Local Insight Report

Rotherham Foodbank and Citizens Advice Rotherham & District

Tackling Destitution Together

April 2025 - March 2026



Introduction

Contents

Background	3
Summary	4
A Closer Look	5
Overcoming Challenges	7
Case study	8
Bigger picture	9
Supporting high risk groups	11
Next steps	13

This local insight report details lessons learned from the Tackling Destitution Together project. This project is part of a collaboration between Trussell, Citizens Advice, and local Citizens Advice offices and food banks in the Trussell community. It brings partners together to test early intervention and preventative models of advice delivery that identify and support people at risk of destitution before they experience crisis over a 12-month period.

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 hunger and hardship people are facing is deepening, with an increase in the proportion of households reporting 'very low' food security.

In Rotherham, we have seen that people needing foodbank and charitable support are often experiencing multiple, overlapping forms of disadvantage rather than isolated financial crises. This suggests that preventative approaches that focus on addressing the interconnected challenges of income, welfare, debt and health are needed rather than addressing hunger alone.

We understand that it is through collaborative partnership and collective action at local, regional and national levels that we can influence change across the systems and services supporting people and communities. The core hypothesis was that trusted frontline organisations, supported by effective partnerships, infrastructure and referral pathways across the wider system, could identify risk earlier, resolve some issues themselves, and connect people to advice before crisis escalates.

Importantly, while the focus has been on reaching populations disproportionally affected by hunger and hardship 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.

This report looks at unique ways in which Rotherham Foodbank and Citizens Advice Rotherham & District (CARD) have attempted to tackle destitution together in their community. It provides a summary of key outcomes, learnings, challenges and recommendations.

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.
- Needs are complex and compounded by the time people reach crisis point.
- 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 most groups 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

103

Clients supported

34

Training sessions held

55

Frontline staff trained

50

Lived experience participants engaged

157

Engaged, 96 of which were new contacts

4

New partnerships established

Over

£78,046

In financial gains*

The Rotherham pilot focused on preventing and responding to destitution earlier by embedding Advice First Aid (AFA) capability across community organisations, strengthening referral pathways into Citizens Advice Rotherham & District (CARD), and grounding delivery in lived experience insight.

The pilot set out to achieve this through building practical, local capacity in settings where people already were—particularly through community organisations and schools—so that risks of destitution could be identified earlier and addressed sooner. Based on local insight and national data, the project specifically targeted single adults, lone parents and people with long term conditions/ disabilities, recognising that people in these groups often face greater challenges in accessing advice.

Insights from the pilot indicate this approach successfully built system capacity, not just service volume, and demonstrated the value of iteration, responsiveness, and lived experience insight. It also surfaced critical learning about engagement, dignity, and prevention, and laid foundations—tools, relationships, and confidence—that are expected to extend beyond the pilot period.

At the end of the project, CARD received referrals of at least 36 clients who were identified early on and referred to CARD and 45 clients saw their issues resolved without a referral after training was attended as a result of tools used by partners. Feedback from participants during follow-up sessions showed that the AFA tools provided were being actively used and had increased confidence in resolving issues at first contact, often without the need for onward referral.

While challenges around attendance, data capture and partner capacity remained throughout the project, these were actively worked through, with learning feeding directly into design changes rather than stalling progress.

Overall, these developments represent early-stage system change and are expected to increase over time as relationships embed and confidence grows.

*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).

A closer look

...at what has been achieved over time

Building advice capacity across the local system

Advice First Aid training was developed to help frontline staff identify the early warning signs of destitution and where to direct people in high risk groups for further support. Over the course of the project, 55 stakeholders were trained across Rotherham, spanning food banks, charities, health-related organisations, community groups, and later schools and family settings. As a result of trainings, partners increasingly reported feeling confident to explore issues early and take appropriate action.

Training delivery evolved to be flexible and partner-led, with in-person and online options, sessions delivered at CARD, at partner venues, and within existing community groups. In addition, the training approach shifted from high-volume delivery to targeted, strategic engagement with organisations where early intervention was most effective.

Proactive engagement with schools through visits, coffee mornings and informal drop-ins became key to helping teachers recognise risks of destitution earlier and connecting families to support.

