Local Insight Report

Anglesey Foodbank and Ynys Môn Citizens Advice

Tackling Destitution Together

April 2025 - March 2026



Introduction

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This local insight report captures learning from the Tackling Destitution Together (TDT) pilot delivered across Anglesey / Ynys Môn by Canolfan Cynghori Ynys Môn (Citizens Advice) and Banc Bwyd Ynys Môn (food bank). The project aimed to test whether earlier identification of risk, combined with stronger collaboration across community organisations, could prevent people from entering destitution or reduce the duration and severity of crisis over the course of 12 months.

Specifically, the aims of this project were to:

1. Prevent destitution
2. Help people exit it quickly
3. Support people stuck in long-term destitution

In doing so, this project responds to a growing concern that the level of hardship people are facing is deepening, with an increase in the proportion of households reporting 'very low' food security.

In Anglesey / Ynys Môn, we have seen that people seeking food and charitable support are often facing multiple and interconnected challenges, with destitution risk particularly concentrated among disabled people and people with long-term health conditions, single adults, and lone parents. Destitution is often driven by a combination of low income, health-related disadvantage and complex, overlapping support needs, rather than food insecurity alone.

This project hypothesised that frontline organisations—if equipped with the right tools, insights and relationships—could identify risk factors for destitution and signs of hardship earlier, act more confidently, and connect people to appropriate support before people fell into destitution and crisis developed and escalated. This report reflects how that hypothesis played out in practice in a rural island context, where geography, access to services, and service provision shape both need and engagement. It highlights what worked, what proved more difficult, and what this means for future system change efforts.

Importantly, while the focus has been on reaching high-risk groups earlier with the right level of support, a key aspect of this project has been testing new ways of working and developing collaborations across national and community organisations.

Background

The first phase of this project involved discovery research conducted by Citizens Advice and Trussell that explored who experiences destitution locally, why it happens, where current support succeeds or fails and how advice and interventions could prevent or reduce it earlier.

What is destitution?

Destitution is defined as being unable to afford the basic material necessities needed to stay warm, dry, clean and fed and affects around 13.8 million people in the UK (JRF, 2023). Research also found 14.1 million people were food insecure in 2024 (Trussell, 2025). The income threshold for single adults to avoid destitution (excluding housing) is £120 a week for a single adult and £205 for a couple. Universal Credit (UC) is below this threshold (Joseph Rowntree Foundation and Trussell, 2023).

Importantly, destitution is systemic and multi-factor, not individual failure. It's often the result of a combination of social security failures, physical or mental health complications or disabilities, and low or unstable income (e.g. as a result of Universal Credit or insecure jobs). Other factors are life shocks, (bereavement, abuse, homelessness, job loss or sudden illness) and isolation or digital exclusion.

Who experiences destitution?

Research by Joseph Rowntree Foundation (2023) identified the following high-risk groups to be at most risk of destitution:

- People with disabilities and long-term health conditions;
- People from Black and Asian communities;
- People from lone parent households;
- People with complex needs, for example experiencing addiction or homelessness;
- Migrants;
- Single adults

Advice is reactive, not preventative

Advice is shown to be highly effective when people access it (Trussell, 2024). However, almost half of the people reaching food banks have no meaningful advice beforehand (Trussell, 2025). Discovery research by Citizens Advice identified a number of factors:

- Local support services are not always holistic or well connected.
- By the time people reach crisis point, their needs are often multiple, interconnected and more difficult to address.
- Pressures on the advice sector can lead to a focus on efficiency over effectiveness.
- Demand for advice services continues to increase.

The core problem

- Destitution is driven by structural system failures, especially social security
- People often fall into crisis before they access help

The key gap

- Advice often comes far too late
- Many of the groups most at risk are not reached at all

The opportunity

- Shift from crisis response to early intervention
- Target high-risk groups earlier with tailored interventions and advice
- Strengthening and aligning local (fragmented, crisis-driven) systems

Summary

166

Clients supported

116

Outreach sessions held

95

Drop-in attendances

395

People with lived experience engaged

11

Partner agencies engaged with tools/training

Over

£63,017

In financial gains*

*Note these gains come from people receiving support they are already entitled to and that are unlocked as a result of receiving advice (not from an increase in public spending).

