## 6.8 Food with wrap around support

**Definition**

Wrap-around support models are found in settings where food is part of wider person-centred approach to encourage them towards a more stable and secure situation. It can:

* Food venues / settings where there is also access to money advice /other services on site
* Food models where volunteers are skilled to signpost on to other services and / or have access to resources that detail other person-centred services e.g., [Food Resilience Toolkit](https://foodwiseleeds.org/project/food-resilience/)
* Apps that empower the individual seeking food to also access other support and services e.g., [Hope in Swansea](https://hopeinswansea.org.uk/) app[[1]](#endnote-1)

This wrap around support can often be found amongst models already described in this report such as community hubs and some food banks[[2]](#endnote-2) that have developed their services to include advice and / or signposting e.g., in Harrogate 4 food banks are collaborating on a pilot with a fully qualified Citizens Advice worker to provide wrap-around support for people using the banks.

The kinds of wrap-around support identified in the literature include, but are not limited to:

Some food banks in the UK and Canada offer additional programmes or operate as a part of a community food centre, where people can receive additional services such as benefits counselling with a caseworker, debt counselling, cooking classes or fuel vouchers, or participate in community kitchens or community gardens.

**Evidence**

In a survey of a simple random sample of 114 (from 558 possible invitees in the IFAN Network) independent food banks conducted between September 2018 and May 2019, over 60% of food banks offered other services in addition to food parcel distribution. Almost all food banks provided signposting to other services or assistance and 60% offered other services, in-house, as well. The most popular additional service offered was advocating on behalf of clients e.g., making telephone calls on behalf of clients to job centres or housing providers and, offering benefits, debt, or housing advice. Significantly, 47% of independent food banks indicated they also provided services beyond the 13 types tested in the survey. These were grouped into six broad categories: additional practical services, education activities, additional social/communal activities, social support, pastoral support, or health- and well-being support or services.

Over half of independent food banks were run by a Christian faith group. Most of the remaining (43%) were operated by secular organisations. Local authority social services were a source of financial support for over a third of food banks and provided in-kind support for 23% of food banks**.** More than 75% of food banks reported receiving referrals from local authority social services/family services, GP or other medical professional, housing associations, Citizen's Advice, schools, children's centres, and/or probation officers. Almost 70% also indicated receiving referrals from Jobcentre Plus offices. The agency reported by most food banks as sending the highest number of referrals was local authority social services or family services. This finding highlights the close relationship that now exists between local government and the local, volunteer-led, food aid sector. their areas.

**Outcomes**

Key sources where the outcomes (below) were evidenced for this section of the report.

* Sheffield: Advice and Food Bank Pilot Evaluation (2015)
* Hartford, USA: Self-efficacy is associated with increased food security in novel food pantry program (2016)
* Lewisham Homes’ Community Food Stores Impact Evaluation (2022)
* Community store/shop[[3]](#endnote-3) and food pantries[[4]](#endnote-4) reviews synthesised by Dr Megan Blake (2022)
* The Bread and Butter Thing, impact evaluation (2022)
* Learning from international experience on approaches to community power, participation and decision-making in health Case Study: Empowerment approaches to food poverty in NE Scotland
* A survey of food banks operating independently of The Trussell Trust food bank network. December 2019
* Local responses to household food insecurity across the UK during COVID-19 (September 2020 September 2021). An analysis of experiences from 14 local areas from around the UK and recommendations for future policy and practice.
* Interventions to address household food insecurity in high-income countries. 2018

The most notable outcomes referenced in the literature include:

* Access to additional services, e.g., benefits, employment guidance, housing
* Alleviation of stress of dealing with an acute income crisis
* Saving money on travel by accessing in-situ/local advice worker at a food bank
* Improved skills via training – some leading to qualifications
* Increased confidence (to access the right support towards financial stability)
* Feeling empowered / being able to make choices
* Increased social inclusion (where individual takes part in education/classes/groups)
* Reduced stigmatisation for individuals / increased feelings of dignity
* Improvements in self-efficacy (for individuals experiencing a novel food pantry approach)
* Improved collaboration across providers/agencies
* Increased reach of projects/support.
* Connecting with community services /strengthening communities[[5]](#endnote-5).

Evidence is emergent around the **preventative effects** of these wrap-around services too and how their design is able to help individuals deal with the root causes of food insecurity[[6]](#endnote-6). In one study it is asserted that their model was helping to **move households out of food poverty**[[7]](#endnote-7). Success, for that model (in Sheffield), is measured by the person not having to keep coming back. This pilot was purposely located in an area where there had previously been no existing advice provision. In this model a Sheffield Citizens Advice worker was available at 4 food banks, working alongside food bank co-ordinators and volunteers, who were later trained up to undertake a through initial assessment of social care needs of individuals.

