Citizens Advice Scotland:

Routes out of Crisis:
Project Evaluation and Design:
Literature Review

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The Lines Between

Routes out of Crisis: Project Evaluation and Design

Literature Review

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Contents

1. Introduction and context

1.1.   In July 2024, Citizens Advice Scotland (CAS) commissioned The Lines Between (TLB) to create a research and evaluation framework for the Routes out of Crisis (ROOC) project. ROOC aims to explore how clients experience food poverty, and what can be done to help them out of crisis.

1.2.   The study started with a review of existing relevant evidence and insight. This focused on barriers that deter or prevent people from accessing advice and support when experiencing food poverty or financial hardship. It also considered how best to facilitate lasting change when support is accepted.

1.3.   This report outlines the literature review findings. The rest of this chapter explains the study context and the methodology used to carry out the literature review.

1.4.   We use a numerical referencing style (IEEE)[1] in this report to enhance readability and accessibility. Appendix 1 lists the full citation of each of the articles analysed. Every article has a number, and we display the number in brackets each time we refer to it. This lets interested readers find the details in Appendix 1.

Food poverty in Scotland and the UK

1.5.   Food poverty is:

> *"The inability to acquire or consume an adequate quality or quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so."* [1, p. 254]

1.6.   Food poverty has increased sharply within the last decade. The number of emergency food parcels distributed by The Trussell Trust in Scotland doubled between 2017-18 and 2022-23, and other charitable food aid providers experienced similar increases in demand [2].

1.7.   A recent study found that 17% of all Scottish adults (1.2 million people) had experienced food insecurity, meaning they had run out of food, been forced to eat smaller meals than normal, gone hungry or lost weight due to an inability to afford food in 2021-22 [2]. More than half a million people in Scotland (533,000) received food aid in 2021-22, but the need for this type of support is likely to be higher given that some people in food poverty cannot access food aid [2].

1.8.   The Trussell Trust identified disabled people, working age adults and families with children as the groups at most risk of food poverty in Scotland [2].

1.9.   Barnardo's reported that providing enough food for their children was a difficulty for over a quarter (27%) of parents of children aged 18 or under in Scotland in 2023-24 [3].

1.10.   The situation is similar across the UK; 11.3 million people across the UK experienced food insecurity between 2021 and 2022 [4]. Around 3 million emergency food parcels, the largest number on record, were distributed by The Trussell Trust across the UK in

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[1] https://www.bath.ac.uk/publications/library-guides-to-citing-referencing/attachments/ieee-style-guide.pdf

2022-23. This is 37% higher than 2021-22 and represents an increase of over 100% since records began in 2017-18 [5]. In August 2020, 6.9% of UK households reported moderate or severe food insecurity, but this increased to 18.4% in September 2022 [6].

Drivers of food poverty and routes into crisis

1.11.   Food banks became widespread in the UK in 2010. They were established in response to growing food poverty caused by the 2008 financial crash and subsequent austerity policies [1]. Since then, numerous factors have increased food poverty and the need for food aid. We discuss the following drivers below:

- Economic, political and welfare support changes

- Diminishing social support networks

- Challenging life events

<u>Economic, political and welfare support changes</u>

1.12.   Insufficient income is a major driver of food poverty [2] [6] [7]. In many households, income has not kept pace with rising living costs, with low, stagnant or decreasing wages and benefit payments [2] [3] [6] [7]. All households included in a survey across Trussell Trust food banks faced extreme financial vulnerability with incomes below the low-income threshold defined by the DWP [7]. This indicates that people referred to food banks are unable to cover essential costs and face difficult choices between paying for food, rent or fuel. There has been a growth of in-work poverty [2] [7]; the proportion of children and working-age adults in poverty living in a household with at least one working adult increased from 44% in 1996-97 to 66% in 2019-20 [6].

1.13.   Broader geo-political events have contributed to the rising cost of living. For example, Brexit affected supply chains between the UK and Europe, and Russia's invasion of Ukraine led to increased prices for goods such as oil and wheat [6]. The conflict has also impacted on energy costs which can make cooking more expensive [6]. Rising food prices [6] have further strained incomes. Significant increases in UK food prices began in mid-2021, with inflation peaking in 2023. Basic items such as milk, cheese, eggs, pasta and oil increased to a greater extent than other foodstuffs [6].

1.14.   Welfare reform [6] and the design of the social security system more generally [2] [8] also contribute to food poverty. Reforms including stricter eligibility criteria, increased conditionality, more sanctions and an effective reduction in the value of benefits [6] [7] have led to "a general trend of sinking household incomes" [7, p. 8].

1.15.   Lack of support and advice from services is also linked to food poverty. An estimated 41% of people referred to Trussell Trust food banks in Scotland had received no advice from other services before their referral [2]. It is unclear, however, whether this was because services were unavailable or due to other reasons that prevented or deterred people from accessing support.

<u>Support from social networks</u>

1.16.   Nearly a quarter (24%) of people referred to Trussell Trust food banks said they could not rely on their immediate family at all, compared with 7% in the general population. This does not necessarily mean these individuals have a lack of or poor relationships

with friends and family, but "often there is simply insufficient wealth within the wider community of friends and family to be able to provide this additional support" [2, p. 63].

1.17. Social isolation can be a cause of food poverty, and it can be caused by poverty. Individuals' financial pressures may force them to reduce socialising with family and friends. On the other hand, social isolation can exacerbate hardship and trigger crises, with fewer opportunities to find support from friends, family or the wider community [2]. In mid-2022, nearly a third (29%) of people referred to Trussell Trust food banks in Scotland reported having contact with relatives, friends or neighbours less than once a month or never, compared to only 5% of the general population. Thirteen per cent have no contact with relatives, friends, or neighbours, compared to 1% of the general population [2, p. 62].