The Anglesey / Ynys Môn pilot set out to test whether it was possible to shift local systems from crisis response towards earlier identification and prevention of destitution, within a rural and geographically dispersed context.

The partnership focused on strengthening early identification and signposting by equipping frontline organisations with tools, training, and shared understanding of risk. It also sought to improve access to advice by testing alternative channels such as information packs, and digital tools. In order to build a more joined-up local system, the pilot re-introduced the Local Advice Network (LAN), enabling local organisations to share insight, align approaches, and respond collectively to emerging need. Underpinning all of this was a strong emphasis on lived experience and local insight.

Overall, the pilot strengthened the foundations for prevention, rather than driving large-scale increases in activity or referrals. It led to a more connected and informed local system, with improved shared understanding of destitution, stronger relationships between organisations, and greater recognition of the importance of early intervention. Community-based outreach alongside door-to-door engagement raised awareness and helped to identify need in the community, whereas tools and training helped partners spot risks earlier and intervene before crisis. These were supported by information packs, kiosks and self-referral routes to improve access to advice.

These efforts resulted in a reduction in food bank referrals and more preventative support by partners and improved coordination of support through the Local Advice Network. The work showed that timely advice can prevent issues from escalating, while also highlighting the challenges of changing entrenched behaviours, measuring prevention, and influencing wider system constraints.

A closer look

...at what has been achieved over time

From research-led design to adaptive delivery

The pilot began with a strong emphasis on understanding local need, particularly through door-to-door surveys and food bank intake analysis. In total, Citizens Advice undertook extensive door-to-door community engagement across multiple villages, surveying more than 150 residents and visiting almost 500 households over the course of the pilot. This direct engagement shaped decisions about: where to locate outreaches, how to design information materials, and which advice needs and groups to prioritise.

Evidence showed a clear preference for community-based advice access, with many residents indicating they would prefer local provision over travelling to central offices. In response, the project established a network of pop-up advice hubs across multiple villages, combined with a weekly presence in core towns. Door-to-door engagement continued with targeted leafleting to identify need and drive awareness.

However, the project found a disconnect between stated preference and actual behaviour. Although residents said they preferred community-based advice, attendance at some outreach hubs remained low. In response, low-uptake locations were removed and new areas tested.

Experimenting with tools and access routes

A major strand of the pilot was testing tools aimed at enabling earlier help. The partnership created bilingual (Welsh and English) information packs, a digital kiosk, and self-referral routes using QR codes to allow both clients and practitioners to access advice more quickly and independently.

The food bank also developed training materials and tested a decision-making tool, (that involved screening and a fuel poverty tool) to help partner organisations identify risk factors and intervene before issuing food vouchers.

In practice, uptake was uneven. While partners responded positively to the clarity and usability of tools in principle, actual usage (particularly of the digital decision tool) remained limited. Information packs saw modest use but helped support self-directed action, with some clients resolving issues independently or seeking help afterwards.

Outreach and advice delivery

Advice provision reached166 clients across the pilot period, combining drop-ins at outreaches, office-based drop-ins and appointments and telephone support. The majority of cases involved benefits, debt, and energy issues (a graph with the type of support provided can be found on page 6). These were often linked to health conditions or long-term vulnerability. A notable pattern was that many clients required only initial advice or information, rather than full casework, suggesting that timely intervention prevented escalation.

Enhancing system collaboration infrastructure

The Local Advice Network (LAN) was re-established to bring together the local council and third sector organisations to share insight and knowledge, coordinate responses, and build a more joined-up and collaborative system. Meeting roughly once per quarter, at least four formal meetings were held across the project period.



This network developed progressively over the course of the pilot from 3 to 9 organisations including local authority departments (housing, financial inclusion, children's services), health services and homelessness organisations, and voluntary and community sector groups.

Involvement of members also gradually shifted to more intentional participation, with organisations beginning to consider which staff were best placed to attend and providing information to share in their absence, indicating growing ownership of the space.