**Examples of wrap around support models enabling positive outcomes**

**North East Scotland**

The 'health system' that responds to food poverty comprises three state systems and the nongovernmental agencies. State agencies include i. the welfare system, providing benefits and income support for those in and out of work; ii. local authorities, providing welfare services and working with deprived communities; and iii. health authorities, delivering healthcare provided free at the point of delivery. Neither local authorities nor health authorities directly provide, or fund services related to food poverty. They collaborate with the voluntary sector to do so. Health authorities provide evidence on reducing health inequalities, and local authorities support services delivered by the voluntary sector.

Case studies include two non-governmental enterprises - Social Bite and Community Food Initiatives North East (CFINE) - and explore three key practices:

1. **opening pathways to employment, financial capability and housing (Social Bite)**
2. **supporting poor households to move sustainably out of food poverty (CFINE)**
3. making community grants in low-income urban areas through Participatory Budgeting.

Social Bite and CFINE both provide emergency food aid, develop employment capabilities and opportunities and provide education, skills development and training. Social Bite provides food to homeless people, and through this process facilitates access to housing, healthcare and employment within its broader business. CFINE aims to empower people and communities by promoting the consumption of healthy food, building financial capabilities and building confidence through supported volunteering and employment[[8]](#endnote-8). At Social Bite, one in four staff are formerly homeless. At CFINE, adults with learning difficulties are provided with supported training and employment. Both organisations provide volunteering opportunities with a continuum of involvement from donating food, fundraising, unskilled manual work, through driving, sales and customer care, to managing the enterprises.

**Social Bite – giving voice to the homeless community**

Social Bite Academy aims to take homeless people further through a process of supported employment, help with accommodation, training, qualifications, work experience and ultimately a full-time paying job. It focuses on things that people in vulnerable or difficult backgrounds may struggle with, such as employment interviews, CV writing, job-searching and referrals. It provides job placements in the Social Bite cafes and kitchens and placements with organisations, including cafes, hospitality groups and retail outlets.. The Aberdeen cafe is also used as a social space where people in various stages of homelessness can come in for a sit-down meal after the shop has closed for the day. Termed **'social suppers',** it offers counselling and other support for housing and healthcare in addition to food. The social suppers are volunteer led by people with or without a background in homelessness, and attendees are encouraged to volunteer. For homeless and vulnerable volunteers this provides one-to-one support and facilitates access to employment, housing, healthcare and training opportunities and meeting others.

The intention is for the training to be certified, to help people build CVs. Volunteers have been recruited and suppers run weekly for mixed and women-only groups. Issues discussed in the suppers have included **politics, addiction, legal struggles, grief, racism, violence, boredom, frustrations with bureaucracy, family estrangement and job hunting**. Suppers link people with homeless charities and a multi-ethnic housing project, information from mental health services, financial advice and food security support groups, among others. They also distribute free condoms and toothpaste, with sun cream as the next priority. Access to social services and healthcare is promoted through referrals to services. Their work has led to reported benefits in access to decent food, and pathways to employment, financial capability and housing, whereby people in the process of stabilising their own lives report a desire to help others in similar situations.

CFINE’s work meantime has been found to empower people and communities by promoting the consumption of healthy food, building financial capabilities and building confidence through supported volunteering and employment. The learning report concludes that food can be an effective, accessible way to engage people in activities and develop capabilities that improve their quality of life, such as when food-related activities provide an entry point for health and social service referrals, for training, supported volunteering and employment.

**Sheffield Advice and Food Banks Pilot - making a difference to people in food poverty**

This pilot project in 2015 comprised a food bank and advice worker integrated model. It was funded by the City Council and implemented in four of Sheffield's food banks with an aim to help vulnerable food bank users who may be experiencing different types of acute income crises. Specifically, it sought to work with clients to address their advice needs, including support in accessing their full benefit entitlement and dealing with benefit sanctions, as well as addressing the impact of other pressures such as debt, housing, employment and low pay.

Via training provided by Sheffield CAB to food bank volunteers, the project had the additional aim of building capacity within the food bank volunteer community by equipping them with the knowledge, skills and confidence required to undertake a thorough initial assessment of social care needs. Potentially this would empower volunteers in identifying immediate and urgent needs which may or may not require external intervention, as well as providing an enhanced service to clients who may be more efficiently restored from situations of food poverty, stress and crisis. There were important variations amongst the two food banks where evaluation took place. Food Bank 1 was approaching the end of its third financial year and was affiliated to the Trussell Trust while Food Bank 2, an independent, had only been operating for less than a year just received charitable status.