<u>Life events</u>

1.18. Unexpected financial costs can trigger crises for people on low incomes. For example, repairing or replacing a household appliance or the sudden loss of income from casual or irregular employment [7] can adversely affect a household's finances and ability to afford essential costs.

1.19. Life events like bereavement, domestic and childhood abuse, illness, disability, homelessness, leaving care or the armed forces [2] [8], debt and absence of savings [7] can also lead to food poverty. These events can act as a route into crisis for individuals and are often caused by, or exacerbated, by the wider economic, political and social issues noted above.

> *"The findings highlight critical events and transitions including: bereavement, childhood abuse, homelessness, leaving the armed forces and leaving care which often form the background to food insecurity experiences for individuals in this study and appeared to have on-going negative impacts. The long-term psychological and emotional effects of these experiences, combined with failings in the housing, social security and employment systems, left interviewees vulnerable to food insecurity."* [8, pp. 99-100]

Types of support and advice available

1.20. An extensive network of food banks operates in most UK local authority areas. About 430 food banks are members of The Trussell Trust and at least 1,170 independent food banks operate outside The Trussell Trust network. This number excludes schools, hospitals or Salvation Army centres that provide food parcels [1].

1.21. There is increasing interest in 'cash first' interventions, which give clients cash or vouchers to buy food rather than food parcels [9]. An example is CAS's 'Food Insecurity' pilot [10] and 'Routes out of Crisis' project, described later in this chapter.

1.22. People in food poverty may need help with issues besides food aid. These include debt, welfare rights, employment, health, bereavement, relationships, energy and utilities, and housing [11].[2]

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[2] This list is also informed by the <u>Citizens Advice Scotland</u> website and the advice topics detailed there.

1.23.   Advice and support can have a significant positive impact on people experiencing crises.

> *"Some interviewees described examples of being given appropriate advice and support at a crucial moment which had a positive impact. For example, empathetic and timely support from advice services helped alleviate crisis and overcome wider benefit problems."* [8, p. 98]

Routes out of Crisis and the purpose of this study

1.24.   Between June and November 2023, CAS delivered a 'Food Insecurity' pilot, which provided crisis support such as shopping cards and cash grants (as an alternative to food bank referrals) and other advice across nine local authority areas [10].

1.25.   CAS is building on the lessons from the pilot to deliver the Routes out of Crisis (ROOC) project. ROOC works with people experiencing food poverty to trial approaches to overcoming the barriers that some clients face before they are ready to engage with advice. It operates in urban and rural areas via two Citizens Advice Bureaux (CAB): Motherwell and Wishaw, and Inverness. There is a focus on client groups identified as in most need: priority family groups[3] and single person/working age households. Each of the two CABs involved has a full-time Caseworker who provides in-depth, long-term support for clients.

1.26.   The project will operate from September 2024 to September 2025. Some clients will engage multiple times with the Caseworkers over a sustained period, whereas others may disengage after the first contact.

1.27.   Relationship-building is an important first step for Caseworkers as many clients may not feel ready or able to receive advice. The workers will endeavour to build trust with clients and increase their confidence to access advice and support from CABs and partner organisations.

1.28.   The ROOC project differs from CABs' usual way of working. Therefore, CAS has commissioned TLB to establish a research and evaluation framework to measure the outcomes achieved for clients and to identify lessons learned to inform project delivery as it progresses.

1.29.   The pilot project offered clients choice in how to receive crisis support and identified a need to explore barriers that prevent clients from engaging with advice and support [10]. Exploring these barriers and how to overcome them is another focus of this study.
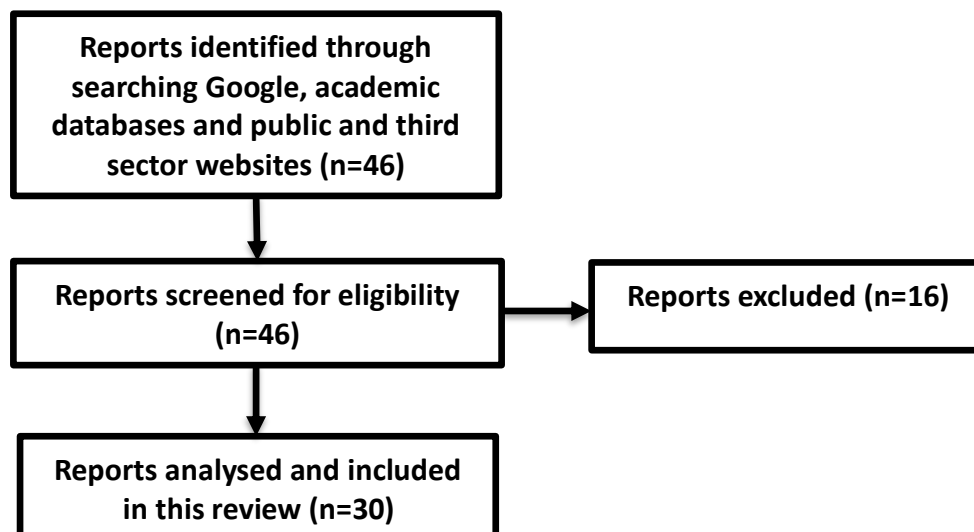
Literature review methodology

1.30.   This literature review was conducted between July and September 2024 using a three-stage methodology: planning, familiarisation and literature search; literature review and analysis; and reporting.

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[3] The six priority family types identified as being at highest risk of child poverty are lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under one, and larger families (three or more children) (https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/pages/introduction/)

1.31.   In stage 1, TLB researchers reviewed literature supplied by CAS to enhance awareness of potential themes to explore in the literature and to inform the search strategy for this review.

