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citizens advice

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Tackling Destitution Together

Insights for policymakers

Preventing destitution requires investment in the local systems that help people before they reach crisis – not just the emergency services they turn to when things go wrong.

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Key Messages

People should be able to get the right help before financial pressure becomes destitution. But support is too often fragmented, difficult to navigate and available only once a person has reached crisis. Tackling Destitution Together (TDT), a partnership project between Trussell and Citizens Advice (England & Wales), has explored how local organisations can work together to identify risk earlier, connect people to advice and build more joined-up systems of support.

People need help earlier

Too many people reach a point of severe hardship without having accessed advice that could help them understand their options, maximise income or resolve problems before they escalate. Trussell's Money Matters programme found that 34% of people referred to food banks had received no advice before reaching crisis.

The local support system must work as a system.

People experiencing hardship often face several connected problems and may have to navigate multiple organisations. A 'no wrong door' approach means that wherever someone first seeks help, they are listened to and connected to the right support – rather than being passed between services.

Community-led collaboration can make support more accessible.

TDT tested ways for local advice providers, food banks and other partners to use local evidence, relationships and lived experience to shape practical responses that fit their communities.

Prevention takes time and sustained commitment.

A one-year pilot can establish relationships, test approaches and identify opportunities for change; it cannot, on its own, demonstrate whether new ways of working are embedded or deliver lasting reductions in destitution.

Government has a role in creating the conditions for change.

Local organisations need the resources, permission, shared evidence and long-term commitment to work across organisational boundaries. National policy and commissioning arrangements should enable – not obstruct – this work.

What did we test?

Tackling Destitution Together was a one-year partnership project between Trussell and Citizens Advice (England & Wales), delivered in five communities in England and Wales from Spring 2025. It aimed to develop a collaborative, whole-person approach to supporting people experiencing or at risk of destitution.

Across the five sites, partners worked to common principles: collaborate across local services; use and share data to understand local need; involve communities and people with lived experience; make it easier to access help earlier; and learn from what happens.

The approach was locally shaped rather than imposed as a single model. Each area used its knowledge, relationships and evidence to decide what would be most useful in its community.

What this looked like in practice

• **Anglesey / Ynys Môn:** partners developed bilingual information packs, advice kiosks in some of the island's most deprived communities and training to help frontline workers recognise problems earlier. Food bank referral data helped identify where outreach hubs could be useful, while a local coalition coordinated activity and sought wider change.

• **Rotherham:** partners delivered Advice First Aid training for frontline workers and food bank volunteers, offered short advice sessions in the community and connected the work to the local Food in Crisis group to share learning more widely.

A practical framework for local systems change

TDT also developed the Local Systems Change Journey Framework to help partners describe and track progress. The intention is to make systems change more practical to plan, discuss and assess – recognising that progress includes building relationships, shared understanding and new ways of working, as well as changes in services and outcomes.

Why this matters for national policy

The TDT pilots demonstrate that local partners can come together around a shared ambition and use local evidence to develop responses that reflect the needs and strengths of their communities. They offer a practical starting point for government and commissioners seeking to strengthen prevention and improve how people move between services.

The pilots should not be presented as proof that the model has already reduced destitution at scale. The next stage needs to establish what works, for whom, in which circumstances, what it costs and what is needed to sustain change. That is why longer-term implementation and robust independent evaluation are essential.

Key learning includes

- The project supported successful local, community-led action to prevent hunger and hardship in line with the UK government's pledge to end the need for emergency food — All five areas are tested the same idea that spotting problems sooner and making better referrals can prevent hunger and hardship and shorten the time people need crisis support. However, the specific solutions were developed in each community based on real community strengths and knowledge.
- It shows the advantages of devolving power to local communities in line with the UK government's devolution agenda. The project involved two national organisations devolving funding, data and decision making to their local networks to resolve a common problem in locally appropriate ways.
- It gives advice service designers and commissioners a practical tool — Many systems-change frameworks are difficult to put into practice. We co-designed, built and tested ours alongside real communities, so we know local organisations can use it to plan and measure change.

What we need to establish next

National government and local commissioners of advice and support need clear evidence to decide what works, and what they should fund. The next phase of TDT must do more than show that the approach can be delivered. It must show how far it works, who it works for and in what circumstances. This requires:

1. Invest in prevention through multi-year funding.

Provide funding over several years so local partnerships can build trust, develop shared ways of working, test approaches and embed what works. Short-term project funding is poorly suited to the time required for systems change.