Food bank 1 aimed to support clients in improving their lives and moving them out of food poverty, not only through the provision of food parcels, but in working with the wider community in providing a range of activities e.g., fruit and vegetable growing at the site, along with cook and taste sessions.

*‘Neither the food bank co-ordinator nor the volunteers who were interviewed for the purpose of the evaluation had anything but positive things to say about the integration of the advice worker intervention within their food bank service.’*

Given that the food bank attracting this testimonial was located in an area that has no existing advice provision, the volunteers indicated that having the advice worker on site is handy because they don't need to go traipsing off anywhere. In addition to its convenience - there were small, but direct material benefits for clients who usually did not have the money to spend on bus-fares in order to see an advice worker at a CAB office outside the area.

The research offered 7 recommendations

1. It is essential that the intervention has clear aims and objectives; for example, regarding income maximisation; supporting service users into positions whereby they no longer need to use the food bank; empowering service users to manage their own problems; enabling food bank volunteers to identify the most vulnerable and to triage appropriately.

2. These objectives should be used to inform the volunteer training which, at present is not adequately tailored to preparing volunteers to undertake triage of immediate and urgent needs, an objective I understood was core to the initiative. Rather than providing detailed information about the benefit system, it is worth revising the training with a more practical and directly relevant focus, with handouts that will give volunteers greater confidence in knowing how to refer clients most in need.

3. Sufficient lead-in time is required to enable advice workers, food bank co-ordinators and volunteers to engage in a dialogue regarding expectations and objectives and to work toward developing a joined-up approach. This is particularly salient in relation to the advice worker issuing food bank referrals and for how long.

4. As part of this process, advice workers would benefit from an orientation period within the food bank, during which they simply observe what goes on, in particular how the client facing work is conducted. This would enable the various stakeholders to identify best practice for referring service users to the advice worker or, conversely, establishing terms by which food bank referrals are issued.

5. In order to maximise uptake of the advice worker service, it is important that all volunteers involved in client liaison have the opportunity to meet the advice worker and have attended the training. This is particularly important at those food banks which are open to the public on more than one day each week.

6. Notwithstanding the need to provide privacy to clients, it is worth considering the positioning of the advice worker service.

7. Once established, the advice worker is likely to become very busy, both with issuing food bank referrals, and in giving advice. Acknowledging that additional costs may be incurred in terms of room hire, it is worth exploring the possibility of extending the time that the advice worker is available before and after the food bank is open to allow for pre-booked appointments.

Another example in the literature[[9]](#endnote-9) of a similar nature is found in Herefordshire where independent food banks were starting to offer money advice though no evaluation was evidence to explore its efficacy.

The learning above could usefully be triangulated with the current pilot of citizens advice and four food banks in Harrogate which we learned about from one of the participating advice workers at the North Yorkshire Partnership Conference.

**Hartford, America - self-efficacy increases in a novel food pantry programme**

A random control study in Hartford (USA) concluded that ‘a food pantry model with **client-choice**, **motivational interviewing** and **targeted referral services** can increase self-efficacy of clients. Prioritizing the self-efficacy of clients over the efficiency of pantry operations is required to increase food security among disadvantaged populations.’ In this model clients were likely to experience very low confidence in their ability to become self-sufficient often dealing with unemployment, low levels of income and education with high housing and heating costs, lack of access to transport, poor mental health and low social capital. The model purposely adopted a goal based behaviour change approach[[10]](#endnote-10) with an aim to help residents acquire long-term food security and self-sufficiency. Members attended monthly meetings with the Project Manager who oversaw the co-ordination of case management, motivational interviewing and wrap-around services. Dignity was improved by offering appointment times rather than anyone having to wait in lines; and individuals having a choice of shopping in the food banks. The evaluation found increases in self-efficacy which included:-planning meals ahead of time; making food money last all month; making a shopping list before grocery store visit; comparing prices before buying food to get the best deal; making low-cost meals; buying foods that you think are healthy for your family. The study is an example of how to programmatically design in the ambition NOT to create a cycle of dependency.

**Strengths and limitations of wrap-around service based models – the settings appear to be important**

Over half of independent food banks indicated having one or more problems with their premises. The most frequently cited problem by independent food banks (2018-19) related to insufficient or inappropriate space for storing food, but also being unable to offer privacy to clients. Other problems included: not having enough space for running additional activities, the location of premises being inaccessible by public transport, premises unsuitable for, or inaccessible to, people with disabilities, and/or problems relating to sharing the space with other groups.