1.32.   We agreed the scope of the literature review with CAS. All publications that met the following criteria were included in the analysis:

   a.   Include findings related to: (1) barriers that deter or prevent people from accessing advice; and (2) aspects of service delivery that facilitate lasting change when advice is accepted.

   b.   Publication date from 2019 onwards to capture up-to-date evidence.

   c.   Based in Scotland or the wider UK. Scotland-based research was of particular interest, but relevant UK-wide research was also included.

   d.   Focus on priority family groups or single person/working age households.

   e.   Comprise primary or secondary qualitative, quantitative, or mixed-method research.

   f.   Produced by third sector organisations, public bodies or academic publications.

1.33.   We began with a broad search on Google, with the following search terms:

   - 'help-seeking behaviours'
   - 'challenges to accessing advice'
   - 'barriers to accessing advice'
   - 'food poverty'
   - 'food insecurity'
   - 'crisis support'.

1.34.   All these terms were combined with 'Scotland' and 'UK'.

1.35.   We used the same search terms to identify relevant articles on academic literature databases: Google Scholar, JSTOR, PubMed and Open Access Theses and Dissertations (OATD).

1.36.   To extend this, we reviewed the websites of 29 third sector organisations and public bodies in the food poverty and advice sectors in Scotland and the UK.

1.37.   After the search and screening process, 46 publications were considered eligible for inclusion in the review. Much of the evidence we found in the initial search fell outside the scope of the review and was excluded from the analysis. The researchers assessed all 46 articles, and, at this stage, 16 were identified as not directly relevant to the research questions and were excluded from the study. The remaining 30 articles were analysed and included in the review. The flow chart overleaf outlines this process.

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┌─────────────────────────────┐
│   Reports identified through │
│   searching Google, academic │
│   databases and public and   │
│   third sector websites (n=46)│
└─────────────────────────────┘
               │
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┌─────────────────────────────┐        ┌─────────────────────────────┐
│  Reports screened for        │───────▶│  Reports excluded (n=16)     │
│  eligibility (n=46)          │        │                              │
└─────────────────────────────┘        └─────────────────────────────┘
               │
               ▼
┌─────────────────────────────┐
│  Reports analysed and        │
│  included in this review     │
│  (n=30)                      │
└─────────────────────────────┘
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1.38.   In stage 2, our team developed an analysis framework to structure the literature review, compare different sources and collate themes across the papers reviewed.

1.39.   Reflecting the study resources and timeframes, this literature review is not exhaustive. However, it provides a well-rounded picture of themes from research in Scotland and the wider UK from 2019 onwards. While the participant numbers, methodologies and focus varied across the different reports, several recurring themes emerged related to advice delivery, including barriers to access and factors that promote lasting change.

1.40.   This report presents our findings and is structured as follows:

- Chapter 2 outlines the barriers to accessing advice.

- Chapter 3 sets out aspects of advice delivery that help to overcome barriers to accessing support and foster lasting change.

- Chapter 4 presents conclusions and next steps for the evaluation.

- Appendix 1 details the works cited.

2. Barriers to accessing advice

Introduction

2.1.　This chapter explores the barriers that prevent or deter people from accessing advice including: stigma, shame and embarrassment; difficulty accessing services, low awareness of services; misconceptions, misunderstandings and negative past experiences; preference for informal support; cultural and faith issues; mental health and addiction; and denial of problems.

Stigma, shame and embarrassment

2.2.　The most common barriers to accessing advice and support are stigma, shame and embarrassment.

2.3.　Feeling ashamed of needing support can deter people from seeking help [8] [12] [13]. Individuals may worry about judgement by other people or services, while fears of a referral to social services may be evident among parents [14].

> *"A key theme that has come up in both in our longitudinal research with people experiencing food insecurity and in stakeholder engagement throughout Scotland is the significant role that shame can play as a barrier to people accessing the support that they need in a crisis."* [13, p. 1]

2.4.　A participant in research by the Child Poverty Action Group explained:

> *''I'm unaware of any support in place because I've never asked. To be honest, even if I needed it, I think I would be too shy and embarrassed, and would rather struggle or go without myself than seek help."* [14, p. 7]

2.5.　The Joseph Rowntree Foundation found that people living in poverty have felt stigmatised by government agencies, health, housing and charitable services, as well as the media's portrayal of benefit recipients as lazy and feckless. The same report noted that stigma can deter people from claiming welfare benefits and tax credits [12].

2.6.　Shame associated with seeking food aid can deter people from accessing food banks. Needing this type of support can be a source of shame for some, regardless of the dignity and respect that food banks treat their clients with, and the evidence indicates that people avoid this type of support until they reach a crisis and have no alternative [1] [4] [7] [8] [11] [15] [16].

> *"Several parents described finding it hard to go to charities or food banks, attributing this to their pride and reluctance to admit they needed this level of support. One mother went with her sister, finding it easier to attend and accept help with somebody familiar there. However, all those who had used food banks highlighted how much they helped, both practically and emotionally."* [11, p. 27]

> "Asking for help was often a source of shame for interviewees when struggling to afford to meet their basic needs. Some reported feeling undeserving of help and chose not to seek out support despite experiencing extreme need… interviewees described strong feelings of shame associated with having to access [food banks], feelings which did not diminish with repeated use." [8, p. 11]

2.7.   A research participant explained:

> "No matter what you're going through, the food bank's degrading… you just feel so low that, to me, it could bring on depression and stuff like that because it's like, I can't afford to feed my kids, I've got to go and beg for food." [15, p. 3]

2.8.   Another said:

> "You feel embarrassed, them seeing your face more than once, sort of thing, you're like 'Oh I'm back, I'm sorry.' But they're all lovely, no one would ever judge when you're down there, but I think you judge yourself." [4, p. 93]

2.9.   Research about money and debt advice provide further evidence that stigma and embarrassment are barriers to accessing advice [17] [18].