Creating practical tools that fit real-world constraints

A major achievement was translating learning into usable infrastructure. This included a streamlined reporting process and the development and publication of an Advice First Aid Handbook with prompting questions, advice-area breakdowns and referral routes. Paper-based alternatives were provided where staff did not have digital access during client interactions. These changes were made to make collaboration easier for partners and create more person-centred engagement with clients.

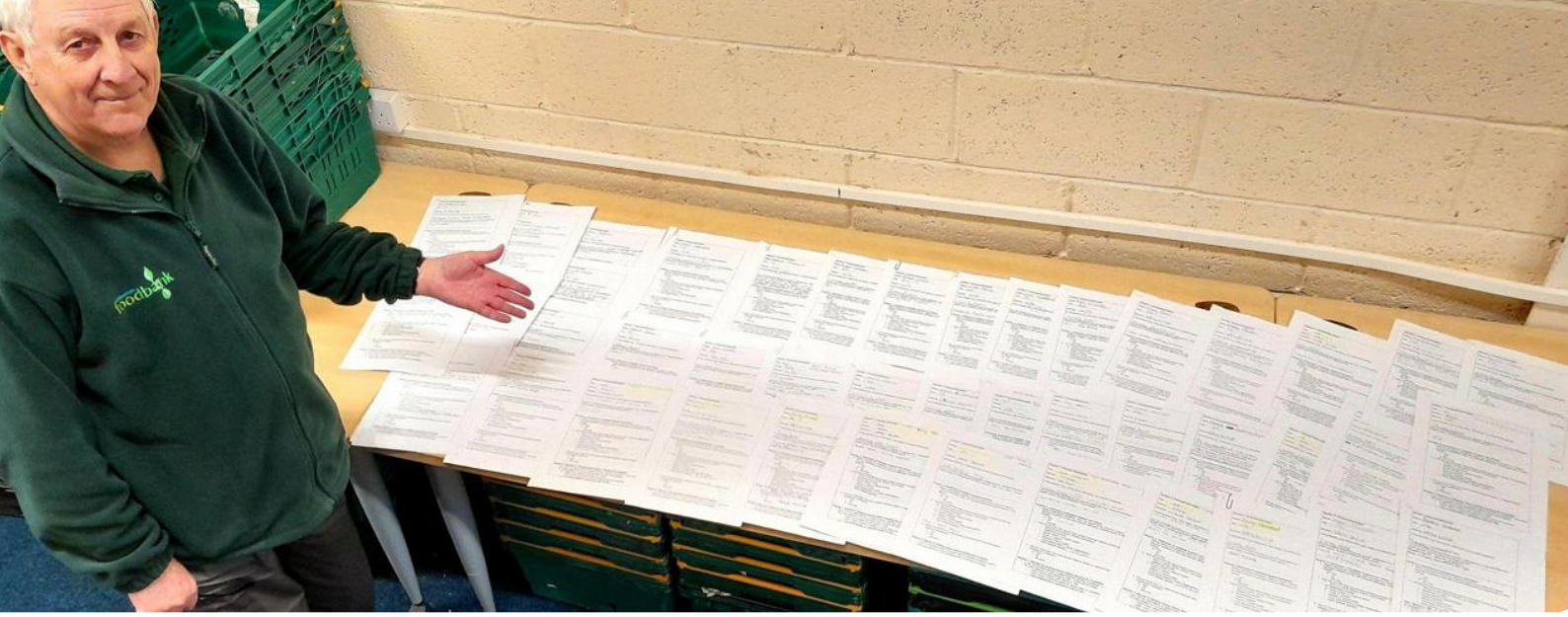
Strengthening referral pathways and early intervention

Over time, the pilot demonstrated increasing use of ReferNet by partners to make appropriate referrals, alongside growing clarity about when to resolve issues at source vs when to refer. The work also provided evidence of earlier identification of risk, particularly around benefits delays, housing insecurity, and debt and energy issues.