2. Commission for joined-up, person-centred support.

Commission advice and related support in ways that encourage collaboration across advice providers, food banks, councils, health services, schools, housing and community organisations. Recognise outreach, navigation, referral and continuity of support as essential parts of effective provision.

3. Put local knowledge and lived experience at the centre.

Give local partnerships the flexibility to design responses around community strengths and needs. Involve people with direct experience of hardship in identifying barriers, shaping services and assessing whether support is accessible, respectful and useful.

4. Enable responsible use of data and shared learning.

Support partners to understand local patterns of need, identify gaps in provision and improve referral pathways. Establish proportionate arrangements for data sharing, learning and accountability, while protecting people's privacy.

5. Evaluate what works and fund it to scale.

Back an independent evaluation and learning partner to build on the TDT framework and assess outcomes over time. Evaluation should consider who is reached, the quality and continuity of support, changes in people's circumstances, local system effects and the resources required to sustain the approach.

The role of national government

National government can help create the conditions for local prevention by aligning policy, funding and accountability across departments and public services. It should work with local government and the advice sector to ensure that funding and commissioning frameworks reward early intervention, collaboration and outcomes for people – rather than activity measured only by the number of contacts or referrals.

Joined-up local services are necessary, but they cannot compensate for incomes that are too low to meet the cost of essentials. Preventing destitution also requires action on the underlying drivers of hardship, including the adequacy and accessibility of social security and the availability of secure, fairly paid work.

Case Study: Hammersmith & Fulham pilot

How a partnership between Hammersmith & Fulham Foodbank and Citizens Advice is building a more preventative, joined-up approach to support.

The challenge

People experiencing financial hardship rarely face one isolated problem. Difficulties with income, benefits, housing, health and social care can overlap, making it increasingly difficult to access the right support. For people with disabilities or long-term health conditions, these challenges can be compounded by social isolation, reduced confidence and barriers to navigating complex services.

In Hammersmith & Fulham, the Tackling Destitution Together (TDT) partnership recognised that many people at risk of destitution were already in contact with local community, health and voluntary organisations. However, frontline workers did not always have the confidence, knowledge or pathways to identify financial hardship and connect people to appropriate advice.

A different approach

Hammersmith & Fulham Foodbank and Citizens Advice developed a partnership model focused on identifying people at risk earlier and making it easier for them to access support.

The approach had three main elements:

- **Building frontline confidence:** Training and resources equipped local organisations to recognise the signs of financial hardship and understand how to respond. By the end of the pilot, 74 organisations had been engaged, 13 formal partnerships established and 22 frontline staff trained. Nineteen training videos and 18 factsheets were developed.
- **Providing relationship-based support:** A dedicated Client Support Worker helped people navigate services, access entitlements and address wider challenges. Rather than simply signposting or making referrals, the role provided time, flexibility and practical support to help people overcome barriers.
- **Putting lived experience at the centre:** The Speak Up! participation group brought together residents with experience of hardship to shape project activities, develop training resources and influence local discussions about poverty and financial inclusion.

The difference it made: Jane's experience

Jane was referred to the project by a local organisation supporting older people experiencing social isolation. The initial concern was that she was not receiving her pension payments and could therefore be at risk of destitution.

However, as the Client Support Worker developed a relationship with Jane, it became clear that her circumstances were much more complex.

Following surgery, Jane had returned home with reduced mobility and was unable to access parts of her property, including her kitchen and bathroom. She had no carer support in place and was struggling with isolation, financial worries and uncertainty about how to access practical help.

Rather than focusing solely on the original referral, the Client Support Worker took time to understand Jane's wider circumstances and helped her navigate the support she needed.

With this support, Jane was able to:

- Secure her pension and Pension Credit entitlement.
- Access social care, including carers visiting three times a day.
- Obtain a care needs assessment and physiotherapy support.
- Access energy support to help her stay warm at home.
- Build stronger social connections and access ongoing practical support.

Follow-up wellbeing measures indicated improvements in Jane's optimism, confidence, relaxation and ability to cope with challenges. She also reported feeling significantly less isolated.

Reflecting on the support, Jane said:

"Having someone to talk to and unpack the issues I'm going through helps me see a way out."

What does this tell us?

Jane's experience illustrates an important principle: the problem first identified by a service is not always the problem creating the greatest risk for an individual.

Without the time and support to understand Jane's wider circumstances, her needs around social care, mobility, isolation and financial security could have remained unaddressed.

The pilot demonstrated the value of moving beyond traditional referral-based approaches towards more relational, person-centred support. It also highlighted that making services available is not enough: people need help to navigate them, understand their entitlements and overcome the practical barriers that can prevent them accessing support.

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