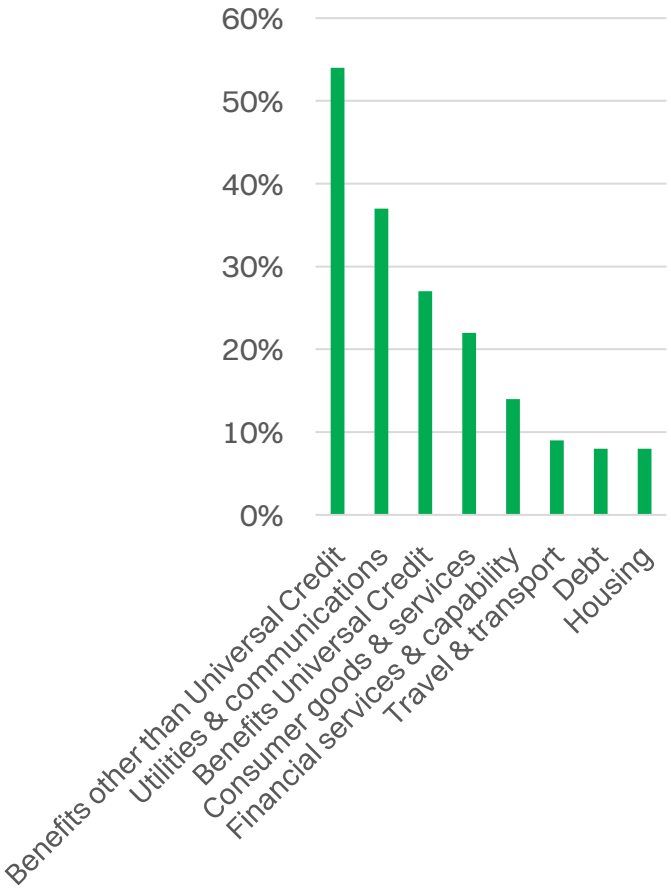
Learning from lived experience (and how it shaped delivery)

Alongside delivery, the pilot placed a strong emphasis on gathering lived experience data to understand crisis drivers and shape interventions. Alongside door-to-door engagement, the food bank analysed over 150 intake surveys and follow-up conversations to understand the needs of people already experiencing crisis, drivers of destitution and opportunities for early intervention.

Insight highlighted key gaps in the system, including limited support being provided or accessed after food bank use, with many people not receiving further advice after emergency provision. It also highlighted missed opportunities for early intervention, despite prior contact with services such as DWP or local authority and a consistent demand for earlier conversations and more joined-up support, rather than one-off crisis responses.

Of the 152 respondents, 123 were receiving benefits. Benefit delays and changes in eligibility were among the most common crisis triggers for this group. The data strengthened the view that many people entered crisis because of interruptions in income rather than long-term disengagement from support systems.

Type of support provided most often



Overcoming challenges

...and how they were overcome

Low partner adoption of tools

Despite significant effort to design and promote tools intended to support earlier intervention, most partner organisations did not integrate them into their day-to-day practice. While initial engagement was positive and many partners expressed interest, this did not consistently translate into sustained use—particularly for the digital decision tool designed to guide early identification of risk.

In practice, frontline staff reverted to familiar ways of working, especially under time pressure. The existing model—making a quick phone call to request a food parcel—was seen as more straightforward and aligned with immediate operational needs. The additional steps required by the new tool, such as completing structured questions or recording interventions, were often perceived as burdensome.

This highlighted a key constraint: even well-designed tools struggle to gain traction if they do not fit seamlessly into existing workflows or reduce effort for already stretched staff.

Data and measurement limitations

A persistent challenge throughout the pilot was the difficulty of capturing and evidencing prevention, particularly where issues were resolved early and did not enter formal advice or referral systems. Traditional data systems are built to record activity—such as referrals or casework—but are far less suited to recording what did not happen, such as avoided crisis. This was compounded by several practical limitations. Data sat across multiple systems (Citizens Advice, food bank, partner organisations), with no shared infrastructure to track a client journey end-to-end.

Attempts to gather data from key stakeholders—particularly local authority departments—were constrained by GDPR restrictions and internal processes, limiting visibility of wider patterns. Internally, data capture also evolved during the project, meaning that some early activity was not recorded in a way that allowed for robust analysis later.

Overall, this challenge reinforces that measuring prevention requires intentional design from the outset, including shared metrics to understand wider social impact, aligned systems, that can flag intervention is needed early on, and agreement on what constitutes success beyond traditional outputs.