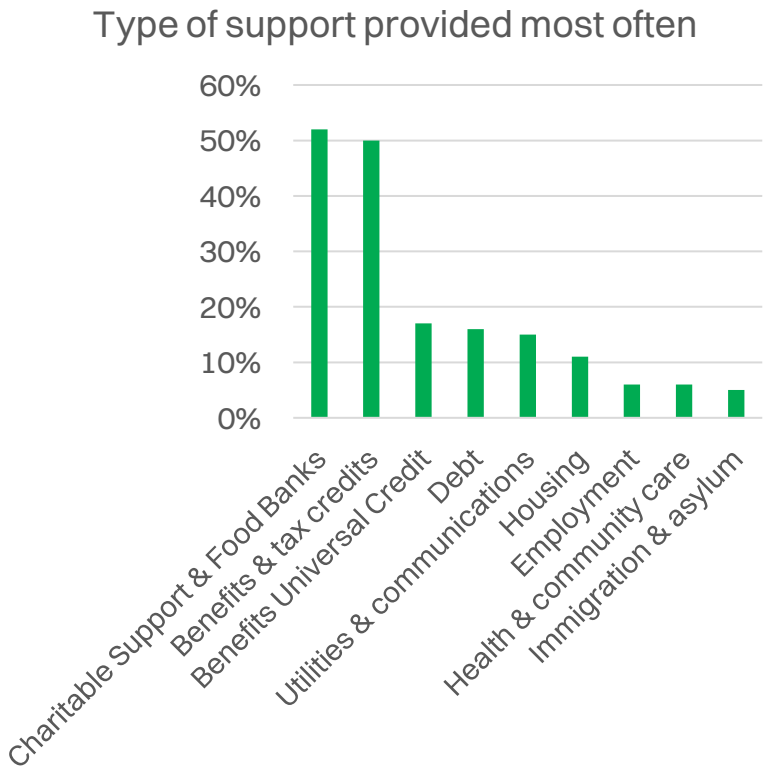
Referrals into CARD from trained agencies increased gradually, while many issues were prevented from escalating due to being referred earlier. Greater awareness of Advice First Aid practices led to a growing confidence and capability, which meant that more clients saw their issues resolved without a referral after training was attended by frontline staff. However at times low referral volumes were also influenced by challenges in re-engaging clients after initial contact.

Direct support to people at risk of destitution

The team also experimented with delivering 34 themed workshops and bitesize sessions to 58 community members and partner staff on PIP, Budgeting, UC50 and Benefits calculators. Alongside system-building work, CARD advisers supported 103 individuals at risk of, or already in, destitution. Support included income maximisation, benefit applications and form filling, crisis prevention (including pension reinstatement and emergency food support), and holistic, accessible adjustments for people facing disability, ill health, or digital exclusion. Page 6 provides a graph with more details on the types of support provided. Several case studies illustrate rapid prevention of destitution once advice was accessed. An example is provided on page 8.



A closer look at the type of support provided during the pilot shows most support focused on accessing benefits and Universal Credit, alongside emergency support while underlying issues were being resolved and clients needed time to navigate the system.



Learning from lived experience (and how it shaped delivery)

During the pilot, a total of 55 questionnaires were completed by people using food banks, with staff also facilitating group discussions. Key insights from lived experience were that delays in seeking advice were driven as much by shame, embarrassment, and hopelessness as by lack of services.

Many clients did not know advice was available, assumed support was “not for people like them”, had previous negative experiences that discouraged re-engagement, or faced practical barriers including digital exclusion and long waits.

These insights led to changes that placed greater emphasis on non-judgemental messaging, trusted settings such as food banks, health groups and schools, and face-to-face engagement rather than open booking models. Interview processes were also adjusted to allow more time and dignity, recognising that people wanted to tell their full story, and there was an increased focus on prevention, not just crisis response.

Using storytelling to amplify impact

The development of short films capturing lived experience added a powerful dimension to the pilot’s learning. One version tailored for professional audiences and another as a narrative mini-documentary.

> **The training helped us recognise when we could provide some initial support ourselves. We bookmarked the links to the reliable websites that you shared, so we now know where to look for information and this has supported us in helping our clients.**
>
> **Partner feedback**

Overcoming challenges

As with any pilot, introducing and testing a new intervention also involved navigating a range of challenges, which provided valuable lessons:

Partner capacity and reporting burden

Frontline organisations felt reporting was onerous and competed with already stretched workloads. The response was to simplify reporting to monthly aggregate figures aligned with existing systems. This improved engagement and data flow without overburdening partners. Internally data collection was also challenging. Regular reviews of the data identified under- reporting of outcomes that had been achieved for clients supported. Consequently, data did not always reflect the breadth of the work undertaken by the adviser. This was addressed by providing guidance and raising awareness of the importance of reporting for the purpose of data collection.