> "There continues to be a stigma around discussing personal finances and debt – this reason accounted for almost a quarter (24%) of those who had not sought debt advice. 13% of respondents who had not received debt advice in the past two years had not wanted to discuss their situation with someone else, while 11% said they would be embarrassed to talk about their personal finances or debt. Our findings show that people will go without essentials and endure hardship, rather than discuss their debt and finances." [18, p. 21]

2.10.   A research participant said:

> "There might be snobbery among the staff because you're telling them that you've got no money." [18, p. 33]

2.11.   Some people fear that others in their community will become aware of their problems if they access support. One study noted that people avoid visiting food banks during busy periods for fear of seeing people they know [15]; another reported that food banks often operate in shared spaces and consequently may have limited privacy [1]. People in rural or small communities in particular may be concerned that seeking advice could lead to others in the community finding out about their difficulties [18].

> "In smaller communities, participants were worried that they may already know the adviser personally, or even that the adviser would tell others in the area… Concerns about privacy and confidentiality – as well as a lack of understanding about an adviser's responsibility and duty to uphold these principles – was a barrier to seeking advice for some participants." [18, p. 34]

2.12.   Health professionals could advise people experiencing food poverty, including signposting to other support services. However, barriers to this include shame and reluctance among patients to disclose their problems, along with a lack of patient contact time and training needs among health professionals [19].

Difficulties in accessing advice services

2.13.   Difficulties accessing services are another prominent barrier to seeking support. These include: geographic proximity, service capacity, digital accessibility, and complex referral processes.

Geographic proximity

2.14.   Some studies identified the geographic distance to advice and support services, and challenges around public transport availability and cost, as a barrier to accessing help [1] [7] [10] [11] [20].

2.15.   This can be a particular challenge in rural areas where the costs associated with public transport or taxis can be magnified [7] [10] [11].

2.16.   The proximity of food banks can be an issue for groups who may find physically carrying food parcels home challenging, such as disabled people, in particular [1].

Service capacity

2.17.   Lack of capacity among services is another challenge for people who need support [9] [20] [21] [22]. Studies mentioned issues such as long waiting times for appointments [11] [22] [23] and limited opening times [7].

2.18.   Reduced funding for support services is another barrier. Demand for support is growing, and advice services, which are already stretched, may lack the funding to meet demand [9]. Local authority budgets are increasingly strained, and advice is not a statutory service, so lacks protected funding [20].

2.19.   Staff recruitment, burnout and retention also affect service capacity [9] [20].

Digital accessibility

2.20.   While digital services may address issues around geographic proximity, variable internet connection and digital skills can be barriers to accessing online advice [20].

2.21.   A pilot project by CAS also identified digital exclusion as an issue. This used digital cards and grants, rather than food parcels, to support people experiencing food poverty. However, in one area with a large elderly population, clients had difficulties understanding how to use digital cards and grants due to digital exclusion. In addition, one method for distributing cash necessitated transfer by email only for grants above £100 in the first few months of the pilot, and this caused problems for clients with no email account or low confidence in using email. CAS addressed some of these issues by providing increased outreach support for clients [10], but this may not be sustainable or possible for all services.

Issues around referral processes

2.22. Another difficulty relates to sharing information, especially that of a personal or sensitive nature, with advice and support services at the point of referral.

2.23. One study mentioned that the information requested by debt advisers is overwhelming for people who may lack the confidence or financial literacy to deal with the paperwork, or who may be reluctant to share the information due to mistrust or privacy concerns. This can lead to people disengaging from services [17].

2.24. Food aid (and other support) services may require a referral from another organisation to allow an individual to access their support. This can pose a barrier for people who are not engaging with other organisations.

> *"One barrier to use may be the need for a referral from other service organisations… Whilst qualitative and quantitative research suggests food bank managers and volunteers may at times relax referral requirements, even the perception of the need for a referral may put people off seeking assistance."* [1, p. 258]

Low awareness of services among individuals and organisations

2.25. Some research highlighted low awareness of advice services among potential clients as a barrier to accessing advice [17] [18] [24] [25] [26].

2.26. Low awareness of advice and support services among other organisations that individuals engage with was another issue [18] [21], reducing opportunities for signposting or referral among services.

Misconceptions, misunderstandings and negative past experiences

2.27. A few studies noted that negative previous experiences can erode trust in advice and support services [8] [10] [17]. Being given inaccurate advice or having negative encounters with staff can deter people from accessing support again:

> *"Interviewees also described instances of being given inaccurate information, or having negative encounters with staff which put them off engaging with support again. The findings suggest that a lack of timely, accurate advice can exacerbate food insecurity by creating additional barriers to accessing sustainable incomes."* [8, p. 98]

2.28. A study of people seeking advice with their Universal Credit application found previous experiences of long waits for advice services and emphasised the importance of timely support [22].

2.29. Three studies referred to below focused specifically on money and debt advice services. ROOC caseworkers refer clients to other organisations for debt advice, and the findings highlighted here emphasise issues that could be relevant to the advice sector more widely.

2.30. There may be mistrust of money and debt advice services, especially among people who have been scammed or confused by debt management firms or loan companies [17].