**The case for more wrap-around service models?**

In ‘Local responses to household food insecurity across the UK during COVID-19 (September 2020 September 2021)’: An analysis of experiences from 14 local areas from around the UK’ key trends with the potential to reshape the landscape of local response to food insecurity were identified:

* **Cash first approaches are increasingly integrated in local responses to food insecurity;** playing an increasingly prominent role in local responses to food insecurity in the case study areas in both council and community sector provision - income maximisation efforts, cash grants and vouchers. There was a common concern with these approaches though in that success is determined by the adequacy of the social security safety net and/or earned incomes, over which local level governments and organisations have little control.
* **A range of actors are driving for comprehensive approaches and system-wide strategies;** priorities for the future include that work be done to foreground sustainable collaboration in future responses. This should involve key actors including local government departments and public services **that can help people access appropriate support and advice**, as well as other third sector organisations. Food partnerships, food poverty alliances and other local networks continue to be powerful vehicles for collaboration, sharing of good practice, and developing a joint system-wide vision and accompanying set of actions.

**Questions arising**

1: What is the most dignified way to offer wrap-around services to someone presenting at a food venue with very low or low food security?

2: Deploy qualified advice workers in situ as part of an integrated model? Does this work or is it off-putting and awkward for people? Would they see it as ‘authority’ leaning into their lives ‘knowing what’s best for them’ or welcomed support? How could any mistrust of perceived or actual authority be overcome whereby an individual is more likely to agree to engage with an advice worker. In the ‘Next Stop Shop’ at FROG in Grangetown (Redcar) the volunteers work seamlessly with a qualified advice worker, dressed casually, and located in the social supermarket ready to support anyone presenting or referred in – but there are no conditions attached, no requirement to attend meetings. **What can we learn from ‘food and advice’ pilots in York & North Yorkshire and lived experience on this topic?**

3: How important is that these qualified advice workers are also capable in motivational interviewing?

4: Would models to train up volunteers in food settings be more likely to succeed and / or how could they integrate with professionals in the advice sector to provide a dignified pathway for individuals towards a more secure situation in their lives?

1. Local responses to household food insecurity across the UK during COVID-19 (September 2020 September 2021). An analysis of experiences from 14 local areas from around the UK and recommendations for future policy and practice’ references ‘Hope for Swansea’ an app making it easier for food bank users to signpost residents to wrap around support. [↑](#endnote-ref-1)
2. ‘The Trussell Trust's model for food banks is well-established, involving establishing relationships with third-party local social and health service agencies who provide referrals; requiring that people in need of assistance have a referral for use; collecting data through the referral system; and guiding their member food banks to follow-up with referral agencies if they provide more than three referrals to a single client in a 6-month period.’ Source: A survey of food banks operating independently of The Trussell Trust food bank network. December 2019 [↑](#endnote-ref-2)
3. Dr Blake’s synthesis draws on sources authored by Maynard and Tweedie, 2021; Lambie-Mumford, 2014; ‘The Power of Food: Community experiences of tackling food insecurity’, Lasko-Skinner and Jeyabraba, 2021; ‘The emergence of social supermarkets in Britain: Food poverty, food waste and austerity retail.’ CAWR, Saxena and Tornaghi, 2018: ‘Understanding lived experiences of food insecurity through a parliamentary lens: Sociology, 55(6) pp.1169-1190, Moraes et al., 2018. [↑](#endnote-ref-3)
4. Dr Blake concludes that food pantries act as food hub by offering additional support (skills and training – cookery classes/demonstrations) to members, which help members to learn how to cook simple and nutritious meal. They also connect members to other social and service providers (debt service recovery groups, local welfare support scheme, pastoral, and spiritual support; benefits and legal advice), therefore able to help members to deal with the root causes of food poverty. [↑](#endnote-ref-4)
5. Members buying the food packages in their community spaces often provides an informal opportunity for them to engage with other support services that they wouldn’t necessarily have done before, in turn supporting them to rebuild their resilience [↑](#endnote-ref-5)
6. Lewisham Homes’ Community Food Stores Impact Evaluation, 2022 [↑](#endnote-ref-6)
7. Advice and Food Bank Pilot Evaluation (2015) [↑](#endnote-ref-7)
8. It is a charity funded by a mix of government grants charitable funding and the profits from the sale of fruit and vegetables to the commercial sector. CFINE leads the Food Poverty Action Partnership, bringing together more than 60 agencies for a political response. [↑](#endnote-ref-8)
9. Herefordshire Case Study, Mapping local responses: March to August 2020', published July 2021. [↑](#endnote-ref-9)
10. Bandura’s social cognitive theory and determinants – stages of change model whereby the individual makes change by small achievable goals [↑](#endnote-ref-10)