Low attendance and no-shows for open sessions

Client-facing bitesize sessions and workshops often had high no-show rates. Attendance was consistently higher when sessions were delivered within existing groups and in trusted, familiar environments. In response, the team shifted the approach towards outreach delivery, calendar invites, reminders, and embedding sessions into established services. This resulted in better engagement and a clearer understanding of what works where.

Digital exclusion (for staff and clients)

Many workers lacked digital access during client interactions, and many clients struggled with online systems. This was addressed through the use of paper tools, handbooks, in-person demonstrations, and adviser support. This increased usability and confidence across the system.

Slow initial referral numbers

Low referrals into CARD were an early concern, but the team felt this may have reflected successful early resolution rather than a lack of need because feedback from training partners indicated that their increased awareness of support organisations and information sources better equipped them to support their service users. Learning from this led to a shift in focus towards capturing AFA use without referrals, the quality and appropriateness of referrals, and system confidence rather than volume alone. This resulted in a more nuanced understanding of impact and prevention.

Signs of local systems change

Despite these challenges, the pilot contributed to a gradual shift from reactive crisis response to earlier, preventative action; stronger collaboration between food banks, advice services, health settings and schools; growing confidence among non-advice organisations to engage in “first aid” conversations; and practical integration of advice into community infrastructure through training, handbooks and referral tools. Monthly partner updates also became a key mechanism for ongoing knowledge sharing. Partners increasingly saw advice not as “someone else’s job” but as a shared responsibility, even where they still preferred to refer rather than resolve directly.

> **We’ve built stronger relationships with foodbanks, social supermarkets and community groups, which is helping us work more closely together. Overall, we’ve widened our network and got more services connected into advice.**
>
> **Project staff**

A case study from Rotherham

James* is a 72-year-old who has a non-verbal health condition. He lives alone in private bedsit housing and is dependent on his weekly State Pension payment of £230.25 to cover his living costs.

James had to seek out his local Citizen's Advice (CA) when he realised his State Pension payment had been stopped with no explanation, leaving him no money to cover the essentials, and needing to use a food bank.

Digital barriers and lack of communication support meant James was unable to contact the State Pension Service (SPS) without support. This was the second time James had experienced a suspended State Pension payment, causing him considerable stress. At the time of referral, he had also been told his rent was due to increase by £55 per week, and that his Attendance Allowance application had been unsuccessful.

Upon coming to his local CA, an adviser was able to provide immediate support by arranging an emergency food parcel and helping James to contact the SPS. To best support James with communication, the adviser sought alternative ways to contact the SPS, resulting in the use of the Relay/Chat service. Through online correspondence, SPS was able to confirm that payments had been stopped due to an administrative or technical error.

Swift progress was made to correct this, with State Pension payments reinstated within 24 hours. The adviser then helped James raise a written formal complaint to the DWP to ensure the issue was formally logged, to prevent future suspended payments. The adviser worked with James to reassure him about the complaints process and provided guidance about his right to escalate his complaint further. They also made sure James was aware of future options for seeking additional support, including his right to challenge the decision on his Attendance Allowance application.

With the help of an adviser, James received the following support:

- Immediate access to food
- The reinstatement of his State pension to cover his essentials
- Guidance on the complaint process and logging a formal complaint
- Communication and digital accessibility support
- Guidance on future options for seeking additional support

'It's good to have advice at the foodbank, it makes it accessible (...) The lady from Citizens Advice was nothing short of fantastic!'

Client feedback

*Client names and some personal details have been changed to protect confidentiality.

Bigger picture

What can we learn about attempting system change more broadly?

Experiences from Rotherham show that prevention and early intervention is relational, not transactional; confidence and early resolution matter as much as throughput; success is often less measurable and therefore less visible than crisis response; and learning requires permission to adapt in real time. These dynamics are further shaped by the reality of limited partner and organisational capacity, which constrains delivery, engagement, and the ability to sustain or scale activity.

Building on Rotherham's learning, future work in this area needs to be braver about iteration, clearer about prevention success measures, more embedded in trusted systems, and more honest about the time systems change actually takes.

Start with delivery – but expect the real learning to be about engagement

This project shows that technically sound interventions—such as AFA training, bitesize sessions, and referral tools—can be designed, but decisive learning comes from how people actually engage. Within this framing, engagement is not treated as a "comms problem" but a design problem, attendance patterns are treated as learning rather than failure, and the most effective delivery models emerged only after seeing what didn't work, including open booking and standalone client sessions. Findings also highlight the importance of ongoing tailoring of training formats and content to different organisational contexts. Normalising this iteration rather than treating early friction as underperformance was an important cultural shift.