2.31.   The same study noted misunderstandings about debt advice among organisations that refer or signpost people. This can lead to negative perceptions of the services or unrealistic expectations:

> *"People misunderstand what debt advice is and can do. There are some negative perceptions of debt advice that prevent people engaging... An issue some debt advisers mentioned was overpromises by some of the services who signposted to them. This leads to a break in trust when they talk to a potential client who expects them to be able to resolve all their debts easily."* [17, p. 11]

2.32.   Uncertainty around service credentials is another challenge in the debt advice sector.

> *"Help with sorting out debt was sometimes described as a 'minefield', with several being unsure whether the organisations they had found, for example of Google, were reputable."* [11, p. 27]

2.33.   Another study on debt advice services found that a small proportion of research participants worried about the cost of advice services and were unaware that free money advice services existed [18].

Preference for informal support

2.34.   Some evidence indicates that people may prefer informal support from family and friends rather than formal services. Research identified this issue for both food banks [1] and debt advice [18].

> *"Qualitative research has suggested that people will draw from support networks available to them before turning to charity."* [1, p. 257]

2.35.   One article found that people may seek advice from non-specialist services they are already engaged with rather than interacting with specialist services.

> *"It was often through informal networks or services, rather than those specialised in advice provision that interviewees received help to resolve financial and other problems. This included help from other service users or staff in community centres, nurseries, and health care settings."* [8, p. 14]

Cultural and faith issues

2.36.   Cultural and faith considerations can also play a role in preventing people from accessing food aid.

2.37.   CAS found that "limited choice can be an issue with the selection of foods available that meet cultural needs or preferences. One client reported that they could not purchase Indian spices and foods with the cards available." [10, p. 33]

2.38.   Another article noted that many food banks operate in buildings associated with faith groups, such as churches or mosques. This may deter people of no or different faiths from accessing that space [1].

2.39.   Language and informational barriers can be a barrier for ethnic minority communities; those with language barriers are at higher risk of facing barriers to accessing food aid [7]. An initiative in Glasgow reported that many clients from black and minority ethnic

backgrounds do not have English as their first language. This was addressed by facilitating contact via their child's school and using interpreters, and the service plans to produce leaflets in multiple languages [20].

Mental health and substance use

2.40.   A person's ability to access support can also be impacted by mental health conditions and substance use.

2.41.   Mental health conditions can make it difficult for people to leaving their home, and prevent them from accessing advice and support [10]. The following barriers can deter people with poor mental health, or those using substances at harmful levels, from accessing support [23]:

- Services may refuse access or withdraw support due to antisocial or challenging behaviour or intoxication.

- Inability to meet complex needs. This might include operating in hard-to access locations, no discreet entrances, limiting appointments to normal office hours and failing to consider that experiences of trauma could lead to challenging behaviour when people engage with services.

> *"People with co-occurring conditions are expected to engage with support in the same way as the general population, with little appreciation given to the practical reality of the lives of individuals within this group."* [23, p. 7]

Denial of problems

2.42.   Some people fail to accept they have financial problems or believe they could cope without support or advice [17] [18].

Other challenges

2.43.   Other, less-commonly mentioned barriers to accessing advice or support include:

- Feeling overwhelmed by multiple complex challenges [10] [17].

- Domestic violence (one client, a domestic violence survivor, was unable to attend a food bank because their ex-partner attends it) [10].

- Fears of contracting Covid via face-to-face services, and restricted availability and accessibility of community spaces following the pandemic [20].

3. Delivering advice to facilitate lasting change

Introduction

3.1. This chapter explores how advice can be delivered to overcome the barriers outlined in Chapter 2 and promote positive, lasting change. It is organised under the following headings: reducing stigma and shame; providing holistic support; raising awareness of services; making advice and support easier to access; involving people with lived experience; considering clients' background and needs, relationships with support workers; supporting staff and volunteers; physical accessibility; mode of service delivery; and the engagement journey.

Reducing stigma and shame

3.2. To reduce the stigma and shame associated with accessing advice and support, services must be delivered in a person-centred,[4] empathetic, kind and non-judgemental way. This will encourage people to access support and achieve lasting change [8] [10] [11] [12] [13] [15] [17] [18] [21] [23] [24] [27] [28] [29].

3.3. For example, a study of a financial inclusion service based in an English food bank found that "a person-centred approach was seen as essential and variously described, such as reaching out with kindness" [27, p. 2].

3.4. Writing about people experiencing food insecurity, MacLeod reported that:

> *"Experiences of interactions with service providers when facing crisis indicate that being shown empathy and treated with dignity were crucial for people's engagement with services. Not only do empathy and the promotion of dignity by services at these moments enable people to access the support they need in the short-term, they can lead to better longer-term outcomes by making people feel more confident to access support in the future. Conversely, the research suggested that some interactions with service providers can leave people facing food insecurity feeling an even greater sense of shame. Such negative experiences of services can put people off engaging in the future, thus leading to further isolation, debt and long-lasting effects on their physical and mental wellbeing."* [8, p. 98]

3.5. Steps like calling clients by their name [27], giving a friendly welcome [13], providing privacy [13], using a sympathetic and non-judgemental approach [17], and avoiding jargon [12] can help to reduce the stigma and shame associated with accessing help. Toolkits have been developed to support services to reduce stigma and promote dignity among clients [9].

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[4] A person-centred approach takes into account and is responsive to an individual's needs, preferences, values and life circumstances (https://www.effectivepractitioner.nes.scot.nhs.uk/clinical-practice/enhancing-person-centred-care.aspx#:~:text=Person%2Dcentred%20care%20is%20about,personal%20preferences%2C%20%20needs%20and%20values)

> " *"They were so nice… You're embarrassed, quite ashamed to want to admit that you've got to come to somewhere like… But they don't make you feel like that at all; they talk to you about your circumstances and what you're claiming and what you're getting" [food bank client].* [15, p. 3]

> " *"Our research demonstrated that being shown empathy and humanity were crucial for people's engagement with services when experiencing acute financial crises."* [13, p. 1]

3.6. The benefits of enabling clients to make their own choices were highlighted in some studies. For example, giving clients money to spend on food rather than food parcels provides clients with control over their spending, and this helps to promote dignity and reduce stigma [10] [21] [25].