Outreach engagement vs efficiency

While outreach improved accessibility, attendance remained relatively low, particularly in rural pop-ups. The project faced a trade-off between: equity and inclusivity (reaching isolated individuals), and efficient use of staff time.

Over time, the team adapted by refining locations, removing underperforming sites, and focusing on areas with higher engagement. However, the underlying challenge remained: demand for advice does not automatically translate into attendance at structured sessions, particularly in rural contexts where needs may be intermittent, hidden, or met through informal support. This highlights that outreach models need to be carefully designed, potentially shifting towards more targeted approaches (e.g. home visits, embedding within existing groups) rather than standalone provision.



Implementing the physical and digital kiosks proved more challenging than anticipated

The pilot sought to improve access to information and advice through the development of information packs and kiosk-based resources.

Initially, the intention was to install physical kiosks in community locations to provide easy access to trusted advice and support. However, delays relating to procurement and securing host locations led the partnership to develop a complementary digital version that could be shared with both residents and partner organisations.

Over time, the focus shifted from the physical infrastructure itself towards the digital information, self-referral routes and advice pathways hosted within it. The audience also expanded, from members of the public to a tool partners could use for professional support and signposting .

While uptake was modest during the pilot period, the approach provided valuable learning about how people access information and the practical challenges of introducing new infrastructure across multiple organisations.

A case study

Faced with homelessness, Jamie (not their real name) attended the project's community outreach session. They were reluctant to engage with the local authority due to negative perceptions but were supported by the project's caseworker who ran the session to:

- complete a housing application
- understand the housing allocation process
- access appropriate benefits and financial support.

As a result, Jamie secured accommodation and avoided ongoing homelessness. They also reported increased confidence to engage with services independently.

This case illustrates how timely advice, delivered in a trusted setting, can prevent escalation into deeper destitution and build longer-term resilience.

Canolfan Cynghori Ynys Môn has gone above and beyond once I first saw them. Offering non judgemental and informative advice, listened to my issues and was very empathetic."

Client feedback received

Bigger picture

What can we learn about attempting system change more broadly?

The Anglesey / Ynys Môn pilot highlights both the opportunities and limitations of local systems change. Throughout the project, partners were trying to prevent or reduce destitution that was often driven by factors beyond their direct control, including benefit delays, deductions, administrative errors and rising living costs. While local organisations could not change these underlying causes, they could influence how quickly risks were identified, how effectively people were connected to support, and how well services worked together around people facing hardship.

The pilot also demonstrated that systems change is rarely linear. Progress was often uneven, with some interventions gaining traction while others saw limited adoption. However, taken together, the project provides valuable insight into how preventative approaches can begin to take hold locally, as well as the conditions needed to sustain them over time.

Prevention is locally enabled, but structurally constrained

Many of the drivers of destitution identified through the pilot originated outside the control of local organisations. Lived experience evidence consistently highlighted the impact of benefit delays, deductions, administrative errors and prolonged waits for decisions, often leaving people without sufficient income for extended periods. In these situations, local services could provide advice, budgeting support and signposting to mitigate hardship, but could not fully prevent it. This highlights an important reality for systems change work. Local partnerships can improve the timing, coordination and accessibility of support, but reducing destitution at scale also requires changes within the wider social security and policy environment.

Systems change starts with small shifts

One of the clearest lessons from the pilot is that meaningful change does not require whole-system adoption from the outset. While some of the project's tools and processes achieved limited uptake, there were examples of individual organisations changing practice and adopting more preventative approaches. These localised shifts demonstrated that change often begins in pockets before spreading more widely. The pilot also showed the value of creating spaces where organisations can develop a shared understanding of problems and solutions. The Local Advice Network provided opportunities for partners to discuss emerging issues, share learning and think collectively about prevention. While these changes may appear modest, they represent important foundations for longer-term behavioural and cultural change.

Engagement matters as much as intervention design

Across many areas of delivery, success depended less on what was developed and more on whether partners and residents engaged with it. New tools, referral pathways and resources generated interest, but adoption was strongest when they aligned with existing ways of working and addressed clearly recognised needs. This reinforces the importance of flexibility and adaptation. Several interventions evolved during delivery as the partnership learned more about local barriers, behaviours and opportunities. Rather than viewing these adaptations as failure, the project demonstrated that iteration is an essential part of systems change, helping ensure interventions remain relevant and practical within real-world settings.