These insights suggest that future projects should plan deliberate testing phases; use learning to shape, continue or stop areas of delivery; ensure intervention is genuinely based on insight and experience; and design evaluation frameworks that seek to understand this delivery-context fit as a core outcome.

"Low referrals" can mean prevention through early intervention – but only if you measure it properly

One of the most important system insights presented is that success did not always look like referrals into advice. Advice First Aid was increasingly resolving issues at source, stopping escalation, and increasing confidence among non-advice workers. Early on, this appeared as a problem ("where are the clients?"), but later it became clear it was working as intended, with the measurement lagging behind the practice.

These insights hint that systems-change work needs parallel metrics: referrals into advice, issues resolved without referral, and confidence and behaviour change among frontline workers. Without these, prevention appears invisible. Future programmes should design "proof of prevention" into data systems from day one, rather than retrofitting it later.

Trusted settings beat perfect content, every time

A consistent lesson is that where advice is delivered matters more than how well it is packaged. Across the pilot, standalone client workshops were associated with poor attendance, while delivery within existing health groups, schools, food banks, and trusted community settings achieved markedly better engagement.

This implies that advice and prevention strategies should default to piggybacking on existing groups, embedding within other people's missions, and avoiding "come to us" models where possible. Future pilots should also budget time and staff effort explicitly for relationship-building, reinforcing the principle stated that "people don't attend services; they attend relationships."



Lived experience validated the model and shifted the emphasis

While the lived experience work did not lead to any radical changes to the approach, it did deepen and sharpen it. The team learned that delay in seeking advice is often emotional rather than informational; shame, fatalism, and past disappointment are major system barriers; and people do not lack advice but lack hope that advice will work.

These lessons suggest future projects should focus not only on access but on rebuilding trust in help, with messaging, tone, and mode of engagement positioned as being as important as availability. Preventative advice should feel normal, non-judgemental, and proportionate (not “only for crisis”). This includes a shift in narrative from “why don’t people come earlier?” to “what has experience taught them about whether it’s worth coming at all?”

Systems change is slower than pilots – but pilots can plant durable roots

Just as the Rotherham pilot started to see confidence, behaviour change, and system effects embedding, the pilot period ended. Stakeholders reflected that the 12-month delivery period was insufficient. This is an important insight. Systems change timelines rarely align neatly with funding cycles. The most durable outcomes achieved in this project were relationships, shared language, tools that lived outside the project, and shifts in how partners thought about advice and prevention.

For future projects, it is important to approach the design of pilot projects as platforms rather than standalone projects, explicitly plan for legacy in case of their success (handover, embedding, continuation), and capture learning on what should be protected if funding ends.

Supporting high risk groups

Who did the pilot reach?

The Rotherham pilot specifically targeted single adults, lone parents and people with long term conditions/ disability. In total, the pilot saw at least 66 single adults (67%), 15 lone parents (15%) and 65 people with long term health conditions/ disability (67%).

Insights from this pilot project reveal that people in high risk groups do not engage well with standalone, self-directed advice models. What works instead is:

- advice delivered where they already are
- practical, in-person help
- early, informal intervention by trusted workers
- systems designed around accessibility, not efficiency
- prevention activity that feels normal and proportionate, not crisis-driven

When these conditions are met, need translates into meaningful engagement and impact.

What worked well?

Engagement works best in trusted, purpose-led settings they already attend

The strongest engagement occurred when advice activity was delivered inside existing groups or services, rather than through open booking or stand alone sessions. For example, a disability-focused bitesize session delivered to a chronic lung disease group had significantly better engagement than client-booked sessions.

The strategic value of schools as trusted intermediaries supporting families, suggesting that earlier and more deliberate engagement with school systems could have significantly amplified impact.

Early, informal conversations prevent crisis escalation

Advice First Aid (AFA) use demonstrates that high-risk groups benefit when issues are identified and addressed before formal referral is needed. Partners reported increasing confidence in resolving simpler issues at source, particularly around benefits and signposting. This matters because formal advice systems can feel intimidating or overwhelming and early resolution reduces the risk of income disruption tipping people into destitution. This supports the idea that high-risk groups benefit from low-threshold, preventative support, rather than waiting until multiple issues accumulate.