> " *"Providing people with cash or income maximisation support instead of food aid is more dignified and can reduce stigma. It means that people have agency: they can buy what they need."* [21, p. 4]

3.7. Empowering clients by asking them what they want and need, rather than doing things for them, also helps to reduce stigma [27].

3.8. Eligibility assessments can have an impact on clients' sense of dignity. A multi-national study showed that eligibility assessments that ask clients about their financial situation when attempting to access support can be degrading. Clients can feel they are being morally judged, criticised about how they manage their money, and ranked as 'deserving' or 'undeserving'. More relaxed requirements, including approaches which do not require financial details or other sensitive information can enhance trust, reduce feelings of shame and encourage a sense of social inclusion [29].

3.9. This is a nuanced topic, however. Moral judgements around individuals' expressions of gratitude and how far they deserve help can arise even where eligibility assessments are more relaxed. Similarly, while assessments that confirm the client's need can be degrading for some clients, for others it may create a safe space for clients to discuss their issues with others who have had similar experiences by indicating that the service is only for those experiencing food poverty [29].

3.10. Involving clients in service delivery may also reduce stigma and shame. For example, enabling clients to volunteer at food aid projects and other examples of reciprocity, such as exchanging produce grown in gardens, can reduce feelings of shame and embarrassment [28] [29].

> " *"Volunteering can enable recipients to 'give something back' as a relief from a moral judgment of 'just' receiving a charitable gift."* [29, p. 370]

3.11. Finally, framing food aid services as social rather than charitable, for example by focusing on social interactions through providing community meals, could reduce stigma and encourage people to access support [28].

Providing holistic support

3.12. Advice and support services can play a role in linking clients to other types of support. These require a person-centred approach, assessing clients' full support needs and helping them to access help, either within the service or through links to other organisations with effective mutual signposting or by acting as a 'single front door' to other services. For example, food aid projects might also deliver income maximisation services or signpost clients to organisations that can provide that support. In this way, people can more easily access support to address all their needs, and more sustained change can be achieved [7] [8] [20] [21] [23] [25] [27] [30].

> *"These findings point to the need for services to work together to develop coordinated and person-centred strategies to address food insecurity premised on dignity and respect, and which are alert to changes in an individual's financial circumstances, providing ready access to income maximisation and welfare rights advice and advocacy support. The experiences of participants in this study also highlight the importance of aligning adequate and timely financial assistance with other services and supports to help people tackle their other life challenges."* [8, p. 101]

3.13. Financial hardship schemes address immediate crises but can also help households move towards more long-term stability by aligning support with broader and proactive support such as income maximisation, welfare rights advice and wider financial advice [25].

3.14. One article reported that "the more support available to people during their first visit to a food bank, the shorter the period of time they are likely to be hungry" [27, p. 1].

3.15. MacLeod recommends that the Scottish Government "invests in community services which provide food in conjunction with access to wider advice and support services as part of social activity" [8, p. 16].

3.16. Some services succeed by helping clients to access broader advice and support. For instance, an evaluation of an employment support programme concluded that clients appreciated the wider support offered, such as welfare rights advice, grant applications, food bank vouchers, budgeting support and liaison with other agencies [30]. A project that offered housing, debt and benefits advice within foodbanks was identified as showing "some promise in reaching people in crisis at the point of need" [27, p. 1]. Other examples include community food initiatives that offer various services, such as [21]:

- The Ripple Project in Edinburgh, which offers food aid and a financial wellness project as well as hosting Granton Information Centre's weekly benefits, money and debt advice outreach service.

- Community Food Initiatives North East's work to deliver emergency food aid alongside financial, benefits and skills development support.

- Central and West Integration Network in Glasgow, which provides food aid, cooking classes, English language classes, employability support and activities that address social isolation.

3.17. However, there is disagreement about whether advice services should provide all support under one roof, or signpost or refer clients to other agencies for different types of support.

3.18. The Improvement Service describes advice services as "'hub' services [that] both make and receive referrals and in so doing connect individuals to other public and third sector services. The additional value they offer in doing this is often not recognised and acknowledged" [20, p. 12]. Public Health Scotland suggested that food aid providers could signpost individuals to money advice but acknowledged it can be challenging to maintain up to date information about services [21].[5]

3.19. On the other hand, Hanson and Porter called for direct advice provision within the service, rather than signposting to other services, for the best results.

> *"Signposting, for example, giving information about other local organisations, is not enough, often resulting in return visits to the food bank."* [27, p. 1]

3.20. Similarly, Dempsey called for financial support for food insecurity projects to enable them to offer additional services such as debt advice, income maximisation and advocacy [7].

Raising awareness of services

3.21. CABs and other support services are often over-subscribed and have difficulties with capacity, as noted in Chapter 2. However, a need to further raise awareness of advice and support services among potential clients is emphasised across the literature [9] [11] [17] [21] [24] [25].

3.22. Various means could be used to raise the profile of advice and support services. Evans and Earnshaw suggested local authorities use "a diverse range of channels to reach the most vulnerable households" with simple informational factsheets [25, p. 6]. Meanwhile, an evaluation of a Trussell Trust initiative highlighted the effectiveness of promotional activities such as information leaflets, local radio adverts, community engagement events and informal social events in raising awareness of advice and support services [24].