Making prevention visible requires different measures

The pilot also highlighted the challenge of evidencing prevention and the impact of early intervention. Traditional measures often focus on referrals, service usage or crisis interventions, yet some of the most valuable outcomes occurred before people reached these points. In several cases, lower referral numbers may have reflected earlier resolution of issues rather than a lack of impact.

This suggests that prevention requires different approaches to measurement. Alongside service outputs, organisations need ways of capturing earlier intervention, changes in frontline behaviour, improved collaboration between partners and reductions in repeat crisis. Without these measures, preventative work risks appearing invisible, even when it is making a difference.

Systems change takes longer than pilots

Many of the strongest signs of change emerged towards the end of the funding period, as relationships strengthened, shared understanding increased and preventative approaches began to embed within organisations. This reinforces a common challenge within systems-change programmes: meaningful change often develops more slowly than project timescales allow.

However, the Anglesey / Ynys Môn pilot demonstrates that important progress can still be made within a relatively short period. While broader reductions in destitution will require sustained effort at both local and national levels, the project helped strengthen relationships, build local knowledge and establish structures that can support future prevention-focused work. These foundations may ultimately prove to be some of its most important achievements.

Supporting high risk groups

Who did the pilot reach?

The Anglesey pilot focused on people at highest risk of destitution, identified through both local data and lived experience insight. Based on local insight, three main groups were deliberately identified as being at higher risk:

- Single adults – the largest group accessing food bank support and often facing limited support networks (63 % of clients where known)
- People with complex needs – often experiencing multiple, overlapping access barriers and financial instability (40 % of clients where known)
- People with long-term health conditions or disabilities – often reliant on benefits and more exposed to disruption, delays, or administrative barriers (80 % of clients where known)

In addition, the pilot surfaced a broader group of people experiencing in-work poverty or sudden income shocks, showing that risk extended beyond traditionally defined high-risk groups.

What worked well?

Early, proactive advice prevents escalation

The pilot demonstrated that timely advice can prevent issues from escalating, particularly around benefits, housing and income. Case studies and adviser feedback showed that many clients were able to resolve problems, secure entitlements or access appropriate support following relatively early intervention, reducing the need for more intensive support later. This was especially important for people with health conditions or limited capacity to navigate systems independently.

However, the project had less visibility of outcomes for people who only accessed self-help resources or information, meaning the longer-term impact of these lighter-touch interventions remains less clear.

Bringing support into trusted, local settings increases reach

Community-based approaches—such as pop-up hubs and door-to-door engagement—were effective in raising awareness and engaging people who would not otherwise seek help. Outreach helped reach more isolated or less confident individuals, particularly in rural areas where travel and access can be barriers. However, overall attendance was low, which may suggest factors like privacy, timing, and perceived need were equally important.

Practical, tailored support builds confidence and independence

Support that went beyond information—such as help with applications, understanding entitlements, or navigating systems—enabled people to take action themselves. Several cases showed that once people understood what to do and felt supported, they no longer needed ongoing services, indicating that timely, hands-on help can strengthen resilience.

Embedding preventative support in existing services works better than standalone offers

The clearest impact was seen where support was integrated into the workflows of organisations already working with high-risk groups (e.g. a homeless and rough sleeping charity). In these cases, staff were able to intervene earlier and provide more holistic support, reducing the need for crisis referrals.



What next?

Several elements are expected to continue:

- Local Advice Network (LAN) as a platform for collaboration and shared learning
- Advice provision, though likely with reduced outreach and more targeted/home-based delivery
- Digital and information resources, including ongoing refinement
- Food bank system changes, including improved accountability at the point of referral with a focus on early intervention
- Momentum towards a community hub model, integrating advice and support in a single location

The project also strengthened relationships between key organisations, shared understanding of destitution and prevention, and confidence to challenge existing system behaviours. However, continued progress will depend on sustained funding, alignment of partner incentives, and further development of data and accountability mechanisms.

Overall, the Anglesey/Ynys Môn pilot demonstrates that prevention is possible but fragile: it emerges through relationships, behaviour change, and iterative learning—but requires time, alignment, and system-wide commitment to become embedded.

“Thank you, that was really helpful and I will continue joining (...) as it is a fantastic link.. This building the community gap is so important.”

Partner feedback received



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