In-person, supported help is critical for people with disabilities or low digital access

Many clients in high-risk groups, especially disabled people, face digital exclusion, difficulty completing forms independently and health-related communication barriers. Accessibility and practical help matter more than information alone, and digital-only routes risk excluding those most at risk of destitution. They benefited in particular from in-person form-filling sessions (e.g. Attendance Allowance sessions with attendees engaging meaningfully) and adviser-led practical support for benefit forms such as PIP and UC50. Partners were also encouraged to support non-digital engagement and develop and distribute paper-based tools through the AFA Handbook and sessions.



People in high-risk groups seen by the project consistently showed a preference for direct, human interaction over digital or self-service routes, particularly in moments of crisis, highlighting the importance of maintaining accessible, in-person support options.

While follow-up engagement was often difficult and resource-intensive, it provided significant value in complex cases. Advisers often found that issues initially presented as a single problem, such as a benefits delay or housing concern, often revealed wider challenges including debt, disability, digital exclusion, or poor mental health. Where follow-up was successful, it enabled a more holistic understanding of clients' circumstances and allowed support to be tailored to the underlying causes of hardship rather than the immediate issue alone.

This was evident in the data too. When comparing data from CARD with national trends, the pilot in Rotherham appears to be reaching clients with higher complexity debt issues and has adopted a more intensive, person-centred approach to stabilise clients at risk of destitution.

Prevention is strengthened when frontline staff know when to act, not just how

The pilot showed that high-risk groups benefited most when frontline workers could recognise risk indicators early and knew when to support directly and when to refer. Training adaptations (case-study learning, clear referral routes, simpler reporting) improved this confidence over time. This resulted in better quality referrals into CARD, fewer inappropriate or premature referrals and more timely intervention for people at risk.

What did not work well?

Open-access, client-booked sessions had consistently poor engagement

Client-facing bite-sized sessions that relied on self-booking, standalone attendance and digital reminders alone experienced high no-show rates. This suggests booking and committing to a separate advice appointment is a significant barrier; competing priorities, health issues and anxiety likely outweigh perceived benefits.

Pop-up advice without aligned footfall was ineffective

Some pop-up advice hubs saw low engagement, despite promotion through posters, staff briefings and social media. Learning from this showed that attendance was driven by specific appointments (e.g. midwifery), not openness to additional support. In addition, advice activity must be closely aligned with why people are attending that setting in the first place. For the high-risk groups targeted, passive availability of advice was insufficient without an immediate relevance or shared purpose.



Reporting and process-heavy approaches discouraged consistent involvement

Initially, frontline partners were less likely to use or record early intervention opportunities as reporting requirements were deemed burdensome. This had implications for high risk groups who were more difficult to identify, and less likely to receive early intervention. In response, reporting was simplified to monthly summaries and paper-based options after which engagement improved. This highlights the importance of being able to effectively track partnership work in ways that don't add to existing workloads.

Awareness alone did not drive behaviour change for high risk groups

Lived experience work highlighted that many people in the risk groups targeted did not seek advice earlier even when aware it existed, due to shame, embarrassment, or fatalism or previous negative experiences that discouraged re-engagement. This suggests that promotional approaches alone are unlikely to shift behaviour and relational, trusted and proactive engagement is required.

What next?

A key strength of the Rotherham pilot is the extent to which its core elements have been embedded into ongoing delivery.

All major resources developed through the project—including Advice First Aid training, the partner handbook, referral pathways, and monthly partner communications—will continue as part of business-as-usual activity.

Practices such as early identification, informal advice conversations, and stronger cross-agency collaboration have become integrated into how partners operate, rather than sitting alongside it.

While formal project activity has ended, these tools, relationships, and ways of working provide a durable foundation for continued prevention-focused support, with ongoing opportunities to gather insight, share learning, and adapt approaches within existing capacity.



Photography: ©Trussell images /Eleanor Church

citizens advice

Trussell
Ending hunger together

Trussell is the operating name of The Trussell Trust a registered charity in England & Wales (1110522) and Scotland (SC044246).
Registered Limited Company in England & Wales (5434524).

Citizens Advice is an operating name of the National Association of Citizens Advice Bureaux. Registered charity number 279057. VAT number 726 0202 76.
Company limited by guarantee. Registered number 01436945 England.