3.23. Enhancing awareness can help to reduce the stigma associated with the services [24].

> *"In each of the pilot site areas, promotional activities have had a dual function, where they have increased awareness of the availability of advice and cash-first support locally, and also helped to address some of the stigma associated with experiencing financial crisis."* [24, p. 36]

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[5] Further discussion about referral pathways and partnerships between public and third sector bodies is provided later in this chapter.

3.24.   A study by Money Advice Scotland highlighted the benefits of raising awareness of support services among other organisations to encourage better signposting [18].

> *"Better signposting to debt advice from other organisations is needed to reduce missed opportunities to get help. Information on warning signs and when people would benefit from seeking advice should be shared to help people engage with debt advice earlier and reduce prolonged hardship. This could be included as part of the wider campaign to address stigma and increase take-up."* [18, p. 49]

3.25.   Another idea focused on working with local authority and NHS partners to gain involvement in referral pathways to enhance awareness of community food initiatives [21].

Making advice and support easier to access

3.26.   Ways to make it easier for people to access support and advice include simplifying client paperwork, ensuring various access routes, and improving referral pathways and partnerships among public and third sector organisations.

Simplifying paperwork for clients

3.27.   Completing paperwork when accessing a service can be overwhelming for clients, so one study proposed reducing the amount of information required from clients [17].

Various access routes

3.28.   One article called for various access routes, including online, telephone and referrals via partner organisations, to reduce barriers to support and advice [25].

> *"Councils should aim to have as many points of access to the scheme as possible."* [25, p. 6]

Referral pathways and partnerships between public and third sector organisations

3.29.   MacLeod advocated for improved referral pathways between public and third sector services so that organisations can refer clients to each other as appropriate [8].

> *"Improve referral pathways between statutory, voluntary and community services, so people have ready access to welfare rights advice and income maximisation opportunities."* [8, p. 17]

3.30.   The Improvement Service developed case studies of local authorities working in partnership with other council services and third sector organisations to encourage referrals and deliver support collaboratively. For example, in East Lothian, community-facing local authority staff are offered training to recognise signs of financial hardship among clients and make appropriate referrals to a specialist advisor team. Advice is delivered in partnership with community link workers, Macmillan Cancer Support and other local authority services such as housing. In Highland, teachers are encouraged to refer families to the council's financial advice team. Glasgow's approach includes distributing a 'Support for Families' booklet to parents and carers via secondary schools

to outline the available financial support services. Advice is delivered by a partnership of statutory and third sector services, including CABs, with referral pathways to other specialist advice (such as employability or fuel advice) where necessary [20].

> *"[In Glasgow] partners meet on a regular basis to ensure there is a shared approach to delivery and that best practice is shared... To date [around] £2.5 million in financial gains have been realised. As well as the financial benefits, 79-80% of service users surveyed reported clients feeling 'less worried financially' after receiving the service."* [20, p. 29]

3.31.   The Orkney Money Matters project involves a partnership between statutory and third sector organisations to reduce financial insecurity by promoting access to advice through the 'advice and cash first referral pathway'. In addition, local agencies in North Lanarkshire work together closely to deliver cash first support [9].

3.32.   Other initiatives to facilitate easier access to advice and support include delivering support in community-based settings and via public services such as schools and GPs [8] [20]. In the Highland local authority area, welfare support officers were present in GP surgeries, drop-in centres, school holiday hubs, lunch clubs and food banks before the Covid-19 pandemic. In Falkirk, the council provides face to face debt and income maximisation advice for young people and parent groups at Falkirk High School and other community settings [20].

3.33.   Cross-sectoral training opportunities could also help workers to identify the most appropriate routes of support, and when and how to refer clients to other services [23].

Involving people with lived experience

3.34.   The value of involving people with lived experience in designing and delivering advice and support services was mentioned by a few studies [9] [24] [28].

3.35.   Discussing cash first approaches, one article stated that "the voices of experience must be listened to throughout the process of designing and delivering cash first approaches" to build trust and facilitate positive changes [9].

3.36.   An evaluation of The Trussell Trust's Pathways to Advice and Cash Scotland highlighted the value of volunteers with lived experience acting as a first point of contact, both delivering basic advice and information as well as encouraging community members to access advice and support services [24].

3.37.   Peer support was also a successful feature of an employment support programme [30].

Considering clients' backgrounds and needs

3.38.   Services must deliver support in a way that respects people's needs and background. For example, they must be culturally-appropriate and consider any needs related to the client's gender. They must also take account of any mental health conditions, experience of abuse, violence and trauma, and be delivered in a trauma-informed way [23].

> *"Traumatic experiences can provoke responses which can become deeply embedded within a person. Despite this, inquiring about trauma and acting in a trauma-informed way is not always standard practice."* [23, p. 13]

Relationships with support workers

3.39.   The relationship between a client and their advice or support worker(s) is important in facilitating lasting positive change. One evaluation of an employment support programme found that having access to the same support worker throughout helped clients feel understood and meant they did not have to repeat their story to different workers [30].

3.40.   Another study emphasised the value of clients building relationships with individual advice workers. This provided prompt access to support and allowed clients to build trust with their worker(s), meaning they felt comfortable talking to them about their problems and support needs [8].

Supporting staff and volunteers

3.41.   The need to support staff and volunteers delivering advice, particularly as there is a risk of vicarious trauma from listening to and helping people in crisis, was identified by one study [27].

Physical accessibility

3.42.   One article emphasised that services must be easy to get to and use for people with low or no income [13] [23].

Mode of advice delivery

3.43.   The mode of advice delivery is important. An initiative in Inverclyde has highlighted the importance of offering clients various options to access support, including in-person, digital and telephone approaches, with most clients preferring online contact [20].

