in the UK have looked at the adult population, our study finds that many people (in Wales at least) experience severe disadvantages before they turn 20 years old. This shifts the onus for preventing SMD onto youth related services.

Our approach also moves beyond the static picture of youth homelessness provided by ‘point-in-time’ surveys and counts. By following a group of young people over time, we recognise that experiences of homelessness are dynamic and sometimes linked with other disadvantages as part of people’s pathways to adulthood.

Our findings suggest that, if they occur, interactions with public services because of mental ill-health and substance misuse precede homelessness—something also found among people accessing low threshold services for those experiencing social exclusion [10]. Though our analysis was not causal, when combined with the sheer scale of mental ill-health among the cohort (1 in 5 young people), it suggests that addressing mental health issues at an early age may be an important part of preventing homelessness. Where any young person is supported by public services for substance misuse reasons, these interactions may form points at which later homelessness could be prevented.

Works cited

- [1] Duncan, M. (2012) Severe and Multiple Disadvantage: A review of key texts. London: Lankelly Chase Foundation
- [2] Bramley, G. & Fitzpatrick, S. (2015) Hard Edges: Mapping severe and multiple disadvantage, England. London: Lankelly Chase Foundation
- [3] Bramley, G., Fitzpatrick, S., Wood, J., et al. (2019) Hard Edges Scotland. London: Lankelly Chase Foundation
- [4] Thomas, I. (2021) Severe and Multiple Disadvantage. [Online] Available at: https://www.adruk.org/fileadmin/uploads/adruk/Documents/Data_Insights/Severe_and_multiple_disadvantage__March_2021_.pdf [Accessed 20 February 2026]
- [5] Cohen-Cline, H., Jones, K. & Vartanian, H. (2021) Direct and indirect pathways between childhood instability and adult homelessness in a low-income population. *Children and Youth Services Review*. 120:1-8
- [6] Sandu, R.D. (2020) Defining severe and multiple disadvantage from the inside: Perspectives of young people and of their support workers. *Journal of Community Psychology*. 49:1470-1486
- [7] <https://conceptlibrary.saildatabank.com>

- [8] Thomas, I. & Mackie, P. (2023) Assessing the coverage and timeliness of coronavirus vaccination among people experiencing homelessness in Wales, UK: a population-level data-linkage study. BMC Public Health. 23(1):1-8
- [9] Song, J., Grey, C.N.B. & Davies, A.R. (2022) Creating an e-cohort of individuals with lived experience of homelessness and subsequent mortality in Wales, UK. Journal of Public Health. 44(4):805-809
- [10] Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013) Pathways into multiple exclusion homelessness in seven UK cities. Urban Studies. 50(1):148-168

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