> *"Initial contact is made by phone and text but thereafter the form communication takes is entirely up to the individual, be that phone calls, video conferencing, or SMS and instant messenger services such as WhatsApp. This ensures that engagement continues in a way that best meets an individual's needs."* [20, p. 31]

3.44.   In-person support must be provided in venues which are discreet and offer privacy [23].

The engagement journey

3.45.   Finally, it is important to consider the possibility that a client may relapse and miss appointments before re-engaging. Flexibility to allow clients to re-engage after missing appointments is important [23].

4. Conclusions and next steps

4.1. This literature review has identified several relevant research reports by various organisations across the public and third sectors and academia. These provide valuable insight into the barriers that prevent or deter people from accessing support or advice when they are in food poverty or financial hardship, as well as the features of service delivery that can help to overcome the barriers and foster lasting change when support and advice is accessed.

4.2. The research spans various topics, including statistical reviews of food poverty in Scotland and the UK, primary research into the experience of people experiencing food poverty or financial hardship, service evaluations, good practice guides and secondary reviews of literature about food poverty.

4.3. Below we summarise the main points from the literature review, how they relate to the ROOC project, and the next steps for our research.

Key findings from the literature review

4.4. The review highlights several barriers to people accessing advice and support. Most notably, stigma and shame can deter individuals from seeking support. Embarrassment at finding themselves in poverty and a fear of being judged by services or other members of the community are significant barriers to seeking support.

4.5. In small communities, stigma and embarrassment can be strong and people worry about others knowing they have accessed support. This could be an important consideration for service delivery in the rural CAB involved in the ROOC project.

4.6. Difficulties accessing services, including issues around geographical proximity, low service capacity, digital accessibility and complex referral processes, can also deter or prevent people. Low awareness of services, misconceptions of services or poor previous experiences, preference for other more informal support sources such as family and friends, cultural and faith issues, and denial of the need for support can also prevent individuals from accessing advice and support. Issues around mental health and substance use can also prevent people from accessing support.

4.7. The literature also highlights factors that can help overcome these barriers to accessing advice and contribute to long-term, sustained, positive change. It is encouraging to note that the ROOC project's design already aligns with many of the key lessons emerging from the literature review, and we reflect on some important points below.

4.8. Delivering services in a person-centred, empathetic, kind and non-judgemental manner is crucial to reducing the stigma and shame associated with seeking support. Giving clients choice and agency (by, for example, giving them money to buy food rather than food parcels) can further help to enhance the client's dignity and reduce shame. Ensuring support is delivered in a trauma-informed way is also crucial.

4.9. This aligns with CAS's and the ROOC project's approach of maximising client dignity and CAS's previous experience in cash first initiatives.

4.10.   There was mixed evidence about the impact of eligibility assessments on client dignity. However, the critical point is that services must avoid any sense of moral judgement and ensure clients feel comfortable talking about their needs and experiences.

4.11.   Advice and support services also have a role in linking clients to other forms of support they need. This can help address the lack of awareness of services and the difficulties clients may have accessing other services, as well as ensuring that individuals receive support with all the challenges that are contributing to their hardship. However, there was some disagreement in the literature around whether services should provide all types of advice under one roof, or if the focus should be on signposting or referring clients to other organisations.

4.12.   Again, this aligns with the aim of the ROOC project to provide holistic support and help clients access all the assistance they need via links with advisers in the CAB and other organisations.

4.13.   The articles discuss several activities that could help to raise awareness of services, including information leaflets, advertising, community engagement activities and informal social events. However, it is important to bear in mind that CABs and other support services may be over-subscribed and lack capacity, so awareness raising activities may be irrelevant; if further demand is stimulated through awareness raising activities, services must have the capacity to meet any increased demand that occurs as a result. Awareness-raising campaigns may be ineffective with vulnerable clients who are not ready to engage with advice: these clients may be aware of services but face other barriers to accessing support.

4.14.   It will be important to monitor awareness of the ROOC project as it progresses to ensure the caseload is manageable for Caseworkers and to take steps to further raise awareness if referral numbers are lower than expected.

4.15.   One study emphasised the importance of trusting and consistent relationships between clients and their support worker(s). This aligns with ROOC's approach of caseworkers working intensively on a long-term basis with clients, with a focus on building relationships and establishing trust.

4.16.   To encourage more people to access advice and support, the literature also included calls to:

- Ease the process of accessing services by, for example, simplifying the information required from clients at the point of referral, and establishing clear referral pathways and collaborative advice delivery arrangements between public and third sector bodies.

- Involve people with lived experience in the design and delivery of services.

- Ensure services are physically accessible.

- Offer support in various forms to suit individual preferences, including in-person meetings, online video calls and telephone calls.

- Provide flexibility to recognise that clients may miss some appointments before re-engaging with support.

4.17.   It may be beneficial for the ROOC project to consider these points as it progresses and make any necessary changes if any issues related to these arise.

Next steps

4.18.   This literature review forms a valuable foundation for this study. It has provided insights into the barriers that prevent or deter people from accessing advice, as well as features of services that can help to overcome these barriers and facilitate lasting change when advice is accepted.

4.19.   The next steps for this study are to:

- Use the findings of this literature review to inform the design of TLB's research tools.

- Commence the fieldwork stage, including interviews with CAS and CAB staff and ROOC clients, as well as a survey of partner organisations. At this stage, it will be helpful to further explore barriers that prevent or deter people from accessing advice as well as aspects of services that can help to achieve sustained positive change.

- Produce quarterly updates for CAS, based on our fieldwork and data collected by Caseworkers from clients.

- Produce our final report in September 2025.

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